

West Geauga Local Schools

8615 Cedar Road

Chesterland, OH 44026

Phone: (440) 729-5900 Fax: (440) 729-5939

STUDENT REGISTRATION INFORMATION

Welcome Parents and Students

We are pleased that you have chosen to be a part of our district. Information and registration packets are available for download online at www.westg.org or can be picked up at any district building. Please complete the registration packet *prior to* registering and present to the registrar all completed forms and documents required. Student Registration takes place at the West Geauga Board of Education located at 8615 Cedar Road **by appointment only**. To schedule an appointment, call the Board of Education at (440) 729-6807.

Who may register a child?

Only the parent or legal guardian of the child may complete the registration process. A parent or legal guardian must appear in person and provide required identity documentation (driver's license or state picture ID with current address, or passport). If driver's license does not have current address listed, an updated license must be presented within 10 days.

Residency Requirements

The schools of the West Geauga Local School District are tuition free only for those students whose parents/legal guardians are residents of the school district. Residence for school purposes means that the parents/legal guardians of the student live within the school district seven days a week and perform all daily living functions (sleeping, eating, and bathing) at the residence.

Kindergarten Eligibility

Ohio law requires that all children complete a formal kindergarten program. Children who are five years old on or before September 30th are eligible to attend kindergarten. Children must be at least six years old to enter first grade. For students whose birth date falls between October 1 and December 31 of the year they will attend school, an Early Entrance Evaluation must indicate that the student demonstrates superior functioning in the areas of ability and achievement. Contact the building principal for further information regarding Early Entrance Evaluations.

Proof of Residency

One Primary proof of residency must be provided. Primary proofs of residency include a deed, purchase/construction contract, or mortgage document. In addition, **two Secondary proofs of residency must be provided.** Secondary proofs of residency include a recent utility bill, voter registration card, property tax statement, home insurance policy, pay check or pay stub, driver's license or state ID card, or receipt of utility installation. These documents must include the current address.

Registration Packet

Please present all completed forms and required documents at the registration appointment. All completed forms and documents will be maintained in student files.

STUDENT REGISTRATION PACKET (Includes all of the following documents)

- **REGISTRATION INSTRUCTIONS**
- **STUDENT REGISTRATION FORM**
- **RESIDENCY AND CUSTODY DECLARATION**
- **STUDENT IMMUNIZATION HISTORY**
- **STUDENT HEALTH HISTORY**
- **EMERGENCY MEDICAL AUTHORIZATION**
- **TRANSPORTATION REGISTRATION**
- **NEW STUDENT RECORD RELEASE**

ADDITIONAL REGISTRATION FORMS IF APPLICABLE:

(Available on website @ www.westg.org under "Registration")

- **BIRTH CERTIFICATE DECLARATION FORM**
Required if the parent/guardian is unable to present the child's birth certificate
- **CUSTODY/ CUSTODY PENDING FORM**
Required for students whose custody has been petitioned or is ordered by a court of law
- **GRANDPARENT/ CARETAKER INSTRUCTIONS**
Information for grandparents/ caretakers who seek to obtain care, physical custody and control over grandchildren without changing legal custody
- **MEDICATION MANAGEMENT FORM**
Required if the child needs to take medication (prescription or over-the-counter) at school
- **PROPERTY OWNER AFFIDAVIT**
Required if the parent/legal guardian and student are living in a home or apartment owned or leased by another person
- **90 DAY CLAUSE**
Required if the parent/guardian is in the process of moving and does not yet have a building contract or purchase agreement

DOCUMENTS TO BRING TO YOUR REGISTRATION APPOINTMENT

- **COMPLETED REGISTRATION FORMS**
- **BIRTH CERTIFICATE**
Original or certified copy. This document will be copied and returned
- **PROOF OF RESIDENCY**
See STUDENT REGISTRATION INSTRUCTIONS
- **CUSTODY/GUARDIANSHIP RECORDS**
Official complete copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the child being enrolled.
- **SPECIAL NEEDS RECORDS**
Individualized Education Program (IEP) and Evaluation Team Report (ETR/MFB) for students identified as disabled under IDEA; who received services through another district.
- **REPORT CARD, TRANSCRIPTS, STANDARDIZED TEST SCORES**

The following forms and documentation will be required at the registration appointment.
If ALL forms and documentation are not presented at the scheduled appointment, all documentation and forms will be returned to the parent/guardian and an appointment will be rescheduled.

