



**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 Form \_\_\_\_\_
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 \_\_\_\_\_

You **MUST CALL** the enrollment office to make an appointment for registration.  
***For an appointment, or questions, please call 330-259-7189.***

Appointment Hours 9:00 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: \_\_\_\_\_



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:	
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	<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

<b>Requirements for Medications to be administered at school:</b>		
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

Market Street Elementary \_\_\_\_\_  
 5555 Market Street  
 Youngstown, OH 44512  
 Fax: 330-782-1063

Boardman Glenwood Junior High \_\_\_\_\_  
 7635 Glenwood Avenue  
 Youngstown, OH 44512  
 Fax: 330-758-8067

Robinwood Lane Elementary \_\_\_\_\_  
 835 Indianola Road  
 Youngstown, OH 44512  
 Fax: 330-782-2405

Boardman Center Intermediate School \_\_\_\_\_  
 7410 Market Street  
 Youngstown, OH 44512  
 Fax: 330-726-3431

Stadium Drive Elementary \_\_\_\_\_  
 111 Stadium Drive  
 Youngstown, OH 44512  
 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



# HOME LANGUAGE SURVEY

Date: \_\_\_\_\_

School District: \_\_\_\_\_

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

Family Name/First Name/Middle Initial

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Month/Day/Year

City/State/Country

Name of Parent/Guardian: \_\_\_\_\_

Family Name/First Name

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## 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?

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Signature of the parent/guardian

---

Date (mm/dd/yyyy)

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Printed name of the parent/guardian

**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





# 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>
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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:		