## PARENT / GUARDIAN / STUDENT CONSENT FOR RECORDS RELEASE

Previous School Attended	RE: Student's Full Name Birthdate		
Address			
City, State and Zip Code	Present Grade Level		
	#		
Rittman Exempted	d Village School District		
Rittman Elementary	Rittman Middle/High School		
131 N. Metzger Ave	50 Saurer Street		
Rittman, OH 44270	Rittman, OH 44270		
330.927.7460 office	330.927.7153 office		
330.927.7465 fax#	330.927.7145 fax#		
Ritt_dposten@tccsa.net	Ritt_davis@tccsa.net		
We are requesting the following infor	mation / records for the above-named student:		
YOU MAY N	ent Identification Number (EMIS) EED TO CONTACT YOUR EMIS FOR FOR THIS INFORMATION		
ALL school records			
Please be sure to also include	e these items with the records transfer.		
Current IEP			
■ 504 plan			
■ IAT / inte	rvention		
	chological reports		
he understanding that the district cannot assume responsiorize you to release the student information indicated abo	bility for the confidentiality of educational information disclosed,		
orize you to release the student information indicated aoc	ve.		
ture of parent/guardian	Date		
ess	City, State and Zip Code		
FOR SC	HOOL USE ONLY		
Complete records mailed	Incomplete records mailed		
Copies mailed by			

## Rittman Exempted Village Schools STUDENT REGISTRATION FORM

Last Name	First	Middle	(THIS AREA FOR OFFICE USE ONLY)
Home Address			Admission Date / / / / / Student I.D Student SSID #
City, State & Zip ( ) Home Phone #	unlisted	County  Current Grade Level	Birth Certificate  Immunization  Custody Papers
()	M or F	Date of Birth	Entry Code
Legal Parent/Guardian Email Addre	SS		
Ethnicity: Choose <u>ALL</u> that apply  White, Non-Hispanic	Home	eless? Yes No	Citizen Status 1 = US Citizen 2 = Exchange Student 3 = Other Non US Citizen
<ul> <li>Black/ African American., I</li> <li>Asian</li> <li>American Indian / Alaska N</li> <li>Native Hawaiian/Other Paci</li> </ul>	ative	s student Hispanic/Latino	_
Mother's Maiden Name	700	Student's City & State	of Birth
			ilding?
Open Enrollment Yes			
Who has legal custody of this child?  Both parents  Mother only	(print name) Who is	student living with? (print nan Both parents Mother	mship papers must be on file with the school.  Marital Status of parents?  Married Separated
☐ Father only         ☐ Foster Care         ☐ Step Parent         ☐ Grandparent         ☐ Other		☐         Father           ☐         Step Parent           ☐         Grandparent:           ☐         Guardian:           ☐         Other:	─────────────────────────────────────
Type of Custody:  Full Custody Shared/Joint Custody Grandparent Legislation	Names & ages of	siblings living at home:	
SPECIAL SERVICES  Has your child had any education any of the following areas?	ional services that in	state the	gal parent / guardian of this child I hereby information provided on this document to the and current.
Speech Physical Therapy Occupational Therap Gifted Program Retained, if so what	y ES	1 Plan	of Legal Parent / Guardian

## Rittman School District New Student Health History

Student's Full N	ame			Sex			Date of Birth	l	
14	150			L_	Male	Female	/	/	
			'	-		<del></del>	<del></del>		
Student's H	ealth Co	nditions							
Please indicate	those items	your child receives reg	ular m	edica	l / health	ı care for:			
NO	YES								
		Asthma							
		Bedwetting							
		Chickenpox (Date or	age			)			
		Diabetes							
		Diagnosed Attention Def	icit Diso	rder (A	DD)				
		Diagnosed Hyperactivity	(ADHD	)					
		Epilepsy							
		Frequent ear infections							
		Heart Condition Please	be speci	ific				_	
		Speech / Language conce	rns					_	
		Other							
Please indicate	those aller	gies that effect your chil	ld:						
NO	YES								
		Bee / Insect							
		Food Please	e be spec	ific					
		Medication Please	be speci	fic		5			
		Other				<del></del>			
ADDITIONAL	INFORMA	TION							
What medication	ns are given	daily?							
What medication	s are given	frequently, but not daily?	,						
	_								
						<u></u>			
•	-	ehensive eye exam?		No	☐ Yes	s By Whor	m	E7	
Does your child w	ear glasses?			Νo	☐ Yes	3			
· Has your child h	ad a compre	shensive hearing exam?	_ ,	No	□ Ves	Ry Whon	n		
Has your child had a comprehensive hearing exam? No Yes By Whom									
Has your child ex	Has your child experienced a reduction in hearing?								
This information is for school use only and will not be released to unauthorized persons.									
Signature of I	Legal Parent	: / Guardian				Date com	pleted		]
									1



## **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: (First Name and Last Name)		Student Date of Birth: (mm/dd/yyyy)					
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.		What language did your child learn first?					
		What language does your child use the most at home?					
	4.	What languages are used in your home?					
<u>.</u>							
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.		In what country was your child born?  Has your child ever received formal education outside of the United States? □ Yes □ No					
additional failuring to support your office.		If yes, how many years/months?  If yes, what was the language of instruction?					
	7.	Has your child attended school in the United States? ☐ Yes ☐ No					
41		If yes, when did your child first attend a school in the United States?					
w e 75		Month Day. Year					
Additional information Please share additional information to help us understand your child's language experiences and educational background.		2 21					
Parent/Guardian First Name:		Parent/Guardian Last Name:					
Parent/Guardian Signature:		Today's Date: (mm/dd/yyyy)					

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: <a href="https://www2.ed.gov/about/offices/list/ocr/ellresources.html">https://www2.ed.gov/about/offices/list/ocr/ellresources.html</a>