A STUDENT CANNOT BE REGISTERED WITHOUT COMPLETED DOCUMENTATION

1. Parent/Guardian must present a valid picture ID to confirm identity (i.e. Drivers License or State ID with current address, or passport). If driver's license does not have current address listed, an updated license must be presented within 10 days.
2. **Student Registration Form** – must be completed in full
 - A. **When listing parent/guardian information:**
 - a) Birth/Adoptive Mother and Birth/Adoptive Father should be listed even if separated or divorced. Indicate if mother or father is living in the same home by checking "residential" or "non-residential" and status (i.e. married, single divorced separated etc.). If location of birth/adoptive parent is unknown, indicate "unknown" as address.
 - b) Step parents are not legal guardians unless they have legally adopted the student. Therefore, step parents may be listed as emergency contact(s) on the Emergency Medical Form but should NOT be listed under parent information on enrollment form.
 - c) If birth/adoptive parents are divorced the **Custody/Custody Pending Form** must be completed and legal documentation of custody **MUST** be presented with enrollment documents.
 - B. **Original Birth Certificate** **MUST** be submitted with registration documents. If original birth certificate is not available a certified copy or Passport is acceptable. *If further clarification is needed regarding parent/guardian information contact: Pupil Personnel Department at 440-729-6806*
3. **Residency and Custody Declaration** – parent/guardian must complete this form. Initial each statement acknowledging you have read each statement.
 - A. **If the parent/guardian owns the dwelling you must provide:**
 - a) **One Primary proof of residency.** (Primary proofs of residency include a deed, purchase/construction contract, or mortgage document), and
 - b) **Two Secondary proofs of residency.** (Secondary proofs of residency include a recent utility bill, voter registration card, property tax statement, home insurance policy, pay check or pay stub, driver's license or state ID card, and receipt of utility installation.) These documents must include the current address.
 - B. **If the parent/guardian is renting the dwelling you must provide:**
 - a) **A lease or rental agreement,** and
 - b) **Two Secondary proofs of residency.** (Secondary proofs of residency include a recent utility bill, voter registration card, property tax statement, home insurance policy, pay check or pay stub, driver's license or state ID card, and receipt of utility installation; these documents must include the current address), and
 - c) **A Notarized PROPERTY OWNER AFFIDAVIT and one Primary proof of property ownership** (deed or mortgage document).
 - C. **If parent/guardian is living with another person/family member who is a resident (eg. grandparents, friend) you must provide:**
 - a) **A Notarized PROPERTY OWNER AFFIDAVIT and one Primary proof of property ownership** (deed or mortgage document), and
 - b) **Two Secondary proofs of residency** (Secondary proofs of residency include a recent utility bill, voter registration card, property tax statement, home insurance policy, pay check or pay stub, driver's license or state ID card, and receipt of utility installation. These documents must include the current address).
 - D. **If the parent/guardian is moving into the district but sale is not closed or building a home in the district and home is not complete you must provide:**
 - a) **A 90-DAY CLAUSE form.** (This form indicates the parent/guardian has 90 days to provide the district with the proofs of residency outlined in section A above, or the district has the right to charge the current daily tuition rate), and
 - b) Purchase agreement or building contract.
4. **Health History Form** – must be completed by the parent/guardian. This form should be completed in full.

