Please provide the following:

1. Certified Birth Certificate *(raised seal or colored stamp)*

2. Proof of Custody *(if applicable)*
   *Most recent court order. MUST be signed by judge!*

3. Immunization Records

4. Parent/Guardian Photo ID

5. 2 current proofs of residency, ex. utility bill or lease, etc.
   *(mail you received at your current address within the last 30 days - no personal or junk mail)*

Please complete and return the following:

1. Enrollment Form

2. Emergency Medical/Health Form

3. Consent for Release of Records

4. Record of Custodial Change

5. Home Language Survey

6. Residency Notice

Please answer the following:

1. Is your child under a current IEP/ETR?
   *If YES, please bring with you*
   Yes____  No____

2. Is your child under a current 504 Plan?
   *If YES, please bring with you*
   Yes____  No____

3. Does your child have a Gifted Identification?
   *If YES, please bring with you*
   Yes____  No____

4. Do you speak English as the primary language in your home?
   Yes____  No____

5. If moving here from out-of-state, and your child has attended any Ohio school in the past, please indicate that school name and city here: ____________________________
BOARDMAN LOCAL SCHOOLS ANNUAL ENROLLMENT / REGISTRATION FOR SCHOOL YEAR 20____ - 20____

1. STUDENT'S LEGAL NAME ________________________________________________________________  Gender: Male _____  Female _____
   Last  First (as listed on birth certificate)  Middle

2. GRADE LEVEL _________  ENTRY DATE _____________________

3. ADDRESS _____________________________________________________  CITY ________________________  ZIP _________________

4. PREVIOUS ADDRESS ____________________________________________  CITY ________________________  ZIP _________________

5. BIRTH DATE _____________________  BIRTH PLACE ________________________________________________________
   Month/Day/Year  City  State

6. PRIMARY LANGUAGE SPOKEN AT HOME _______________________________________

7. NEW STUDENT:  (a.) Has this child ever attended any Boardman School?  Yes _____  No _____  If yes, which building ___________________
   (b.) Has this child ever received Special Services?  Title 1 - Yes _____  No _____  Special Education - Yes _____  No _____

8. LAST SCHOOL ATTENDED (If Kindergarten Enrollment List Pre-School)  ___________________________________________________

9. PREVIOUS SCHOOL ADDRESS ___________________________________________________________________________________

10. PARENT / GUARDIAN:  Please check the box(es) indicating with whom the child resides
   If you wish to receive communications via Email, please list Email address below

   □ MOTHER'S NAME ___________________________________________  Home Address ________________________________  Primary Phone _____________
   Occupation ________________________________  Secondary Phone ________________  Work Phone ______________________
   Company __________________________________________  Email _______________________________________________  Work Phone ______________________
   Step-Father (If Applicable) __________________________________________________________________
   Phone ________________________________  Work Phone ______________________

   □ FATHER'S NAME ___________________________________________  Home Address ________________________________  Primary Phone _____________
   Occupation ________________________________  Secondary Phone ________________  Work Phone ______________________
   Company __________________________________________  Email _______________________________________________  Work Phone ______________________
   Step-Mother (If Applicable) __________________________________________________________________
   Phone ________________________________  Work Phone ______________________

   □ LEGAL GUARDIAN ___________________________________________  Home Address ________________________________  Primary Phone _____________
   Occupation ________________________________  Secondary Phone ________________  Work Phone ______________________
   Company __________________________________________  Email _______________________________________________  Work Phone ______________________

Status of biological parents (please check one):  □ Married  □ Divorced  □ Separated  □ Widowed  □ Never Married
If divorced, who has legal custody?  □ Mother  □ Father  □ Shared  If shared, who is residential parent?________________________
11. Has the custody of this student ever changed during his/her lifetime? Yes _____ No _____

12. Other Children in your family enrolled in the Boardman Schools:
   Name _________________________ Grade _____ Bldg. __________
   Name _________________________ Grade _____ Bldg. __________
   Name _________________________ Grade _____ Bldg. __________
   Name _________________________ Grade _____ Bldg. __________

13. Is this enrollee currently under expulsion from another school? Yes_____ No_____ Suspension? Yes_____ No_____ 

14. Military Student: __________ Not Applicable
   __________ A - Active Duty - Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
   __________ B - National Guard - Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)

★ Due to reporting changes from the United States Department of Education, ONE of the following questions MUST be answered:

