

Previous School Information

Name of previous school: _____

School District Address City/State Zip Code

Is student currently serving an expulsion? _____ Yes _____ No

Has student previously attended St. Clairsville-Richland City School District? _____ Yes _____ No

Has student previously been retained? _____ Yes _____ No If yes, grade level repeated? _____

Ethnic/Race Information

The United States Department of Education mandates that school districts collect and report racial and ethnic data. The purpose for collecting this information is to “ensure equal access” to education for all students.

Is the student Hispanic/Latino: _____ Yes _____ No

(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Which of the following five racial groups applies to the student? Check all that apply:

_____ **American Indian or Alaska Native** – persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

_____ **Asian** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **Black or African American** – Persons having origins in any of the black racial groups in Africa.

_____ **Native Hawaiian or Other Pacific Islander**

_____ **White** – People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

Citizenship Status (check one): _____ U.S.A. _____ Other Country: _____

Is student’s primary/home language English? _____ Yes

If no, Home Language Survey is required. _____ No Language used: _____

Residency Status

Are you a resident of St. Clairsville-Richland City School District? _____ Yes _____ No

District of residence, if **not** St. Clairsville: _____

If **not** enrolling as a resident, please check the following:

_____ Open Enrollment* _____ Court Placed _____ Foster Placed _____ Other _____

**Open enrollment form must be submitted and approved prior to registration.*

Any Medical Concerns: _____

Parent/Guardian Signature and Relationship to Student

Date

(Office use only)

State ID# _____

DASL# _____

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
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Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. _____	
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:		<input type="checkbox"/> NO medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?
 Yes No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?
 Yes No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date / /
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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: <i>(First Name and Last Name)</i> _____	Student Date of Birth: <i>(mm/dd/yyyy)</i> _____
<p>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.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>
<p>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.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>
<p>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.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year</p>
<p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p>	
<p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____</p>	

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>



(Appendix A, continued)

COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

<p>Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p>Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p>Potential English learner See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.</p>
<p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district



ST. CLAIRSVILLE-RICHLAND CITY SCHOOLS

108 Woodrow Avenue – St. Clairsville, OH 43950 – Phone 740.695.1624 – Fax 740.695.1627

REQUEST FOR TRANSFER OF STUDENT RECORDS

Name of Previous School
Address of Previous School
City, State, Zip
Telephone Number Fax Number

Student Name Date of Birth Grade Level

This student has enrolled in our school district effective _____ for the following reason:

- Parent/Guardian now resides in our district
Change in Custodial/Residential parent
Grandparent/Caretaker (Power of Attorney on file)
Other – Specify
Open Enrollment (approval on file)
Foster/Court placed in our district
From Private School
18 year old student

Please release and forward records to (check one):

- St. Clairsville Elementary
St. Clairsville Middle
St. Clairsville High
120 Norris Street
104 Woodrow Avenue
102 Woodrow Avenue
St. Clairsville, OH 43950
St. Clairsville, OH 43950
St. Clairsville, OH 43950
Phone: 740-695-0884
Phone: 740-695-1591
Phone: 740-695-1584
Fax: 740-695-2753
Fax: 740-695-2317
Fax: 740-695-2513

Authorization is granted for the release of all official school records, including, but not limited to:

- All Personally Identifiable Data (birth certificate, custody/court papers, etc.)
Academic Records/Cumulative File (current schedule, grades, report card, etc.)
Attendance/Discipline Information
Health/Immunization Records
Transcript (including quarter, semester and/or current grades)
Psychological/Special Needs/Accommodations Reports (IEP, ETR,WEP, 504)
Standardized Test Scores
Other

Parent/Guardian Signature

I hereby certify that the above named student has been enrolled in the St. Clairsville-Richland City School District.

District Registrar Signature

Date

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act)

St. Clairsville-Richland City School District

Student's Name: _____

Date of Birth: _____ Grade Level: _____

Student Related Services

Please provide documents where needed.

_____ Student received **Gifted Services** from most recent school?

If yes, is there a **Written Education Plan (WEP)**? _____

_____ Student is currently receiving special education and related services and is being served on an **Individualized Education Plan (IEP)**.

If **yes**, list disability and services: _____

_____ Copy of current IEP provided.

_____ Copy of Multifactor Evaluation (MFE) or Evaluation Team Report (ETR) provided.

_____ Student is currently on a **504 Plan**.

If **yes**, list physical/mental impairment: _____

Temporary Living Arrangements

These questions are intended to address the McKinney-Vento Act. Your answers will help determine what services a student may be eligible to receive.

_____ Is the student's current address a temporary living arrangement due to **loss of housing or economic hardship**?

If yes, where is the student currently living?

_____ in a shelter

_____ in a motel, car or campsite

_____ with more than one family in a house or apartment

_____ with a relative, friend(s) or other adult(s) (other than parent/guardian)

_____ alone with no adults

Parent/Guardian Signature

Date