



Maplewood Local School District

2414 Greenville Rd. NE, Cortland, OH 44410

Registration Form

Initial Registration ____ MHS ____ MES

Required Documents:

- ____ Birth Certificate
- ____ Soc. Sec. Card
- ____ Immunization Record
- ____ Proof of Residency
- ____ Custody Document

Student Information

Please Print

Note: Please enter students name as listed on the birth certificate and provide copies of birth certificate and social security card.

Name: _____

Last

First

Middle

☐ English-Speaking

☐ Other: _____

Social Security Number: _____ - _____ - _____

☐ Male

☐ Female

Mailing Address: _____

No. street

Ethnic Background:

☐ American Indian/Alaskan

☐ Asian/Pacific Islander

☐ Hispanic ☐ White

city state zip

Phone: _____ Age: _____ Grade: _____

☐ Black ☐ Multi Racial

Mother's Maiden Name: _____

Birthdate: _____ Birthplace: _____

Month Day Year

City

State

Natural Parents

Mother: _____ Phone: _____

Address: _____

Occupation: _____ Employer: _____ Phone: _____

Father: _____ Phone: _____

Address: _____

Occupation: _____ Employer: _____ Phone: _____

Are parents: ☐ Divorced ☐ Separated Legal custody: ☐ Mother ☐ Father ☐ Shared

It is the parent's responsibility to provide a copy of all Court Documents (must have judge's signature)

Is residential parent remarried? ☐ Yes ☐ No Name of Step-Parent: _____

Name of Residential Parent for Educational Purposes: _____

Guardians

Copy of Court Documents Required

If student is not living with either natural parent, complete the following:

Name of legal guardian (other than parent) _____ Phone: _____

Address: _____ Relationship _____

Was placement made by court order: ☐ Yes ☐ No Case Number: _____

Placing Agency: _____ Phone: _____

Caseworker's Name: _____

School District where parent resides: _____

Please complete back

Last

First

Special Education Needs

Does this child have an IEP?

☐ Yes ☐ No

Does this child have an MFE?

☐ Yes ☐ No

Is this child in the process of a multifactorial evaluation?

☐ Yes ☐ No

Does this student participate in a speech program?

☐ Yes ☐ No

Does this student participate in a special education program?

☐ Yes ☐ No

In what area(s) is the student receiving services?

☐ Title I Reading☐ Title I Math☐ Multiple Disabilities ☐ Deaf-Blindness ☐ Deafness/Hearing Impairment ☐ Visual Disability☐ Speech ☐ Orthopedic Disability ☐ Emotional Disability ☐ Cognitive Disability☐ Specific Learning Disability ☐ Pre-School Disability ☐ Autism ☐ Traumatic Brain Injury☐ Other Health Impairment ☐ Other: _____**Health**

Does this child have any of the following health problems?

☐ Vision ☐ Hearing ☐ Dental ☐ Heart ☐ Allergies ☐ Orthopedic ☐ Neurological☐ Other: _____

Please explain: _____

Does this child take medication on a long term basis? ☐ Yes ☐ No

If Yes, what medication(s)? _____

Brothers & SistersName: _____ D.O.B.: _____ Grade: _____ ☐ Male ☐ FemaleName: _____ D.O.B.: _____ Grade: _____ ☐ Male ☐ FemaleName: _____ D.O.B.: _____ Grade: _____ ☐ Male ☐ FemaleName: _____ D.O.B.: _____ Grade: _____ ☐ Male ☐ Female**Previous School**

Name of last school attended: _____ When? _____

Address: _____ Phone: _____

street

city

zip

Principal: _____ Teacher: _____

Signature

I verify that all information is accurate and that my child fulfills all requirements for attending the Maplewood School District.

Signature of Parent/Legal Guardian_____
Date

Comments: _____

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

| | | | |
|--|--|--|--|
| Student Name: <i>(First Name and Last Name)</i> _____ | | Student Date of Birth: <i>(mm/dd/yyyy)</i> _____ | |
| Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand. | | 1. In what language(s) would your family prefer to communicate with the school? _____ | |
| Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed. | | 2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____ | |
| Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child. | | 5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year | |
| Additional Information Please share additional information to help us understand your child's language experiences and educational background. | | | |
| Parent/Guardian First Name: _____ | | Parent/Guardian Last Name: _____ | |
| Parent/Guardian Signature: _____ | | Today's Date: <i>(mm/dd/yyyy)</i> _____ | |

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



(Appendix A, continued)

COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- ☐ The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- ☐ The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- ☐ The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- ☐ For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- ☐ Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

| | | |
|---|--|-------|
| Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS. | | _____ |
| Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS. | | _____ |
| Potential English learner See Language Usage Survey Questions 2-4. | <input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency. | |
| Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS. | <input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child. | |

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district



MAPLEWOOD LOCAL SCHOOL DISTRICT ETHNICITY QUESTIONNAIRE

Student Name _____

Birth Date ____/____/____

Per United States Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two part question found below.

Part 1: ETHNICITY

Is the student **Hispanic/Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ____ **Yes** ____ **No**

Regardless of whether your answer is Yes or No to Part 1, you must also select 1 or more racial groups in Part 2.