15. Is the student of Hispanic/Latino heritage? Yes_____ No_____ 
   (a.) If Yes, check all that apply...White_____, Black or African American_____, Asian_____, American Indian or Alaska Native_____, Native Hawaiian or Other Pacific Islander_____
   (b.) If No, and student is of one race, check only one...White_____, Black or African American_____, Asian_____, American Indian or Alaska Native_____, Native Hawaiian or Other Pacific Islander_____
   (c.) If No, and student is multiracial, check all that apply...White_____, Black or African American_____, Asian_____, American Indian or Alaska Native_____, Native Hawaiian or Other Pacific Islander_____

★ Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

I hereby certify that the information contained on this enrollment form is complete and accurate. I understand that incorrect information regarding custody and residency will result in a violation of Section 3313.64 of the Ohio Revised Code and will, by law, result in the following:

Immediate withdrawal of student(s) from school and a tuition assessment at the current daily rate from the date of enrollment. The rate will be in excess of $40.00 per day as calculated by the State of Ohio Department of Education.

Section 3313.64 also provides for the recovery of attorney’s fees in a civil action regarding residency.

________________________________________________________________________                  __________________________
Parent/Guardian Signature                                                                                                                       Date
Boardman Local School District Emergency Medical Form School Year 20____ - 20_____

*The State of Ohio requires the Emergency Medical Form be updated annually*

Homeroom #: __________

<table>
<thead>
<tr>
<th>Student Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
</tr>
<tr>
<td>□ Male</td>
</tr>
<tr>
<td>□ Female</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Grade:</td>
</tr>
<tr>
<td>Student Address:</td>
</tr>
<tr>
<td>City/State:</td>
</tr>
<tr>
<td>Zip:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Parent/Guardian Information (please answer questions A, B, &amp; C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Student lives with (please X one):</td>
</tr>
<tr>
<td>___ Both Parents ___ Mother Only ___ Father Only ___ Other:</td>
</tr>
<tr>
<td>B. Status of Biological Parents (please X one):</td>
</tr>
<tr>
<td>___ Married ___ Divorced ___ Separated ___ Never Married ___ Widowed</td>
</tr>
<tr>
<td>C. Who has legal custody for child(ren)(please X one):</td>
</tr>
<tr>
<td>___ Both Parents ___ Mother Only ___ Father Only ___ Shared</td>
</tr>
<tr>
<td>___ Other: ________</td>
</tr>
</tbody>
</table>

If separated or divorced, Custody papers are required for student file. For shared custody, please provide addresses of both parents below.

<table>
<thead>
<tr>
<th>Legal Parent/Guardian Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Cell Number:</td>
</tr>
<tr>
<td>Home Number:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Relationship to Student:</td>
</tr>
<tr>
<td>Is your address the same as the student? _____ Yes _____ No</td>
</tr>
<tr>
<td>If NO, list your current address, city, state, &amp; zip code:</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>Legal Parent/Guardian Information</th>
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<tr>
<td>Home Number:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Relationship to Student:</td>
</tr>
<tr>
<td>Is your address the same as the student? _____ Yes _____ No</td>
</tr>
<tr>
<td>If NO, list your current address, city, state, &amp; zip code:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency/Alternate Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact 1 (Other than Parent/Guardian)</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Relationship:</td>
</tr>
<tr>
<td>Best Contact Number:</td>
</tr>
<tr>
<td>Contact 2 (Other than Parent/Guardian)</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Relationship:</td>
</tr>
<tr>
<td>Best Contact Number:</td>
</tr>
<tr>
<td>Contact 3 (Other than Parent/Guardian)</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Relationship:</td>
</tr>
<tr>
<td>Best Contact Number:</td>
</tr>
<tr>
<td>Contact 4 (Other than Parent/Guardian)</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Relationship:</td>
</tr>
<tr>
<td>Best Contact Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the named doctor below, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does NOT cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.</td>
</tr>
</tbody>
</table>

Consent Given: _____ YES (if YES, please list “Medical Contacts” below) _____ NO (if NO, please give “Consent Refusal Instructions” below)

Physician Name:                             |
Physician Phone:                            |
Dentist Name:                               |
Dentist Phone:                              |
Medical Specialist:                         |
Medical Specialist Phone:                   |
Hospital Name:                              |
Hospital Phone:                             |

Facts concerning the child’s history including allergies, medications being taken, and any physical impairments such as heart conditions, diabetes, epilepsy, etc., to which a physician or school staff should be alerted:

Consent Refusal Instructions:

Parent/Guardian Signature: ____________________________     Date: ____________________
Boardman Local School District Health Information (School Year 20____ - 20____)

Student Name: ____________________________________________ Grade: _________

Your child’s health and education are very important to us. The information provided below will be used to facilitate your child’s learning. Informing and educating staff about your child’s needs will help promote his/her wellbeing. Confidentiality will be maintained and the information will be shared only with those responsible for meeting the child’s health care needs.

