

CAMBRIDGE CITY SCHOOL DISTRICT

Garfield Administrative Center · 518 South 8th Street · Cambridge, OH 43725

OFFICE USE ONLY

Student ID# _____

1st Day of School _____

Home Room _____ Bus# _____

NEW STUDENT REGISTRATION

School: Primary (Grades K-2) Intermediate (Grades 3-5) Grade of Student _____ Date form Completed _____
 CMS (Grades 6-8) CHS (Grades 9-12)

STUDENT'S FULL LEGAL NAME _____
Last _____ First _____ Middle _____ Nickname – likes to be called _____
Birthplace City _____ Date of Birth _____ Sex _____

Home Address _____

Home Phone # _____ Cell Phone # _____ Other # _____

Student has Internet Access? Yes _____ No _____ **Open Enrollment?** Yes _____ No _____
(Does not reside in the Cambridge City School district)

Ethnic Status – Is the student Hispanic/Latino? Yes _____ No _____
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

– Has your student previously received BSL or ELL services? Yes _____ No _____
(ESL = English as a Second Language; ELL = English Language Learner)

– Which of the following groups apply to the student. **Check all that apply:**
_____ American Indian or Alaskan Native (I) _____ Asian (A) *(Far East, SE Asia or Indian subcontinent)*
_____ Black or African American (B) _____ Native Hawaiian or Pacific Islander (P)
_____ White (W)

Birth Parents of student are: Married _____ Single _____ Separated _____ Divorced _____

Records in Student File **Student Lives With:** # of Siblings _____
_____ Birth Record _____ Both Parents _____ Mother _____ Grandparent
_____ Custody Records _____ Mother & Stepfather _____ Father _____ Guardian
_____ Immunization Records _____ Father & Stepmother _____ Foster Placed thru _____
(agency name)

Family/student housing: Rent or Own _____ Relative or friend's home _____
(check one) Shelter _____ Other *(explain)* _____

FATHER'S NAME _____ Address _____
Occupation _____ Cell Phone # _____
Place of Work & Phone # _____ **email address** _____

MOTHER'S NAME _____ Address _____
Mother's Maiden Name _____ Cell Phone # _____
Place of Work & Phone # _____ **email address** _____

FOSTER-, STEP-PARENT, OR GUARDIAN'S NAME _____ Address _____
Occupation _____ Cell Phone # _____
Place of Work & Phone # _____ **email address** _____

Is the student a dependent of a member of active duty forces? Yes _____ No _____ Which Branch? _____
(Army, Navy, Air Force, Marines, Coast Guard)
Is the student a dependent of an active member of the National Guard? Yes _____ No _____ Which Branch? _____
(Army, Air)
Is the student a dependent of a member of military Reserves? Yes _____ No _____ Which Branch? _____
(over) *(over)*

NEW STUDENT REGISTRATION (continued)

Student Name: _____

STUDENTS WHO ARE ENROLLING FROM ANOTHER SCHOOL – List contact information from the most recent school attended

School Name _____ District _____

Address _____ Last date enrolled in previous school _____

Has the student previously attended Cambridge City Schools? Yes _____ No _____ Which School? _____

In the past 12 months the student has been expelled, has a pending expulsion, or is presently expelled from any school. Yes _____ No _____

Please explain _____

Has the student been retained previously? Yes _____ No _____ if Yes, when and which grade(s)? _____

The student has previously received _____ Gifted Services and/or _____ Title I Services.

SPECIAL EDUCATION: (IEP) Has the student been in a Special Education program? Yes _____ No _____
(If Yes, please check the Program below)

Program:

- | | | |
|---------------------------------------|---|-------------------------------------|
| _____ MD-Multiple Disabilities (01) | _____ HI-Hearing Impairment (03) | _____ VI-Visual Impairment (04) |
| _____ SP-Speech (05) | _____ OI-Orthopedic Impairment (06) | _____ ED-Emotional Disturbance (08) |
| _____ CD-Cognitive Disability (09) | _____ SLD-Specific Learning Disability (10) | _____ AU-Autism (12) |
| _____ TBI-Traumatic Brain Injury (13) | _____ OHI-Other Health Impairment, minor (15) | _____ Other _____ |

(This information is requested by Special Services to help the district offer the best educational opportunity for your child.)