5. **Emergency Medical Authorization** – must be completed by the parent/guardian. This form should be completed in full.
6. **Immunization Form** – must be completed by the students' physician. A physician's document of immunization history is acceptable as long as it is signed by the physician.
7. **Transportation Registration Form** – Top half of form must be completed even if transportation is not needed. *Bottom half of form should only be completed if transportation to or from school will be different than the residence address.*
8. **New Student Record Release** – must be completed for all students entering the West Geauga District.
9. **Previous School Records** –
 - A. Last report card must accompany registration documents for students in grades 1-12,
 - B. Transcripts must be provided if student is in grades 8-12,
 - C. Standardized Test Scores (i.e. IOWA/COGAT, State Achievement, OGT) must be provided for scheduling in grades 3-12.
10. **If student has been identified as disabled under IDEA**, the Individualized Education Program (IEP) and Evaluation Team Report (ETR/MFE) ***must be provided at registration.***
11. **If a student has been identified as eligible for protection under Section 504**, the 504 Evaluation Report and 504 Accommodation Plan must be provided at registration.

WEST GEAUGA LOCAL SCHOOLS

STUDENT REGISTRATION FORM

Date Student will enter West Geauga Schools ____/____/____ Entering Grade**: _____ Bldg.: HS MS LN WW

**Grade placement is subject to adjustment when transfer credits are evaluated according to West Geauga School Policy

Legal Name _____ Gender: Male Female
 Home Address _____ County: _____
 Mailing Address _____ Household Phone (____) _____
 Birthplace City: _____ Date of Birth: ____/____/____

ETHNICITY / RACE SECTION

This section is required by the U.S. Department of Education - Please complete ALL sections

Is the student Hispanic / Latino YES No Student's Citizenship: US Citizen
 A person of Cuban, Mexican, Puerto Rican, South or Central American or Other: _____
 Spanish culture or origin, regardless of race.

Student's Race: Please check ALL that apply Asian - Original peoples of the Far East, Southeast Asia or the Indian subcontinent
 Note to parent/guardian: If not completed, American Indian / Alaskan Native - Peoples of N. / S. American who maintain tribal affiliation / community attachment
 enrolling personnel will designate Black or African American - Having origins in any of the black racial groups of Africa
 race/ethnicity for the district Native Hawaiian or Pacific Islander - Original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
 White - Origins in any of the original peoples of Europe, the Middle East, or North Africa

GUARDIANSHIP / CONTACT INFORMATION

Birth or Adoptive MOTHER Information
 Resides with student YES No Mother's Name: _____ Married Single
 Address: _____
 Home/Primary Phone _____ Work Phone: _____
 Cell Phone Number: _____ Email: _____

Birth or Adoptive FATHER Information
 Resides with student YES No Father's Name: _____ Married Single
 Address: _____
 Home/Primary Phone _____ Work Phone: _____
 Cell Phone Number: _____ Email: _____

Guardian's Information - if applicable
 Resides with student YES No Guardian's Name: _____ Married Single
 Address: _____
 Home/Primary Phone _____ Work Phone: _____
 Cell Phone Number: _____ Email: _____

Is the child in the legal custody of someone other than the birth or adoptive Parent? YES No
 If you answered yes to this question you must complete a "Custody Pending Form"

ACADEMICS

Is the child identified as Gifted YES WEP attached No Is the child receiving remedial academic support?
 Is the child identified as Special Ed (IEP) YES IEP / ETR attached No YES No
 Is the student on a 504 Plan YES 504 Plan attached No If yes, in what area?
 Is the student on a RIMP Plan YES RIMP Plan attached No Reading Math Other

PREVIOUS DISTRICT INFORMATION

Previous District Name: _____ Public / Community Sch Private Home Instruct.
 School / Building Name: _____ City: _____ State: _____
 Address _____ Contact _____

I have read the "Notification of Legal Obligation". I understand and agree to notify the West Geauga Local School District of any changes as outlined.

Parent/Guardian Signature _____ Relationship to Student _____ Date _____

PLEASE PRINT

Date of Enrollment _____ / _____ / _____

Student Name: _____ Grade Level: _____
Last First Middle

Date of Birth: _____ / _____ / _____ Place of Birth: _____
City State Country

Name of Parent/Guardian: _____
Family Name First Name

Home Address: _____

City _____ State _____ Zip _____

Home Phone: () _____ - _____ Alternate Phone: () _____ - _____

Parent/Guardian: Please answer the following questions 1/12/2017

- 1 What language did your son/daughter speak when he/she first learned to talk? _____
- 2 What language does your son/daughter use most frequently at home: _____
- 3 What language do you use most frequently to your son/daughter? _____
- 4 What language do the adults at home most often speak? _____
- 5 How long has your son/daughter attended school in the United States? _____

