



**BOARDMAN LOCAL SCHOOLS  
NEW STUDENT ENROLLMENT  
CHECKLIST**

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Building \_\_\_\_\_

**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 \_\_\_\_\_
2. Emergency Medical/Health Form \_\_\_\_\_
3. Consent for Release of Records \_\_\_\_\_
4. Record of Custodial Change \_\_\_\_\_
5. Home Language Survey \_\_\_\_\_
6. Residency Notice \_\_\_\_\_
7. Transportation Request Form \_\_\_\_\_
8. School Meal Application (Must be completed for enrollment even if you do not qualify) \_\_\_\_\_
9. Kindergarten Enrollment Only Success by Six \_\_\_\_\_

You **MUST CALL** the enrollment office to make an appointment for registration.  
*For an appointment, or questions, please call 330-259-7189.*  
 Appointment Hours 8:00 am - 3:00 pm  
 Closed for lunch Noon-1:00 pm

**Make sure ALL forms are completed and signed.**

**Please answer the following:**

1. Is your child under a current IEP/ETR? YES\_\_\_ NO\_\_\_  
*If YES, please bring with you*
2. Is your child under a current 504 Plan? YES\_\_\_ NO\_\_\_  
*If YES, please bring with you*
3. Does your child have a Gifted Identification? YES\_\_\_ NO\_\_\_  
*If YES, please bring with you*
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: \_\_\_\_\_

Building use only:  
 School Fee Collected \_\_\_\_\_  
 cash/check # \_\_\_\_\_



PHONE #: \_\_\_\_\_ ROOM #: \_\_\_\_\_ BUS #: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

**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 \_\_\_\_\_  
Step-Father (If Applicable) \_\_\_\_\_ Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ Home Address \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Company \_\_\_\_\_ Email \_\_\_\_\_  
Step-Mother (If Applicable) \_\_\_\_\_ Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

LEGAL GUARDIAN \_\_\_\_\_ Home Address \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Company \_\_\_\_\_ Email \_\_\_\_\_

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. \_\_\_\_\_

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

<b>Student Information</b>		
<b>Student Name:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b> _____ <b>Grade:</b> _____
<b>Student Address:</b>	<b>City/State:</b> _____	<b>Zip:</b> _____

<b>Residential Parent/Guardian Information (please answer questions A, B, &amp; C)</b>	
<b>A. Student lives with (please X one):</b> _____ Both Parents _____ Mother Only _____ Father Only _____ Other: _____	<b>B. Status of Biological Parents (please X one):</b> _____ Married _____ Divorced _____ Separated _____ Never Married _____ Widowed
<b>C. Who has legal custody for child(ren)(please X one):</b> _____ Both Parents _____ Mother Only _____ Father Only _____ Shared _____ Other: _____	If separated or divorced, Custody papers are required for student file. For shared custody, please provide addresses of both parents below.

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

<b>Emergency/Alternate Contacts</b>	
In the event you are unable to contact me at the above numbers, you have my permission to contact the following alternates. They have my permission to receive health care information regarding my child and can take my child home during school hours if needed.	
<b>Contact 1 (Other than Parent/Guardian)</b>	<b>Contact 2 (Other than Parent/Guardian)</b>
<b>Name:</b> _____	<b>Name:</b> _____
<b>Relationship:</b> _____	<b>Relationship:</b> _____
<b>Best Contact Number:</b> _____	<b>Best Contact Number:</b> _____
<b>Contact 3 (Other than Parent/Guardian)</b>	<b>Contact 4 (Other than Parent/Guardian)</b>
<b>Name:</b> _____	<b>Name:</b> _____
<b>Relationship:</b> _____	<b>Relationship:</b> _____
<b>Best Contact Number:</b> _____	<b>Best Contact Number:</b> _____

<b>Emergency Authorization</b>	
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.	
<b>Consent Given:</b> _____ YES (if YES, please list "Medical Contacts" below) _____ NO (if NO, please give "Consent Refusal Instructions" below)	
<b>Physician Name:</b> _____	<b>Physician Phone:</b> _____
<b>Dentist Name:</b> _____	<b>Dentist Phone:</b> _____
<b>Medical Specialist:</b> _____	<b>Medical Specialist Phone:</b> _____
<b>Hospital Name:</b> _____	<b>Hospital Phone:</b> _____
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:	
<b>Consent Refusal Instructions:</b>	

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	<b>DIABETES MANAGEMENT PLAN FROM DOCTOR AND SUPPLIES MUST BE IN THE NURSE'S OFFICE BY THE FIRST DAY OF SCHOOL.</b>
6. Asthma?	___ Yes ___ No	Inhaler? ___ Yes ___ No <i>*If yes, inhaler must be kept in the nurse's office.</i>
7. Epilepsy/seizures?	___ Yes ___ No	Emergency Medication? ___ Yes ___ No
8. Heart Condition?	___ Yes ___ No	Describe: _____ 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.		
Name of Medication:	Reason for Taking:	Taken Where?
		Home and/or School
		Home and/or School
		Home and/or School

Any additional information regarding your child's health that should be brought to our staff's attention: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BOARDMAN LOCAL SCHOOLS**  
**Parental Consent for Release of Records**  
**(Student Enrollment)**

I am the parent/legal guardian of \_\_\_\_\_,  
 grade \_\_\_\_\_, age \_\_\_\_\_, date of birth \_\_\_\_\_.

