

Wolf Creek Local Schools

P.O. Box 67, Waterford, OH 45786

Phone Number 740-984-2373

Date

I, _____, understand that the law requires me to furnish the following documents to Waterford High School / Waterford Elementary School when enrolling my children. I further understand that if I do not furnish the documents checked within the specified time periods, that my child will not be allowed to enroll and/or continue their education in the Wolf Creek Local School system.

_____ Proof of residence (At time of enrollment)

_____ Birth Certificate (within 14 days)

_____ Health Records (within 14 days)

_____ Custody/Guardianship Court Record (At time of enrollment)

Parent/Guardian Signature

School Counselor

Additional information needed at the time of enrollment:

_____ Previous school record

_____ Name, address, and phone number of previous school

Physical Address (If different from student) _____

Mailing Address (If different) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____ May Contact at Work _____

Email Address _____

Other Guardian's Name _____ Living with Student _____

Parent Custodial Parent Stepparent Legal Guardian (by court) Foster Parent

Physical Address (If different from student) _____

Mailing Address (If different) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____ May Contact at Work _____

Email Address _____

Emergency Contacts

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

Previous School Information

Preschool

Did the child attend preschool? Yes No

If so, preschool attended? _____ How many years _____

Last School Attended _____

Address (City, State) _____

Phone _____ Fax _____ Permission to Request Records _____

District of Residence

Wolf Creek Local (Waterford) Fort Frye Marietta City Morgan Local Warren Local

Other _____

School Use Only:
Date Enrolled _____ Date of Attendance _____
Birth Certificate Social Security Card Immunization Records Custody Papers

Consent for Records Release

Last School District Attended: _____ Phone: _____ Fax: _____

School Mailing Address: _____

Student Name: _____ Age: _____ Birth Date: _____

Waterford High School

P.O. Box 67

Waterford, OH 45786

FAX: (740) 984-4420

Robyn.delaney@wolfcreeklocal.org

Waterford Elementary School

P.O. Box 45

Waterford, OH 45786

FAX: (740) 984-4608

Nanette.varnadoe@wolfcreeklocal.org

We are requesting the following information/records for the above-named student:

All personally identifiable data on file.

The following records:

- Immunization and other health records
- Testing information
- Psychological tests
- IEPs
- Grades/Transcripts

Other: _____

Reason to Request:

To aid in making present and future educational decisions

Other: _____

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the above named student in the manner indicated.

(Signature of parent guardian or student, if 18 or older)

(Date)

(Street Address)

(City, State, Zip Code)

Office Use Only:

Date Request Sent _____

Fax

Phone

Mail

Ohio School Health History

Child's name: _____ Gender: M F Date of birth: _____

Ethnicity: Caucasian African American Hispanic Asian American Other

Mother's name: _____ Address: _____ Phone: _____

Father's name: _____ Address: _____ Phone: _____

Who does the child live with? _____

Do you or your child receive any of the following? Please Check:

SSI, Disability Healthy Start LEAP Medicaid/CHIP

Insurance (Blue Cross/Blue Shield, Aetna, Cigna) Other: _____

Please list first and last name of all the child's family members, including parents:

Name	Birth Date	M/F	Health Concerns	Is child in school? Where?
1.				
2.				
3.				
4.				
5.				
6.				

Perinatal History:

Did the mother have any unusual physical or emotional illness during this pregnancy?

Yes No If yes, explain: _____

How old was the mother when this child was born? ____ was infant

What was the infant's birth weight? ____ lbs. ____ oz. Full Term Early/Late

Did the infant have any sickness or problems? _____

Developmental History: Please give approximate age at which the child:

Walked alone: _____ Spoke in sentences: _____ Dressed self: _____ Toilet trained: _____

How does this child's development compare to other children, such as siblings or playmates?

About the same Delayed Advanced

Behavioral History

The child is usually: very active normally active rather inactive

Has your child ever acted out in the following manner toward adults or children?

Hitting kicking biting fighting scratching

Do you have concerns about how your child gets along with others? Yes No

Please add any comments/concerns you have about your child's health, development, behavior, family or home life you would like the nurse to be aware of: _____

Medication Usage

Name of Medication	What is it taken for?	How often and what time?

Allergies: Please list and describe allergies and reactions.

Medications/drugs _____

Foods/plants/animals/other _____

Recommended treatment if allergy is severe _____

Health Conditions: Please check all that apply past or present.

