

Where will the student be attending? ☐ Junction City Elementary ☐ New Lexington Elementary

The student will be asked these questions during the screening. Please provide the information so the screener will know whether the student's answer was correct.

Child's Name:

Date of Birth:

Who Brought You Today:

Address:

Phone Number:

# NEW LEXINGTON CITY SCHOOLS

## Student Registration Form

The New Lexington City School district requires the legal custodial parent/guardian of the child being registered to complete this form. The legal custodial parent/guardian and the child being registered must reside within the attendance boundaries of the New Lexington City School District. If you are unable to comply with either of these two regulations, tell the Registrar before completing this form. You will be advised how to proceed.

School building the student will be attending: ☐ Junction City Elementary ☐ New Lexington Elementary  
☐ Intradistrict OE ☐ Interdistrict OE from \_\_\_\_\_

### Student's Information

☐ Male ☐ Female

Legal Last Name (as appears on birth certificate)

Legal First Name (as appears on birth certificate)

Preferred First Name

Middle Name(s)

Name Addition (Jr, III, etc.)

Birthdate

Grade: K

Home Phone

Ethnicity (Chose one):

☐ Hispanic ☐ Not Hispanic

Race: (check all that apply)

☐ White ☐ Hispanic/Latino ☐ Asian

☐ Black/African Amer.

☐ Amer. Indian/Alaska Native

☐ Native Hawaiian/Other Pacific Islander

List other school (PS-12) children:

  
  

Street Address

City

State

Zip Code

Mailing Address

☐ Same as street address

PO Box

Apt. #

City

State

Zip Code

District of Residence (if not New Lexington)

☐ Foster Child or Court Placed

☐ Living w/grandparent (POA/Affadavit)

Custody:

☐ Both parents ☐ Mother only

☐ Father only

☐ Grandparent

☐ Guardian

Biological

Parents are: ☐ Married ☐ Separated ☐ Divorced

☐ Single

☐ Never married

Living with: (check all that apply)

☐ Mother ☐ Father ☐ Step-parent ☐ Guardian

☐ Other ☐ Foster Parent

☐ Mother or Father Deceased (Date) \_\_\_\_\_  
(Circle which one)

# NEW LEXINGTON CITY SCHOOLS

## Student Registration Form

### Biological Mother/Foster Mother/Guardian Information

Name

- ☐ Copy of school correspondence to be sent to this person  
☐ Able to access student's information online

Address: ☐ Check if same as child. If not, put below:


Employer

--

Work Phone

Cell Phone

--	--

E-mail Address

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### Biological Father/Foster Father/Guardian Information

Name

- ☐ Copy of school correspondence to be sent to this person  
☐ Able to access student's information online

Address: ☐ Check if same as child. If not, put below:


Employer

--

Work Phone

Cell Phone

--	--

E-mail Address

--

### Other Parent/Guardian's Information

- ☐ Step-parent ☐ Foster ☐ Grandparent ☐ Other

Name

--

Address: ☐ Check if same as child. If not, put below:


- ☐ Copy of school correspondence to be sent to this person  
☐ Able to access student's information online

Employer

--

Work Phone

Cell Phone

--	--

E-mail Address

--

List **at least** one emergency contact (other than anyone listed in the left column) w/phone #.

Name:

Relationship:

Phone Number:

Name:

Relationship:

Phone Number:

Child's City of Birth

State

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(8000)

- ☐ Child attended Head Start - less than 1 year (10)  
☐ Child attended Head Start - 1 year or more (15)  
☐ Child attended ODE or ODJFS Preschool (not Head Start) for less than 1 year (20)  
☐ Child attended ODE or ODJFS Preschool (not Head Start) for 1 year or more (25)  
☐ Child attended Preschool (not ODE, ODJFS or Head Start) for less than 1 year (30)  
☐ Child attended Preschool (not ODE, ODJFS or Head Start) for 1 year or more (35)  
☐ Child had no Preschool experience (40)  
☐ Child has an IEP

Is there any other information regarding your child's education, physical, emotional, family, or legal background that would be helpful for school personnel to know? ☐ Yes ☐ No

If yes, please explain:

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### RELEASE OF INFORMATION:

School records may be released, without consent, to other authorized school officials. Records may also be released to other schools to which a student is transferring.