HEALTH INFORMATION: Please answer the following health-related questions regarding your child.

YES NO

_____ Was there anything unusual about the pregnancy with this child?
If Yes, please explain: _____

_____ Has this child ever been in the hospital or been seriously ill at home?
If Yes, please explain: _____

_____ Has this child ever had a serious accident and/or operation?
If Yes, please explain: _____

_____ Do you have any special concerns about this child?
If Yes, please explain: _____

_____ Are there things this child does that you think are unusual?
If Yes, please explain: _____

_____ Is this child on any medication?
If Yes, please list: _____

Please check any conditions you have noticed, or your doctor has reported to you concerning this child:

- | | | |
|-------------------------------|--------------------------|--|
| _____ Asthma | _____ Nail biting | _____ Difficulty seeing (blinks, squints, rubs eyes) |
| _____ Indigestion | _____ Epilepsy | _____ Ear infections |
| _____ Diarrhea | _____ Headaches | _____ Tubes in ears |
| _____ Vomiting | _____ Seizures | _____ Chicken pox |
| _____ Constipation | _____ Overweight | _____ Rheumatic fever |
| _____ Sinus trouble | _____ Underweight | _____ Scarlet fever |
| _____ Tonsillitis | _____ Corrective shoes | _____ Diabetes |
| _____ Heart Trouble | _____ Difficulty hearing | _____ Nightmares |
| _____ Allergies – list: _____ | | _____ Nose bleeding |
| _____ Other – explain: _____ | | _____ Thumb sucking |
| | | _____ Bed wetting |
| | | _____ Frequent fevers |
| | | _____ Overtired or lack of pep |

Please list any other special information the district should be aware of: _____

Registration Must Have
Signature to be Complete: _____

Signature of Parent or Guardian

CONSENT FOR RECORD RELEASE

Cambridge City School District
Cambridge, OH 43725
740-439-3895

- FR: Cambridge Primary School (Grades K-2)..... (740) 439-7547
- Cambridge Intermediate School (Grades 3-5)..... (740) 435-1180
- Cambridge Middle School (Grades 6-8)..... (740) 435-1140
- Cambridge High School (Grades 9-12) (740) 435-1106

TO: _____ RE: (Name) _____
 _____ (Grade) _____
 _____ (DOB) _____
 Fax #: _____

I authorize you to release the records of this student to:

- | | |
|---|--|
| <input type="checkbox"/> Cambridge Primary School 1115 Clairmont Avenue Cambridge, OH 43725 Fax: (740) 439-7590 (lisha.starr@cambridgecityschools.org) | <input type="checkbox"/> Cambridge Middle School 1400 Deerpath Drive Cambridge, OH 43725 Fax: (740) 435-1141 (leslie.leppla@cambridgecityschools.org) |
| <input type="checkbox"/> Cambridge Intermediate School 1451 Deerpath Drive Cambridge, OH 43725 Fax: (740) 435-1181 (molly.milner@cambridgecityschools.org) | <input type="checkbox"/> Cambridge High School 1401 Deerpath Drive Cambridge, OH 43725 Fax: (740) 435-1107 (jennifer.reed@cambridgecityschools.org) |
| <input type="checkbox"/> Cambridge City Schools – Special Services 518 South 8 th Street Cambridge, OH 43725 (tammy.province@cambridgecityschools.org) | |

Reason for request: Student has enrolled in the Cambridge City School District

Data to be released:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Attendance and Grades | <input checked="" type="checkbox"/> Absence Intervention Plan (AIP) - <i>if applicable</i> |
| <input checked="" type="checkbox"/> Health Records – <i>Including Shot Records</i> | <input checked="" type="checkbox"/> English Language Proficiency Assessments & Home Language Survey |
| <input checked="" type="checkbox"/> Test Results | <input checked="" type="checkbox"/> Psychological Reports |
| <input checked="" type="checkbox"/> 3 rd Grade Guarantee Documentation <i>- Include Diagnostic scores, Interventions, RIMP, OH State ELA & Alternative Assessment Scores</i> | <input checked="" type="checkbox"/> Data for Special Needs Students <i>- Including but not limited to IEP & ETR</i> |
| <input checked="" type="checkbox"/> Any other helpful info. regarding student | <input checked="" type="checkbox"/> Official Birth Certificate |
| | <input checked="" type="checkbox"/> Custody court documents - <i>if applicable</i> |