1. Peanut Allergy?
   - Yes  No
   Describe reaction: ____________________________________________________________
   Difficulty breathing?  Yes  No  Emergency medication?  Yes  No
   Do you eliminate all peanut-containing food?  Yes  No

2. Other Food Allergy?
   - Yes  No
   Food: _________________________________________________________________
   Describe reaction: _______________________________________________________
   Difficulty breathing?  Yes  No  Emergency medication?  Yes  No

3. Allergy?
   - Yes  No
   Medications, seasonal or environmental?  Please list: _______________________
   Has allergy required emergency care in the past?  Yes  No
   Comments: _____________________________________________________________

4. Sting Allergy?
   - Yes  No
   Bee/insect? ___________________ Describe reaction: __________________________
   Difficulty breathing?  Yes  No  Emergency medication?  Yes  No

5. Diabetes?
   - Yes  No
   DIABETES MANAGEMENT PLAN FROM DOCTOR AND SUPPLIES MUST BE IN THE
   NURSE’S OFFICE BY THE FIRST DAY OF SCHOOL.

6. Asthma?
   - Yes  No
   Inhaler?  Yes  No  *If yes, inhaler must be kept in the nurse’s office.

7. Epilepsy/seizures?
   - Yes  No
   Emergency Medication?  Yes  No

8. Heart Condition?
   - Yes  No
   Activity restrictions?  Yes  No  Describe: _________________________________

9. Other? (Any other health information you would like us to know about your child.)
   - Yes  No
   Describe: _______________________________________________________________

Please check ALL that apply regarding your child’s vision and hearing:

Eyes:  
- Lazy Eye  
- Crossed  
- Difficulty Seeing  
- Glasses  
- Contacts

Ears:  
- Frequent Infections  
- Tubes  
- Hearing Difficulty  
- Hearing Aid for:  
- Right Ear  
- Left Ear

Daily Medications Taken by Student

Requirements for Medications to be administered at school:

A. It is strongly recommended to parents, with their physician’s counsel, that the medication schedule should be adjusted to avoid administering medication during school hours.

B. If this is not possible, then the Medication Authorization Form must be filed with the respective building nurse’s office before the student will be allowed to take medication during school hours. This written and signed request form is to be submitted each school year.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Reason for Taking</th>
<th>Taken Where</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Home and/or School</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home and/or School</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home and/or School</td>
</tr>
</tbody>
</table>

Any additional information regarding your child’s health that should be brought to our staff’s attention: ______________________________________

____________________________________
Parent/Guardian Signature: ____________________________________________ Date: __________________________
I am the parent/legal guardian of ___________________________________________________,
grade __________, age __________, date of birth ______________________.

You are authorized to release the records to:

Boardman High School _______ Market Street Elementary _______
7777 Glenwood Avenue 5555 Market Street
Youngstown, OH 44512 Youngstown, OH 44512
Fax:  330-758-7515 Fax:  330-782-1063

Boardman Glenwood Junior High _______ Robinwood Lane Elementary _______
7635 Glenwood Avenue 835 Indianola Road
Youngstown, OH 44512 Youngstown, OH 44512
Fax:  330-758-8067 Fax:  330-782-2405

Boardman Center Intermediate School _______ Stadium Drive Elementary _______
7410 Market Street 111 Stadium Drive
Youngstown, OH 44512 Youngstown, OH 44512
Fax:  330-726-3431 Fax:  330-726-0496

West Boulevard Elementary _______
6125 West Boulevard
Youngstown, OH 44512
Fax:  330-726-0397

WITHDRAWING SCHOOL - PLEASE provide student SSID: ________________
Student records, and all personally identifiable data on file for the student indicated.