FOR SCHOOL PERSONNEL ONLY:

If the answer to any of the first four questions above is a language other than English, indicates the student's information below:

Is the student Limited English Proficient: Yes No

Initial English Assessment

Communication Skill

Listening	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Speaking	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Writing	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Comprehension*	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Composite**	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient

* The Comprehension level is derived from Listening and Reading

** The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension

L - Student enrolled in U.S. Schools for First Time or < 180 days Date entered US Schools for the first time: _____

S - LEP student enrolled U.S. Schools >180 days but < 360 days

M - Trial Mainstream student remains in this category until he/she is reclassified as Exited from LEP

Note to Parent/Guardian: To facilitate your child's entry into the West Geauga Local School District, please complete this form and we will send it to your child's previous school for his/her records. This authorization and the records provided will become part of your child's permanent record in accordance with the Family Educational Rights and Privacy Act (FERPA), Individuals with Disabilities Education Act (IDEA), and the Board of Education's Student Records policy.

Section I: Student Information.

This form provides authorization to release education records and information relating to:

Student Name: _____ Date of Birth: _____

Section II: Disclosure and Use of Education Records.

I hereby give my permission to disclose education records / information for the above-referenced student in the manner described below.

Previous School District: _____

Building Last Attended: _____

Previous Building Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Section III: Description of Education Records and Information to be Disclosed.

Records authorized for release:

- | | | |
|---|---|---|
| <input type="checkbox"/> Official Transcripts | <input type="checkbox"/> Attendance records | <input type="checkbox"/> Individualized Education Plans (IEP) |
| <input type="checkbox"/> Most Recent Grades | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Student Accommodation Plans (504) |
| <input type="checkbox"/> Test Records | <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Multi Factored Evaluation Team Reports (MFE/ETR) |
| <input type="checkbox"/> Cumulative Records | <input type="checkbox"/> Court Documents | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> Student's SSID# | | |

Ohio Revised Code, Section 3313.642 states that only grades and credits may be withheld for nonpayment of fees and charges. All other records must be sent to the requesting school district, particularly a cumulative record of proficiency tests. It is understood that this information will be used in a confidential and professional manner.

Section IV: Description of Persons/Entity Authorized to Receive and Use Released Information.

Please fax or email records to:

- | | | |
|---|--|--|
| <input type="checkbox"/> West Geauga BOE
8615 Cedar Road
Chesterland, OH 44026
ATTN: Ian Cooper
Fax: 440-729-5939
Email: Ian.Cooper@westg.org | <input type="checkbox"/> West Geauga High School
13401 Chillicothe Road
Chesterland, OH 44026
ATTN: Michelle Sargent
Fax: 440-729-5959
Email: Michelle.Sargent@westg.org | <input type="checkbox"/> West Geauga Middle School
8611 Cedar Road
Chesterland, OH 44026
ATTN: Kathy DePetro
Fax: 440-729-5909
Email: Kathy.Depetro@westg.org |
| <input type="checkbox"/> Robert C. Lindsey Elementary
11844 Caves Road
Chesterland, OH 44026
ATTN: Laura Palmer
Fax: 440-729-5989
Email: Laura.Palmer@westg.org | <input type="checkbox"/> Westwood Elementary
13738 Caves Road
Novelty, OH 44072
ATTN: Pam Mihalik
Fax: 440-729-5924
Email: Pam.Mihalik@westg.org | |

Section V: Purpose of this Authorization.

The purpose of this release of educational records or information is:

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

Section VI: Expiration and Revocation.

This authorization may be revoked at any time except to the extent that the District has already released personal information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke the authorization, contact the West Geauga Schools at (440) 729-5900. 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 (Parent/Guardian): _____

Date: _____

West Geauga Local Schools
8615 Cedar Road
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RESIDENCY AND CUSTODY DECLARATION

This form is completed by the parent/ legal guardian/ custodian of the child entering the West Geauga Local Schools.