Notwithstanding ORC 3109.42, non-custodial parents have the right to information contained in the student's records provided there is no court order to the contrary. If there **IS** such a court order, we must have a copy of it in the student's file.

*I swear and affirm that the information given on this form is correct, that I am a legal resident of the New Lexington City School District (unless otherwise indicated on page 1) and that **this child is in my legal custody.***

Signed \_\_\_\_\_ Date \_\_\_\_\_

# New Lexington Schools

## EMERGENCY MEDICAL AUTHORIZATION

In case of an emergency, the school staff will contact 911. Every attempt will be made to contact a parent/guardian, or a listed emergency contact.

Student's Last:		Student's First:		Student's Middle:	
Date of Birth:	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Building:	<input type="checkbox"/> HS <input type="checkbox"/> MS <input type="checkbox"/> NLE <input type="checkbox"/> JCE	
Because of loss of housing or economic hardship, my family resides: <input type="checkbox"/> with another family, or <input type="checkbox"/> in a shelter, or <input type="checkbox"/> in a motel, car or campsite, or <input type="checkbox"/> none of these					

Check any current health condition that may require attention during the school day:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Foods                               | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Cancer                            |
| <input type="checkbox"/> Diabetes                            | <input type="checkbox"/> Seizures   | <input type="checkbox"/> Hearing problems / Hearing aid(s) |
| <input type="checkbox"/> Medicines (be specific): _____      | <input type="checkbox"/> Bee sting or insect bite: _____                                    |  |
| <input type="checkbox"/> Heart problems (be specific): _____ | <input type="checkbox"/> Physical disability (be specific): _____                           |  |
| <input type="checkbox"/> Respiratory (be specific): _____    | <input type="checkbox"/> Vision problems (be specific): _____<br>_____glasses _____contacts |  |
| <input type="checkbox"/> Other (be specific): _____          | <input type="checkbox"/> Allergic Reaction to: _____  |  |

List all medications and dosages your child receives on a continual basis:

### CONTACT INFORMATION

Student resides with, mark all that apply: ☐ Father ☐ Mother ☐ Step-Parent ☐ Guardian ☐ \_\_\_\_\_

Any parent with whom the child resides has the right to make decisions concerning the child in the event of an emergency and to pick up the child from school, unless a court order or other legal document states otherwise. It is your responsibility to provide a copy of that document to your child's school.

<input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step Father	Last Name:	First Name:	Middle Int:
Address:			
Home Phone:	Work Phone:	Cell Phone:	
Email:			
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Step Mother	Last Name:	First Name:	Middle Int:
Address: <input type="checkbox"/> same as Father's			
Home Phone: <input type="checkbox"/> same	Work Phone:	Cell Phone:	
Email:			

Please list three persons we may call if the parent(s) or guardian cannot be reached who have your permission to make decisions concerning your child in the event of an emergency. We will assume these persons may also pick up your child from school.

Name of Person	Relationship to Student	Home Phone	Cell Phone

### PHYSICIAN / DENTIST INFORMATION

My child's medical care is provided by:	Telephone:	<input type="checkbox"/> any available
My child's dental care is provided by:	Telephone:	<input type="checkbox"/> any available

**Sign Either The Consent or The Refusal, but NOT BOTH!!**      **Sign Either The Consent or The Refusal, but NOT BOTH!!**

*The school **DOES HAVE** my permission, in case of an emergency when I cannot be contacted, to take my child to the emergency room or the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The school **DOES NOT HAVE** my permission, in case of an emergency when I cannot be contacted, to take my child to the emergency room or the nearest hospital. **The school should follow the instructions I have listed on the back side of this sheet.***

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign Either The Consent or The Refusal, but NOT BOTH!!**      **Sign Either The Consent or The Refusal, but NOT BOTH!!**

Refusal Consent

Refusal Consent