- | | |
|---------------------------------------|---|
| Abnormal Curvature of spine | Chronic ear infections |
| Hemophilia | Near-drowning/Near suffocation |
| Allergies/hay fever | Concern about relation with siblings or friends |
| Hepatitis | Nervous twitches or tics |
| Anemia | Cystic Fibrosis |
| Hyperactivity | Poisoning |
| Anaphylactic reaction | Diabetes |
| HIV positive | Rheumatic fever |
| Asthma or wheezing | Eczema/Chronic skin condition |
| Juvenile arthritis | Seizure disorder/Epilepsy |
| Attention Deficit Disorder (ADD/ADHD) | Emotional Problems |
| Kidney disease, type: | Stool soiling |
| Behavior problem | Eye problems, poor vision |
| Measles (10 day) | Toothaches or dental problems |
| Birth or congenital malformation | Frequent headaches |
| Meningitis or encephalitis | Tourette's syndrome |
| Cancer Type: _____ | Frequent sore throats |
| Mumps | Urinary tract infections |
| Chickenpox age: _____ | Heart disease type: _____ |
| Mutism | Wetting during the day or night |

Please list any severe illness, injuries and hospitalizations, include outpatient procedures and child's age at the time: _____

Does your child always wear a seatbelt while riding in automobiles? Yes No
 Does your child wear a helmet when bicycling, skating/rollerblading or riding a motorcycle? Yes No



WOLF CREEK LOCAL SCHOOL DISTRICT

Administration Office

In order to improve the accuracy of reporting for grant purposes, please complete the information listed below and return this form to your child's teacher.

If you have questions email or call:

Stephanie Collinsworth

Penny Boggs

Email: stephanie.collinsworth@ovesc.org

Email: penny.boggs@ovesc.org

Work: 740-373-6669

Work: 740-439-3558

Full Name of Child (Please Print) _____

Grade Level _____

School Building (check one): Waterford Elem. (Gr. K-8) Waterford HS (Gr. 9-12)

Please check all that apply below which best describes your child's primary night-time residence.

Lives with parent(s)/legal guardian in a residence owned or rented in the Wolf Creek Local SD.

Is a foreign exchange student.

Stays in a shelter, church or emergency housing.

Lives with parent(s)/legal guardian in a residence owned or rented by relatives/friends due to economic hardship or other similar situation (i.e. family is living with grandparents or friend).

Stays in a car, a park, or at a campground.

Stays in a hotel/motel.

Stays in a bus/train station, or abandoned building, or a place not designed for or ordinarily used as regular sleeping accommodations.

Write the number of children you have in the following age/grade level groups:

Birth-2 Age 3-5 K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

If you have a child/children in the 3-5 age group, please mark "yes" if they attend preschool. Mark "no" if they do not. If your child is 5 years old and attends kindergarten, list them under "K" above.

____ Yes, my 3-5 year old attends preschool.

____ No, my 3-5 year old does not attend preschool.

Thank you!

Family Military Service Questionnaire

In an effort to better support children of military dependents and manage resources, the Ohio Department of Education is requiring all school districts to collect the information reflected in this form. THIS IS REQUIRED FOR ALL STUDENTS, EVEN THOSE WHO'S PARENTS DO NOT SERVE IN THE MILITARY.

Please fill this out every time your status changes in the military.

If there is more than one parent in the service, please fill out a separate form for each parent.

PARENT FIRST AND LAST NAME: _____

STUDENT FIRST AND LAST NAME: _____

CHECK ANSWERS BELOW

Has at least one parent served or is currently serving in a branch of the military? YES NO

If no, you do not have to proceed with questionnaire.

Start date (month, day, and year): _____

MILITARY PARENT NAME: _____

CURRENT STATUS:

ACTIVE DUTY DEPLOYED ACTIVE DUTY NOT DEPLOYED

DISCHARGED - DATE _____

INACTIVE - DATE _____

TRANSITIONING OUT OF ACTIVE DUTY

RETIRED - DATE _____

SERVICE BRANCH:

AIRFORCE

COAST GUARD

AIRFORCE RESERVES

COAST GUARD RESERVE

AIRFORCE NATIONAL GUARD

MARINE CORPS

ARMY

MARINE CORPS RESERVE

ARMY RESERVES

NAVY RESERVE

NAVY

ARMY NATIONAL GUARD