You are authorized to release the records to:

Boardman High School \_\_\_\_\_  
 7777 Glenwood Avenue  
 Youngstown, OH 44512  
 Fax: 330-758-7515  
 Bari.sponseller@Boardmanschools.org

Robinwood Lane Elementary \_\_\_\_\_  
 835 Indianola Road  
 Youngstown, OH 44512  
 Fax: 330-782-2405  
 Pam.mancini@Boardmanschools.org

Boardman Glenwood Junior High \_\_\_\_\_  
 7635 Glenwood Avenue  
 Youngstown, OH 44512  
 Fax: 330-758-8067  
 Katie.welborn@Boardmanschools.org

Stadium Drive Elementary \_\_\_\_\_  
 111 Stadium Drive  
 Youngstown, OH 44512  
 Fax: 330-726-0496  
 Sharon.sawyer@Boardmanschools.org

Boardman Center Intermediate School \_\_\_\_\_  
 7410 Market Street  
 Youngstown, OH 44512  
 Fax: 330-726-3431  
 Candy.greene@Boardmanschools.org

West Boulevard Elementary \_\_\_\_\_  
 6125 West Boulevard  
 Youngstown, OH 44512  
 Fax: 330-726-0397  
 Alexis.hura@Boardmanschools.org

**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



**BOARDMAN LOCAL SCHOOLS  
IMPORTANT RESIDENCY NOTICE**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Building: \_\_\_\_\_

Our "legal residence" (address) is:

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Street Number and Name	City	State	Zip Code
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*\* 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.**

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Parent/Guardian Signature

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Date



**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.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<p><b>Communication Preferences</b> 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>_____</p>	
<p><b>Language Background</b> 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>_____</p> <p>3. What language does your child use the most at home?</p> <p>_____</p> <p>4. What languages are used in your home?</p> <p>_____</p>	
<p><b>Prior Education</b> 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</p> <p>If yes, how many years/months? _____</p> <p>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</p> <p>If yes, when did your child first attend a school in the United States?</p> <p>_____/_____/_____          Month Day Year</p>	
<p><b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.</p>		
<p>Parent/Guardian First Name: _____</p>		<p>Parent/Guardian Last Name: _____</p>
<p>Parent/Guardian Signature: _____</p>		<p>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.

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

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

**Boardman Local SD**

**Occupational Survey**

*Please complete this form to determine if your child(ren) qualify for additional supplemental services.*

**1.) Have you, your family, or a household family member made a move within the last 36 months?**

**Yes**

**No**

**If yes, describe the type of move: (Check all that apply)**

From one school district to another.

From one city/town to another.

From one state to another.

From one country to another.

**2.) Has anyone in your immediate family been involved in one of the following occupations, whether full or part-time or temporarily during the last 36 months? (Check all that apply)**

1) **Agriculture:** *planting/picking of fruits or vegetables*

2) **Nursery work:** *preparing soil, planting seedlings or other activities related to the production of flowers and/or other greenhouse commodities OR*

*Timber work: planting, growing, or cutting trees*

3) **Packing/Canning:** *fruits or vegetables*

4) **Dairy/Poultry/ Livestock**

5) **Meat or seafood packing/ Meat or seafood processing**

6) **Fishing or fish farms**

7) **Other (please specify occupation)** \_\_\_\_\_

<b>Student Name</b>	<b>School Building</b>	<b>Grade</b>

Name of Parent(s) or legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Boardman Local SD**

**Encuesta Ocupacional**

*Por favor complete esta forma para determinar si su(s) niño(s) es/son elegible para recibir servicios adicionales*

**1.) ¿Se ha mudado Ud., su familia, o un familiar dentro de los últimos 36 meses?**

**Si**                       **No**

**Si es así, qué tipo de movida fué? (Marque todo lo que aplica)**

- De un **distrito escolar** a otro.
- De un(a) **ciudad/pueblo** a otro.
- De un **estado** a otro.
- De un **país** a otro.

**2.) ¿Ha trabajado alguien de su familia en una de las siguientes ocupaciones, ya sea a tiempo completo, o parcial, o temporalmente durante los últimos 36 meses? (Marque todo lo que aplica)**

- 1) **Agricultura:** *plantando/piscando frutas o vegetales*
- 2) **Trabajo de invernadero:** *preparar suelo, plantar plántulas u otras actividades relacionadas con la producción de flores y/o*  
*Plantando, creciendo, o cortando arboles*
- 3) **Envasado/Enlatando:** *frutas o vegetales*
- 4) **Lechería/Volatería/Ganado**
- 5) **Envasado o Procesamiento de carne o mariscos**
- 6) **Pesca o piscifactorías**
- 7) **Otro** *(por favor especifique la ocupación)* \_\_\_\_\_

<b>Nombre de Estudiante</b>	<b>Edificio escolar</b>	<b>Grado</b>

Nombre legal de los Padre(s) o Guardián(es): \_\_\_\_\_

Dirección corriente: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Número de Teléfono: \_\_\_\_\_





# Boardman Local School District Transportation Request Form



Date: \_\_\_\_\_ Date to begin busing: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent's Home Address: \_\_\_\_\_

Parent's Names (First & Last): \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mom Cell #: \_\_\_\_\_

Dad Cell #: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Medical Alert/Concerns: \_\_\_\_\_

Your transportation needs expressed here will be for the **entire current school year**. Any future changes must go through the building of attendance and/or transportation department. The transportation department can be reached at 330.726.3408.

<b>MORNING TRANSPORTATION</b>
-------------------------------

I will need busing from my home address.

I will **NOT** need busing from my home address.

<b>AFTERNOON TRANSPORTATION</b>
---------------------------------

I will need busing from school to my home address.

I will **NOT** need busing from school to my home address.

**If your K-6 student will not need bus transportation you must provide a detailed note to your building secretary as to how and who will be transporting your student for the year.**

Transportation office use **ONLY**

Bus # and Time for:	Pick-up:	Drop Off:
Stop Location:		