Part 2: RACIAL GROUP

Is the student from one or more of the following racial groups (check all that apply):

____ **(W) White**

People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

____ **(B) Black or African American**

Persons having origins in any of the black racial groups in Africa.

____ **(A) Asian**

Persons having origins in any of the original peoples of the Far East, Southeast Asia, or The Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

____ **(I) American Indian or Alaskan Native**

Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

____ **(P) Native Hawaiian or Other Pacific Islander**

Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

____ **PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP**

I (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

Parent or Guardian Signature _____

Date ____/____/____

FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE

School District's determination of child's ethnicity based on observation:

____ Hispanic/Latino ____ White ____ Black or African American

____ Asian ____ American Indian or Alaskan Native

____ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child's ethnicity (please print) _____

Employee Signature: _____ Date: ____/____/____



Maplewood Local School District

Dedicated to Guiding and Directing the Growth of Every Child

Maplewood Local School District

Parental Consent for Records Release

School withdrawing from:

(School)

(Address)

(City, State, Zip)

Please send records for the following student:

| Student Name | Age | Grade | Birthdate |
|--------------|-----|-------|-----------|
|--------------|-----|-------|-----------|

Please send the following school records as soon as possible:

| | |
|---|---|
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Current IEP, ETR |
| <input type="checkbox"/> Grades Including Report Card | <input type="checkbox"/> Psychological Test Reports |
| <input type="checkbox"/> Interim Progress Report | <input type="checkbox"/> Multifactorial Team Reports |
| <input type="checkbox"/> Grades to Present Date | <input type="checkbox"/> Speech, Language, Hearing Evaluation |
| <input type="checkbox"/> Disciplinary Information | <input type="checkbox"/> Attendance Intervention Plan |
| <input type="checkbox"/> Immunization Records/Health Records | <input type="checkbox"/> Any Other Pertinent Data |
| <input type="checkbox"/> End of Course, Air, Standardized Test Data | |

Please Send Records to the Designated School Below:

Maplewood High School
2414 Greenville Rd. N.E.
Cortland OH 44410
Phone: 330-637-8466
Fax: 330-637-0496

Maplewood Elementary School
4174 Greenville Rd NE
Cortland OH 44410
Phone: 330-924-2431
Fax: 330-924-5151

Signature of Parent/Guardian Authorizing Release of Records:

Parent/Guardian Signature

Date

Board of Education Office
Superintendent Treasurer
2414 Greenville Rd NE
Cortland OH 44410
(330) 637-7506

Maplewood Elementary K-6
4174 Greenville Rd NE
Cortland OH 44410
(330) 924-2431

Maplewood High School 7-12
2414 Greenville Rd NE
Cortland OH 44410
(330) 637-8466

PROOF OF RESIDENCY REQUIRED:

Please check below and provide the following items listed showing your current address. Proof of residency must be provided before your child can attend Maplewood Local Schools.

☐ Homeowner: MUST PROVIDE THREE PROOFS

Must provide EACH proof of residency listed below:

_____ A current mortgage statement, property deed, home insurance, or tax bill

_____ **TWO (2)** current bills for electric, gas, or landline telephone
(cell phone not acceptable)

☐ Renting from a Rental Company or individual: MUST PROVIDE THREE PROOFS

Must provide EACH proof of residency listed below:

_____ A current rental agreement or land contract containing the signatures of the renter and the rental association or property manager.

_____ **TWO (2)** current pieces of official mail such as government mail, bank statement, bill for electric, gas, or landline phone. (cell phone bill not acceptable)

☐ Residing with a Maplewood Resident: MUST PROVIDE THREE PROOFS

Must provide EACH proof of residency listed below:

_____ Maplewood Resident to complete the following:

_____ Residency Verification Letter (separate form) - must be notarized

_____ A current mortgage statement, property deed, home insurance or tax bill.

_____ **TWO (2)** current bill for electric, gas, bank statement, paystub or landline phone
(cell phone not acceptable)

_____ Custodial Parent residing with Maplewood Resident to complete the following:

_____ Residency Verification Letter (separate form) - Complete with Maplewood Resident and must be notarized.

_____ **TWO (2)** current piece of government mail, bank statement, bill for electric, gas, bank statement, paystub or landline phone (cell phone not accepted)

School Official's Initials _____ Date _____



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Statement of Residency

Student(s) Name:

Custodial Parent(s) Name:

Custodial Parent(s) phone:

Name of friend/relative:

(Who the Student and Custodial Parent(s) live with)

Address of Friend/Relative:

(Where the Student and Custodial Parent(s) live)

Proof of residence is required from both friend/relative as well as from the custodial parent.

What proof of residency was provided?

From friend/relative

(date)

From custodial parent

(date)

**** Please be aware that when the custodial parent lives with a friend/relative, the custodial parent will have 15 days to show proof of residency. Examples of proof:**

- Current Utility Bill
- A deed, mortgage, notarized lease agreement, current insurance declaration page.
- Current Paystub (must have current primary residence)
- Any other current official documents

Most current bank statement (must have current primary address)

(over)