



EVALUATION REGISTRATION PACKET
CHECKLIST

The following FORMS are included in the registration packet and must be completed before your student's evaluation takes place.

- Preschool Student Profile
- Student Health History
- Records Release Form (if applicable)

In addition to the above forms, the following DOCUMENTS are required:

- Parent/Guardian Identification - Driver's license, or passport or picture ID.
- Parent and Residency Information: Must be notarized by an Ohio Notary
- Divorce papers - Legal documentation showing the custody or residential parent status of the child must be presented at the time of registration.
- Guardianship/Custody/Foster - If placement has been made through the Court system appropriate papers, including a journal entry naming the responsible school district, must be presented at the time of enrollment.
- Joint or Non-Custodial Parent for Dual Mailing (if applicable)
- Student Birth Certificate

Residency Verification - Verification of residency must be presented at the time of registration. Choose one from each category.

Category 1 (Choose one):

- current signed lease (with contact information for the property owner/manager)
- monthly mortgage invoice

Category 2 (Choose one):

- most recent gas or electric bill (or proof of scheduled installation of service)
- any type of business mail addressed to parent or guardian – postmarked within thirty days



STUDENT CUMULATIVE PROFILE

FOR OFFICE USE
Student# _____
Grade When Entered _____
Entrance Date _____
Teacher _____

PLEASE PRINT

Student Name: _____ Last _____ First _____ Middle _____

Permanent Address: _____

Home Phone: (____) _____ City _____ State _____ Zip _____

Primary Email Address: _____

Face: African American Caucasian Hispanic American Indian or Alaskan Native Asian or Pacific Islander Multiracial

Special circumstances of which the school should be aware? (Please circle): Divorce Separation Special Ed. Placement 504 Plan ESL Services Foster Child

Father or Guardian: Last Name _____ First Name _____ Occupation _____ Name of Business _____ Business Phone _____

Mother or Guardian: Last Name _____ First Name _____ Maiden Name _____ Name of Business _____ Business Phone _____

Are both parents residing in the home? Yes ___ No ___ If not both, circle the one in home: Father Mother

How would you like your mail addressed? (Please circle) Mr. & Mrs., Dr. & Mrs., Mr., Mrs., Ms., Mr. & Dr., Other _____

Are you U.S. Citizens, if not name Visa category _____

Is either parent an alumnus of Orange High School? Yes ___ No ___ If yes, circle Father or Mother and Year _____

Student's immediate former address _____

Address _____

City, State Zip Code _____

Previous school attended _____

Address _____

City, State Zip Code _____

School Phone Number _____ School Fax Number _____

List CHILDREN living in home:

Last Name	First Name	Birthday	School	Grade
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____



Student Health History

(to be completed by parent)

Student's Name _____ Sex _____ Grade _____ Date of Birth _____

Does student have any medical condition that the staff should be alerted to? yes no

If yes, please describe _____

List daily medication(s) and/or treatment(s): _____

Will child require medication/treatments during school? yes no

If yes, a consent form is required!

Has student had any of the following? (Give year if possible)

- | | | |
|---------------------|-----------------|-------------------------|
| Chicken Pox _____ | Asthma _____ | German Measles _____ |
| Scarlet Fever _____ | Hives _____ | Regular Measles _____ |
| Diabetes _____ | Mumps _____ | Bee Sting Allergy _____ |
| Hay Fever _____ | Eczema _____ | Rheumatic Fever _____ |
| Hepatitis _____ | Headaches _____ | Stomach Disorder _____ |
| Nosebleeds _____ | | |

Frequent Colds, Sore Throats _____

Seizures (Explain) _____

Other (Explain) _____

Hospitalizations, Injuries or serious illness (Explain and give year or age) _____

Ear Infections? _____ Which ear? _____ Any hearing difficulty? _____

Vision difficulty? _____ Wears glasses? _____ Date of last exam _____

Any speech difficulty? _____

Does your student have allergies to animals, insects, food or plants that we should be aware of?

Are there any other physical, developmental or emotional conditions that the school needs to be aware of? If so, please explain.

Signature of Parent/Guardian _____ Date _____

**AUTHORIZATION TO RELEASE/RECEIVE EDUCATIONAL RECORDS
AND/OR COMMUNICATE WITH OUTSIDE AGENCIES/INDIVIDUALS**

SECTION I: STUDENT INFORMATION.