I, _____, certify the following:

I am the parent, guardian or legal custodian of:

_____	_____
Student Full Name	Student Full Name
_____	_____
Student Full Name	Student Full Name
_____	_____
Student Full Name	Student Full Name

I further certify that I am the ___Owner ___Tenant of the home/apartment located at:

Address _____ City _____, Ohio Zip _____

Please read each statement and then place your initials to the left of the statement to indicate agreement:

___ I certify that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named student(s) in the West Geauga Local School District.

___ I understand that I am responsible for informing school officials of any change(s) in the residence of any parent or legal guardian. If I change my present address to another address that is within the West Geauga Local School District, I will immediately file another Residency and Custody Declaration form with my child(ren)'s school. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside of the boundaries of the West Geauga Local School District, I will withdraw my child(ren) from the district and enroll them in the new district of residence.

___ I agree to, and stipulate, that the West Geauga Local School District may use whatever legal means it has at its disposal to verify my residency, including having an attendance officer visit my home to ensure the family resides at this address.

___ I have provided the West Geauga Local School District with an official, complete copy of any and all court orders from the Domestic Relations, Juvenile, Probate, or any other court which has exercised jurisdiction over the custody or residency of the children being enrolled as per O.R.C. 3313.672.

___ I understand that I am also responsible for informing school officials of any change in legal custody or guardianship of the child(ren) and to provide required court documentation as set forth in the Custody/ Custody Pending form.

___ I understand that should any of the above statements be false, I am liable for any penalties including, but not limited to, the collection of any money owed for tuition purposes for which the law provides under the pertinent criminal code, plus interest, administrative costs, court costs, and any attorney fees incurred in the collection of those sums.

Signatures:

Printed Name of Parent/Guardian/Legal Custodian Signature of Parent/ Guardian/ Legal Date

Primary Proof of Residency (1 original item required)

___ Deed ___ Lease or Rental Agreement ___ Mortgage Document ___ Purchase/Construction Contract

Secondary Proof of Residency (2 original items required)

___ Recent utility bill ___ Voter registration card ___ Property tax statement ___ Home insurance policy ___ Pay check or stub
___ Driver's license or state ID ___ Receipt of utility installation ___ Other reliable documentation:

Office Use
Registrar Signature: _____

WEST GEAUGA LOCAL SCHOOL DISTRICT

STUDENT IMMUNIZATION HISTORY

8615 Cedar Road – Chesterland, OH 44026

2018-2019

Fax: High School – 440-729-5959 / Middle School – 440-729-5909 / Lindsey – 440-729-5989 / Westwood - 440-729-5924

Student's Name: _____

Date of Birth: _____

Male Female Grade entering at Enrollment _____

Ohio Law allows a 14-school day period for you to provide a record of your child's immunizations. This record must be completed by your child's doctor or the health department. Students transferring from another school must provide documentation of immunizations within 14 days of their first day of school at West Geauga Local Schools.

**Immunization Summary for School Attendance
Ohio**

VACCINES	FALL 2018 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	K Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4 th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4 th birthday, a fifth (5) dose is not required. * 1-12 Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up. Grades 7-12 One (1) dose of Tdap vaccine must be administered prior to entry. **
POLIO	K-8 Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4 th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. *** Grades 9-12 Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; if a combination of OPV and IPV was received, four (4) doses of either vaccine are required.
MMR Measles, Mumps, Rubella	K-12 Two (2) doses of MMR. Dose one (1) must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose one (1).
HEP B Hepatitis B	K-12 Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
Varicella (Chickenpox)	K-8 Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after the first dose, it is considered valid. Grades 9-12 One (1) dose of varicella vaccine must be administered on or after the first birthday.
MCV4 Meningococcal	Grade 7-9 One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. Grade 12 Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****

MONTH, DAY AND YEAR ARE REQUIRED ON ALL IMMUNIZATIONS

	DATE	DATE	DATE	DATE	DATE
DPT					
TD, Tdap					
Polio Sabin					
MMR					
HIB					
HEP A					
HEP B					
Varicella					
MCV4					

