Alliance City Schools
Registration Requirements
Grades 1-12
2019-2020

The Future Starts Here!

_____ Proof of Residency (1 of the following)
   • Rental /Purchase Agreement
   • Utility Bill
   • Driver’s License with current address
   • Notarized Residency affidavit (Available in Student Registration Office)

_____ Student’s Birth Certificate

_____ Student’s Immunization Records

_____ Parent/Guardian Photo ID

_____ Custody Papers (If applicable)
   • Must be official court document

_____ Valid email address (preferred for “first day forms”)

• Incomplete packets cannot be processed until all items are completed and returned.

Please note that only the custodial parent and/or guardian can enroll a student and must present all documents required above at the time of enrollment. The custodial parent will sign a record release at the time of enrollment to withdraw the student from their previous school and request their academic records.

Please contact Ronda Pittman, District Registrar with any questions at 330-821-2106.
Parent/Guardian Consent for Records Release

Student Name: ________________________________  Prior School: ________________________________

Birthdate: ________________________________  Start Date: ________________

Student is:  □ Resident of our district  □ Open enrolled  □ Court Placed

Please send records to:

Alliance City Schools Registrar’s Office
Attn: Ronda Pittman, Registrar
200 Glamorgan St.
Alliance, OH  44601
Ph. 330-821-2106
Fax 330-829-1231
Email pittmanro@alliancecityschools.org

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

□ All personally identifiable data on file

□ The following records only: (please specify)

□ Health record  □ Intervention Plan/504 plan
□ Attendance record  □ Retention/placement
□ Transcript  □ Medicals
□ Group Test Data  □ Current IEP/ETR/Psychological Evaluation
□ KRA  □ ELL State Testing

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 student named above in the manner indicated.

Date ________________________________  Signature of parent/guardian ________________________________

Address ___________________________________________________________

City, State, Zip ______________________________________________________
Alliance City School District
Student Registration Form

ID#________________________

Please Check One:
□ New Student
□ Returning Student

SECTION 1: STUDENT INFORMATION

Student's Full Legal Name ____________________  ____________________  ____________________  
First  Middle  Last

Gender  □ Male  □ Female  

Grade ______  Date of Birth ______/______/______  
Birth City / State ____________________

[ ] U.S. Citizen  [ ] Non U.S. Citizen  [ ] Exchange Student

Address ___________________________________________  __________
Number and Street  City  Zip

County of Residence ________________________________  
Main Phone _________________________________

Is the student Hispanic / Latino? (Cuban, Mexican, South or Central American, Puerto Rican or other Spanish culture)  [ ] Yes  [ ] No

Student Race (Please mark all that apply)

[ ] White  [ ] Asian  [ ] American Indian or Alaskan Native
[ ] Black or African American  [ ] Native Hawaiian or Other Pacific Islander

If new to ACS, is your student currently under suspension/expulsion from another school or school district?  [ ] Yes  [ ] No

LIVING ARRANGEMENT

Is your current address a temporary living arrangement?  [ ] Yes*  [ ] No

*If answered YES above, is this temporary living arrangement due to a loss of housing or economic hardship?  [ ] Yes  [ ] No

If you answered YES to any of the above questions, please select current living arrangement:

[ ] Hotel/Motel  [ ] Shelter  [ ] Unknown
[ ] Living with another family  [ ] Unsheltered  [ ] Other: _____________

*Unaccompanied Minor

Is the student in the physical custody of a parent/guardian?  [ ] Yes  [ ] No

Is the student alone, without a parent/guardian or other adult?  [ ] Yes  [ ] No

--The information above is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title X, Part C, Federal McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11435. Eligibility is determine by completing this information.

Please list all other school-age children currently living at the home address:

<table>
<thead>
<tr>
<th>NAME</th>
<th>GENDER</th>
<th>RELATIONSHIP TO CHILD</th>
<th>DATE OF BIRTH</th>
<th>GRADE</th>
<th>CURRENT SCHOOL</th>
</tr>
</thead>
<tbody>
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</table>

SECTION 2: SPECIAL SERVICES

Has the student ever received English as a Second Language (ESL) or Bilingual services?  [ ] Yes  [ ] No

Does the student have an IEP (Individualized Education Plan)?  [ ] Yes  [ ] No

Does the student have a 504 Accommodation Plan?  [ ] Yes  [ ] No

Has the student been identified as Gifted?  [ ] Yes  [ ] No

If YES, is there a WEP or WAP?  [ ] Yes  [ ] No

(Written Education Plan or Written Acceleration Plan)

SECTION 3: PREVIOUS EDUCATION

Has the student ever repeated a grade?  [ ] Yes*  [ ] No

*If Yes, what grades were repeated? ____________________

Years of Preschool?  [ ] 0  [ ] 1  [ ] 2  [ ] 3  Name of Preschool ____________________

Has the student ever attended Alliance City Schools?  [ ] Yes*  [ ] No

*If YES, what year? ____________________

If No, name of last school attended? ____________________
Alliance City School District  
Student Registration Form

*Use student’s name as it appears on the birth certificate  
*Must be completed by parent/legal guardian

SECTION 4: PARENT/GUARDIAN/CUSTODY/CONTACT INFORMATION

Primary Contact Living with Student  
Name _______________________________________  
☐ Mother  ☐ Father  
☐ Other**(Specify) ____________________________  
(“Legal documentation needed)