PARENT, please complete:

Name of last school attended ________________________________________________
Address _____________________________________________
City, State, and Zip Code ________________________________________________
Phone #: ____________________________ Fax #: ____________________________

_________________________________ _____________________________________
Parent/Guardian Signature Date

FOR BOARDMAN LOCAL SCHOOL OFFICE USE ONLY:

Date records requested __________________________ Date records received ______________________
Student start date __________________________
BOARDMAN LOCAL SCHOOLS
RECORD OF CUSTODIAL CHANGE

This form must be completed for each student and returned to the school.

Part I. Enrollment information to be completed by Parent/Guardian, or Representative from Agency of Custody as part of the enrollment process:

Has the custody of ____________________________ ever been altered since child’s birth? (divorce, foster, living with grandparent, etc.)

_______ No If No, please sign this form. DO NOT COMPLETE PART II.

_______ Yes If Yes, complete Part II, and sign this form.

Part II. PLEASE ENSURE THAT THE SCHOOL HAS A COPY OF THE MOST RECENT CUSTODY CHANGE ON FILE. Enrollment information to be completed by Parent/Guardian, or Representative from Agency of Custody, if there has ever been a change of custody:

Child’s Name __________________________________________ Date of Birth ____________

Current Address ____________________________________________ Grade ______

Custody Status Pending? _____ No _____ Yes Date of Altered Custody ________________

Does your child receive Special Education Services? _____ No _____ Yes

Parent/Guardian or Agency address at time of custody alteration____________________________
________________________________________________________________________________

I hereby certify that the information contained on this form is complete and accurate. I understand that incorrect information regarding custody and/or residency will result in a violation of Section 3313.64 of the Ohio Revised Code. Such a violation will result in a tuition charge in excess of $40.00 per day while the child was enrolled in the Boardman Local Schools.

Signature of Parent/Guardian or Agency Representative __________________________ Date ____________

OFFICE USE ONLY

Custody Papers, identifying the school district responsible for tuition, are due 60 calendar days from the date of enrollment.

Enrollment date: __________________

Custody papers are due on _____________ or the student’s enrollment will be terminated.

School District responsible for tuition per court entry: __________________

Enrollment approved by: __________________

pc: Student File
EMIS Coordinator
Treasurer
Ohio Home Language Usage Survey for All Students upon Initial Registration (PreK-12)

Parents: We ask the questions below to make sure your child receives the education services he or she needs. The answers to Section A below will tell your child’s school staff if they need to check your child’s proficiency in English. This makes sure your child has every opportunity to succeed in school. The answers to Section B will help school staff communicate with you in the language you prefer.

__________________________  _________________________
Student Name (First Name/Middle Initial/Last Name)  Date of Birth (mm/dd/yyyy)

Section A - Student’s Language Background

1. What are the primary language(s) spoken in your home?

2. What language does your child use most frequently?
3. Which language did your child learn first?
4. What language do you use most frequently?
5. Is English the main language your child speaks?
6. How long has your child attended school in the United States?
7. What was your child’s last year of schooling outside the United States?
8. How many years of education did your child complete in another country?
9. In what language(s) has your child received instruction?
10. Please share additional information to help us better understand your child’s English language experiences.

Section B - Parent/Guardian Preferences

1. In which language do you want to get written information from the school?

2. In which language do you prefer to receive oral or spoken information from the school?

________________________________________________  ____________________
Signature of the parent/guardian                        Date (mm/dd/yyyy)

________________________________________________
Printed name of the parent/guardian
BOARDMAN LOCAL SCHOOLS
IMPORTANT RESIDENCY NOTICE

Student Name: _______________________________________

Grade: __________  Building: _______________________

Our "legal residence" (address) is:

<table>
<thead>
<tr>
<th>Street Number and Name</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

*Legal residence refers to the location where the child and I eat our meals, sleep on a regular basis, receive mail, and if applicable, where I am registered to vote. The address specified above is within the Boardman Local School District.*

All residents may be subject to random residency checks by our Boardman Police School Resource Officer.

Knowingly falsifying any of the documents included in the Boardman Local School District’s enrollment process is a violation of Ohio Revised Code Section 3313.64 and will, by law, result in the following:

**Immediate withdrawal of your child from Boardman Local Schools and a tuition assessment at the current daily rate from the date of enrollment. The rate will be in excess of $40.00 per day as calculated by the State of Ohio Department of Education.**

**Section 3313.64 also provides for the recovery of attorney’s fees in a civil action regarding residency.**

________________________________________________________________________________________

Parent/Guardian Signature                                Date