This form provides authorization to [release/receive] educational records and information relating to: *(circle one)*

Student Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

SECTION II: DISCLOSURE AND USE OF EDUCATIONAL RECORDS/PERSONALLY IDENTIFIABLE INFORMATION

I hereby give my permission to Orange Schools

- To disclose educational records for the above-referenced student and information in the manner described below.
- To communicate and share personally identifiable information as described below.

SECTION III: DESCRIPTION OF EDUCATIONAL RECORDS/PERSONALLY IDENTIFIABLE INFORMATION TO BE DISCLOSED

Check the educational records or information you are authorizing to be disclosed:

- All Educational Records
- Academic Records/Transcript of Credits and Grades
- Test Scores
- Attendance Records
- Health Records
- Evaluation Team Reports and Supporting Data/Assessments
- Individual Education Plans and Related Progress Reports
- 504 Plan/504 Evaluation
- Gifted/Talented Program Information
- Immunization Records
- Limited English Proficient Records
- Other pertinent information *(describe below)*

SECTION IV: PERSONS OR ENTITY AUTHORIZED TO RECEIVE INFORMATION

The District has my permission to communicate with and release the information described above to:

(Name/Address)

SECTION V: PURPOSE OF THIS AUTHORIZATION

The purpose of this disclosure of educational records or personally identifiable information is:

- To aid in making present and future educational decisions
- Other: _____

SECTION VI: EXPIRATION AND REVOCATION

This authorization may be revoked (canceled) at any time except to the extent that the district has already released personal health and/or other personally identifiable information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke the authorization, contact _____ at _____. If not revoked, this authorization will expire one year after the date on which the authorization is signed.

SECTION VII: SIGNATURE AND ACKNOWLEDGEMENT

I acknowledge that this authorization is voluntary and that I have received a copy of this authorization.

Signature: _____ Date: _____

If a personal representative (for example, a spouse, parent, legal guardian, etc.) signs this form on behalf of the individual identified in Section I, please complete the following:

Representative's Name: _____ Date: _____

Relationship: _____

cc: Student File
Signator

Parent and Residency Information

Name of Student

Student lives with:

- Birth Parents
 Adoptive Parents
 Birth Father & Stepmother
 Birth Mother & Stepfather
 Single Birth Parent

- Grandmother with Custody
 Grandfather with Custody
 Foster Family
 Other (Explain)

The Orange Schools are tuition free ONLY for those students whose parent/guardians are residents of this school district. Residence for school purposes means that the parents/guardians of the student have established residency and are living in the district. To knowingly make a false statement, give false information, or knowingly swear or affirm the truth of a false statement in order for your child/ren to gain entrance or remain in the schools of this district is illegal.

I _____, certify that I am the custodial parent/legal guardian of:

_____ and that I have established permanent residency in the Orange School District at:

Type of Residence: (Circle One) Own House Buying House Renting House Renting Apartment
Building House Living with Parents or other Family (must fill out dual residency papers)

I further certify that the above mentioned students live with me at this address. I also understand that if the above is not true, I am responsible for repayment of tuition for any time that my child or ward is enrolled in the Orange School District when I am not a bona fide resident of the district. Tuition for Orange Schools is set by the State of Ohio each year in August and is approximately \$20,000 per year.

I further certify that the above mentioned student(s) who are being registered has not been expelled or excluded from any other school pursuant to Ohio Revised Code Sections 3301.121 and 3313.622.

I also understand that an attendance officer may visit my home to ensure that the family named above, resides at this address.

I UNDERSTAND THAT MAKING A FALSE SWORN OR AFFIRMED STATEMENT BEFORE A NOTARY IS A CRIMINAL MISDEMEANOR OF THE FIRST DEGREE PUNISHABLE BY A FINE OF NOT MORE THAN \$1,000 OR IMPRISONMENT OF NOT MORE THAN 6 MONTHS, OR BOTH. (SECTIONS 2921.13D, AND 2929.21 OF THE OHIO REVISED CODE)

Signature: _____
(Signature must be notarized)

Sworn to and subscribed before me, a Notary Public, this _____ day of _____, 20____

NOTARY PUBLIC