Signature of Parent/Guardian (or Student if 18 or older)

Date

Signature of Person Releasing Data

Date

Copy to: Authorized Staff
Cumulative Folder

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> _____ |
| <p>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.</p> | <p>1. In what language(s) would your family prefer to communicate with the school? _____</p> |
| <p>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.</p> | <p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p> |
| <p>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.</p> | <p>5. In what country was your child born? _____</p> <p>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? _____</p> <p>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</p> |
| <p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p> | |
| 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.

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

Student Residency Questionnaire

**** Form to be completed by Parent, Guardian, Caregiver or Student (if living independently)**

The information requested below will be used to help identify eligibility under the McKinney-Vento Homeless Assistance Act, as amended by the Every Student Succeeds Act of 2015 (ESSA). **Please complete and return this form ASAP** to the student's school office or during the new student registration process.

Name of Student: _____ Gender: Male Female
Last First Middle

Birth Date: _____ / _____ / _____ Grade: _____ Student Attends: Primary (K-2) CMS
Month Day Year Intermediate (3-5) CHS
 Preschool Other

Check the box that best describes with whom the student resides. *(Please note: legal guardianship may be granted only by a court. Students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school.)*

- Parent(s)
- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) *(Examples: friends, relatives, parents of friends, etc.)*
- On my Own, or Other (explain) _____

Name of person with whom student resides: _____

Address: _____

City: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Other Emergency #: _____

Length of Time at Present Address: _____ Length of Time at Previous Address: _____

Last District Attended: _____ Last School Attended: _____

Please check at least one box that describes your family living situation (please check all that apply):

- We rent or own our own home or apartment.
- Student lives with parent(s), legal guardian(s), or caregiver(s).
- We live in the home of a friend or relative in a **Long-term**, cooperative living arrangement between each other.
- We **Temporarily** share the home of a friend or relative due to the loss of our own housing – **CODE C**
(i.e., economic hardship, eviction, divorce, domestic violence, kicked out, fire, flood, military deployment, parent in jail, etc.)
- We live in a **temporary shelter or transitional** housing because we do not have permanent housing – **CODE A**
(i.e., Transitional housing is only for a short period of time & is provided as a step to permanent housing - family, youth, or domestic violence shelter.)
- Our home or apartment has no electricity – **CODE B**
- Our home or apartment has no running water – **CODE B**
- We live in a car, abandoned building, a public park, on the streets, in public spaces not ordinarily used for regular sleeping accommodations, or other unsheltered locations – **CODE B**
- We live in a hotel, motel, or camping grounds – **CODE I**
(i.e., economic hardship, eviction, unable to get deposits for permanent home, flood, fire, tornado, etc.)
- Student is independent and is on his/her own without parent(s), legal guardian(s), or caregivers(s) – **CODE U/A**
- None of the above describes my present living situation.

Briefly describe your situation: _____

If applicable, check any of the following factors contributing to the family living situation you indicated on the front of this form (check none or any that apply):

- Economic hardship:**
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low-paying job does not cover the cost of housing in the area
 - Loss of mortgage, including loss of landlord's mortgage if family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
- "Family" issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- "House" issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
List specify "House" issue: _____
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- House fire that is NOT DUE to a Natural Disaster as listed below
(faulty equipment, appliances, wiring, furnace, stove, fireplace, etc.)
- Natural Disaster
 - Fire: forest, grass, lightning strike, etc.
 - Tornado, storm, flood, etc.
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describes the main reasons for my present family living situation.

Briefly explain the contributing factors: _____

Please provide the following information for school-age and pre-school brothers and/or sisters of the student:

| Name | Grade Level | School | District |
|------|-------------|--------|----------|
| | | | |
| | | | |
| | | | |

I realize that falsifying records is an offense, and enrollment of the child under false documents subjects the person to liability under the Criminal Code.

Signature of Parent / Legal Guardian / Caregiver / Student (if living independently)

Date

For School Use Only

I certify the above-named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Homeless Assistance Act.

McKinney-Vento Liaison Signature

Date