Secondary Contact  
Name _______________________________________  
Relationship __________________________________

Main Phone _____________________________________  
Main Phone _____________________________________

Employer _____________________________________  
Employer _____________________________________

Work Phone _____________________________________  
Work Phone _____________________________________

Cell Phone _____________________________________  
Cell Phone _____________________________________

Email _______________________________________  
Email _______________________________________  

What number would you like us to call first? Use 1-2-3 to order.  
( ) Main (   ) Cell (   ) Work

Is this person a legal guardian?  ☐ Yes ☐ No  
Is this person authorized to pick up student?  ☐ Yes ☐ No

Parent(s)/guardian(s) is currently serving on Active Duty in the military (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard):  ☐ Yes  ☐ No

LEGAL CUSTODY INFORMATION  
(If student lives with BOTH mother and father whom are married, this section can be skipped)

☐ Parents never married; no custody orders  ☐ Mother or father is incarcerated  ☐ Mother or father is deceased  
☐ Grandparent Power of Attorney**  ☐ Separated, but not legally divorced**

☐ Divorced, Shared-parenting**  ☐ Court placed: District of Origin __________________________________

☐ Divorced, Residential parent for SCHOOL purposes** __________________________________

☐ Legal Guardian** (specify) __________________________________________________________

(“Legal documentation regarding custody MUST BE on file in your student’s cumulative folder at his/her school and it is your responsibility to inform the school of any changes in those orders during your child’s attendance there.

If applicable, please list Non-Custodial Parent (biological/adoptive parent who does not have custody)

Name _______________________________________  
☐ Mother  ☐ Father  Main Phone _______________________

Address _____________________________________  
City/State/Zip __________________________

Place of Employment _____________________________  
Work Phone _____________________________________

Cell Phone _____________________________  
Email _______________________________________

OTHER THAN THE ABOVE PARENTS/GUARDIANS, LIST FOUR ADDITIONAL CONTACTS WHO CAN PICK UP YOUR CHILD IF WE ARE NOT ABLE TO REACH YOU IN THE CASE OF AN EMERGENCY (MUST BE 18 YEARS OF AGE AND HAVE A PHOTO ID):

Name _______________________________________  
Relationship _______________________  Phone ________________

Name _______________________________________  
Relationship _______________________  Phone ________________

Name _______________________________________  
Relationship _______________________  Phone ________________

Name _______________________________________  
Relationship _______________________  Phone ________________

Parent/Legal Guardian Signature ____________________________________________  Date: ________________
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)

<table>
<thead>
<tr>
<th>Communication Preferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>1. In what language(s) would your family prefer to communicate with the school?</td>
</tr>
<tr>
<td>__________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>2. What language did your child learn first?</td>
</tr>
<tr>
<td>__________________________</td>
</tr>
</tbody>
</table>

| 3. What language does your child use the most at home? |
| __________________________ |

| 4. What languages are used in your home? |
| __________________________ |

<table>
<thead>
<tr>
<th>Prior Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>5. In what country was your child born?</td>
</tr>
<tr>
<td>__________________________</td>
</tr>
</tbody>
</table>

| 6. Has your child ever received formal education outside of the United States? |
| Yes | No |

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 |

If yes, when did your child first attend a school in the United States? ______ / ______ / ______

<table>
<thead>
<tr>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please share additional information to help us understand your child’s language experiences and educational background.</td>
</tr>
</tbody>
</table>

| 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: [https://www2.ed.gov/about/offices/list/ocr/ellresources.html](https://www2.ed.gov/about/offices/list/ocr/ellresources.html)
NAME OF STUDENT: ___________________________ SCHOOL: ___________________________

1. Presently, where is this student living? *Please check one box in either section A or B in the table below.*

<table>
<thead>
<tr>
<th>SECTION A</th>
<th>SECTION B</th>
</tr>
</thead>
<tbody>
<tr>
<td>in a shelter</td>
<td>Choices in Section A do not apply to the student.</td>
</tr>
<tr>
<td>with more than one family in a house or apartment</td>
<td>If you checked the box in this section (Section B), you do not need to complete the remainder of this form.</td>
</tr>
<tr>
<td>in a motel, car or campsite</td>
<td>STOP</td>
</tr>
<tr>
<td>with friends or family members (other than parent/guardian)</td>
<td>And Sign Below</td>
</tr>
<tr>
<td>alone with no adults</td>
<td></td>
</tr>
</tbody>
</table>

CONTINUE ✅

2. Please check the reason(s) for your child/family’s current living arrangement:
- [ ] Economic Reasons
- [ ] Family Care Needs
- [ ] Eviction
- [ ] Personal Choice

3. Under the McKinney-Vento Homeless Assistance Act, your child may have the right to attend his/her previous school at no expense to you.
   Previous school and district: ________________________________________________

4. Please list a phone number where you can be reached: __________________________

Name: ______________________________________________________________________

Signature: __________________________ Date: ____________________

Please contact the Student Services Office at (330) 821-2105 if you would like more information on the rights provided to homeless families under the McKinney-Vento Homeless Assistance Act.

*******************************************************************************

FOR SCHOOL USE ONLY

Notify the following personnel via email: EMIS Coordinator
                                          Student Services Administrative Assistant