Physician Printed Name _____ Physician Signature _____ Date ____/____/____

Physician Address _____ Phone (____) _____

WEST GEAUGA LOCAL SCHOOL DISTRICT

8615 Cedar Road
Chesterland, OH 44026

STUDENT HEALTH HISTORY

Fax Numbers:

High School – 440-729-5959 / Middle School – 440-729-5909 / Lindsey – 440-729-5989 / Westwood - 440-729-5924

Student's Name: _____ Date of Birth: _____

Male Female Grade Entering at Enrollment _____

HEALTH CONDITIONS - Please check any that this student has had:

Abnormal Spinal Curvature (scoliosis, etc.)	Diabetes	Rheumatic Fever
Anemia	Eczema	Scarlet fever
Arthritis	Emotional Problems	Seizures/epilepsy
Asthma: Is an inhaler required? Yes No	Genetic Disorder	Sickle cell disease
Birth or congenital malformation	Headaches (frequent)	Skin rashes (Diagnosed)
Chronic Diarrhea	Heart Disease	Throat infections (frequent)
Cancer (Type):	Hepatitis (Type):	Tics/nervous twitches
Chicken pox	Kidney disease	Urinary tract infections
Cystic Fibrosis	Meningitis or Encephalitis	Wetting (daytime)

Please comment, as you feel necessary, on any of the above.

ALLERGIES:

<u>Medication and/or Food/Other</u>	<u>Reaction</u>	<u>Treatment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VISION

Vision problems / eye condition? Yes No Diagnosis: _____

Wears glasses/contacts/patching of eye? Yes No Reason: _____

HEARING

Loss or Reduction in hearing? Yes No

Date Diagnosed? _____ P.E. Tubes in place? Yes No

Frequent ear infections? Yes No If yes, which ear? L R

How often? _____

STUDENT HEALTH HISTORY (CONTINUED)

INJURIES AND ILLNESSES - Please list any severe injuries or illnesses:

Injuries/Illnesses/Surgeries	Child's Age	Hospitalized
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

ADDITIONAL INFORMATION

List any medication(s) taken daily and the reason:

Medication	Dosage	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE NOTE: If your child requires any over-the-counter or prescription medication while at school, Medication Management form(s) must be completed by the parent and Doctor.

Date of Last Physical Exam _____ Date of Last Dental Exam _____

This child is usually: very active normally active inactive

Do you have any concern about how your child gets along with others and/or siblings? Yes No

If Yes, please explain

Do you have other comments or concerns about this student's health, development, behavior, family or home life that you would like to share with the school? (continue on back if needed.)

Medical information important for the safety of your child or others, as determined by the school nurse, will be shared with pertinent staff in a confidential manner unless the school is notified in writing. Should there be changes in the student's health status the parent/guardian should notify the school in writing.

Completed by _____ Relationship to Child _____ Date _____

TRANSPORTATION REGISTRATION - WEST GEAUGA

(PLEASE PRINT)

(1 CARD PER CHILD)

DATE OF BIRTH

Date _____ School Year 20__ - to 20__

Pupil's Name _____ Sex _____
M or F

Address _____
Number Street

City _____ Zip Code _____

Address Location Between _____ and _____
Street Street

Parent/Guardian Name(s): _____;

Assigned School: ___ Lindsey ___ Westwood ___ Middle School ___ High School

Non-Public: _____ Present Grade _____
School Name

FOR SCHOOL USE ONLY	
STUDENT STATUS:	
Pupil ID# _____	
___ New ___ Withdrawal ___ Transfer within District	
Kindergarten ___ A.M. ___ P.M. ___ Full Day	
Bus No. _____ A.M. _____ P.M.	

No. of School Age Siblings: _____

Attending W.G. _____ Attending Other _____

Will alternate pick-up / drop off be needed for childcare? : YES (Complete Bus Change Request below) NO

I understand that transportation is provided by the West Geauga School District, my child agrees to follow all rules and regulations established by the West Geauga Board of Education and/or their official representatives. Failure to do so is good and sufficient reason to discontinue transportation services for my child.

Signature of Parent/Guardian _____ Telephone Numbers _____ or _____ Telephone Numbers _____

TRANSPORTATION BUS CHANGE REQUEST

STUDENT NAME _____ GRADE: _____ High School Middle School R.C. Lindsey
Westwood Other (please Specify):

PICK-UP INFORMATION – (A.M.)		DROP-OFF INFORMATION (P.M.)	
Current Address _____	Current Bus# _____	Current Address _____	Current Bus# _____
New Pick up Address _____	New Bus# _____	New Drop off Address _____	New Bus# _____
Contact Person at Pick up Address _____	Phone at New Address _____	Contact Person at Drop off Address _____	Phone at New Address _____

EFFECTIVE DATES OF CHANGE: From: ___ / ___ / ___ To: ___ / ___ / ___ DAYS OF CHANGE: M T W TH F

REASON FOR CHANGE: _____

It is the position of the West Geauga Board of Education to provide transportation to and from a student's place of residence. Requests for changes can only be considered with respect to REGULAR ESTABLISHED ROUTES AND PICK UP AND DROP OFF POINTS. The undersigned understands that this is only a request for consideration and not a guarantee for approval. A bus change, if granted, is for the current school year only. Students' residential address will be used the following school year unless another bus change is requested.

Signature of Parent/Guardian _____ Date ___ / ___ / ___

() _____
Daytime Telephone Number

FOR OFFICE USE ONLY			Approved
Building _____	Initials _____	Date ___ / ___ / ___	
Transportation _____	Initials _____	Date ___ / ___ / ___	Denied

West Geauga Local Schools
 8615 Cedar Road
 Chesterland, OH 44026
 Phone: (440) 729-5900 Fax: (440) 729-5939

STUDENT INFORMATION

1. Does the student reside within the West Geauga Local School District? Yes No
2. Does the student reside with parent(s)? Yes No
3. If you answered "No" to question #2 above
 Does the student reside with a legal guardian or other custodian under court order? Yes No NA
4. Is there a pending court action which may affect custody or guardianship? Yes No
 Documentation provided: _____
 Journal Entry or Probate Case Number
5. Does the student claim to be self-supporting? Yes No
6. Is there a county social worker or guardian *ad litem* involved? Yes No
7. Was the student expelled from the previous school? Yes No

Please check the lines below that correspond with your individual situation:

	Mother	Father	Both	Foster/Guardian	N/A
8. With which parent does the child reside?	___	___	___	___	___
9. Which parent resides within the West Geauga Local School District?	___	___	___	___	___
10. Which parent is the biological parent?	___	___	___	___	___
11. Which parent has been granted custody or residential parent status by a Domestic Relations or Juvenile Court order?	___	___	___	___	___
12. Which parent has adopted the student by Probate or Juvenile Court order?	___	___	___	___	___
13. Who has been granted guardianship of the child by Probate Court order?	___	___	___	___	___

FALSIFICATION ORDINANCE

In conformance with Ohio Revised Code (ORC) 3313.64:

- West Geauga Local Schools are tuition free only for those students whose parent/guardian are legal residents of this district
- Residence for school purposes means that the parent/guardian of the student live within the school district for a majority of the time
- To knowingly make a false statements, give false information or knowingly swear or affirm the truth of a false sstatement in order for your children to gain entrance or remain the schools or this district is illegal

Your signature on the Residency and Custody Affidavit certifies that all of the residency information is true and correct and that you have received the Falsification Ordinance.

NOTICE OF LEGAL OBLIGATION

Parents / Guardans of all students are required by the Ohio Revised Code (ORC) to inform school officials of an of the changes listed below:

- 1 **Change of address:** You MUST, within 10 calendar days of your move, bring two proofs of residency to your building secretary. If you move out of the disstrict, a district Clearance Form must be completed by each students teacher and a District Withdrawal Form must be presented to your building secretary.
- 2 **Change of phone number(s):** Current home, work, and emergency numbers must be provided to the building of attendanxe for any changes.
- 3 **Change of legal custody or guardianship:** Any and all current court orders for Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction of the custoday, guardianship or residenxce of the child per ORC 3313.672. The complete legal document must be presented to the building.
- 4 **All Temporary Restraining Orders or Protection Orders involving school premises must be submitted to the district.**