

# WEST BRANCH LOCAL SCHOOLS

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## 2016-2017 NEW STUDENT REGISTRATION PACKET

**New student registration  
Begins  
July 11, 2016**

From  
**7:30 a.m. – 2:30 p.m.**  
In the Superintendent's Office  
At the High School

New student registration will be closed from  
September 1<sup>st</sup> through September 7<sup>th</sup>.

Registration will resume on  
September 8, 2016

First day of classes is  
September 7, 2016

[www.westbranch.k12.oh.us](http://www.westbranch.k12.oh.us)

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**REGISTRATION REQUIREMENTS:**

1. Proof of Residency, this can be:
  - Rental/Purchase Agreement
  - Utility Bill
  - Driver's License with current address
  - Notarized Residency Affidavit (available in Supt. Office)
2. Student's Birth Certificate
3. Student's Social Security Card
4. Student's Immunization Records
5. Custody Papers (if there has been a divorce)
  - must have court stamp on front page
  - must name residential parent
  - must have a signed signature page

If custody is pending:

  - must have attorney letter stating proceedings have been started
  - 60 day grace period given for enrollment
6. Name and phone number of previous school attended.
7. Registration form (attached, front and back)
8. Home Language Survey (attached)

Please note that only the custodial parent and/or guardian can enroll a student and must present all documents required above at 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.

Any questions, please contact Anna Lesch, Registration Secretary at 330.938.9324 or Barb Smith, Superintendent's Office, 330.938.4467.

**WEST BRANCH LOCAL SCHOOLS  
REGISTRATION FORM**



Building \_\_\_\_\_

Start Date \_\_\_\_\_

Grade \_\_\_\_\_

Information supplied on this form is required under provisions of Ohio law and the Ohio Department of Education regulations.

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**STUDENT INFORMATION**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date of Birth**

**Gender:**  Male  Female

**Ethnicity**  Hispanic/Latino  
 Not Hispanic/Latino

**Race** (check all that apply)  
 White  Asian  
 Native Hawaiian or Pacific Islander  
 American Indian or Alaska Native  
 Black or African American

**Birthplace City/State** \_\_\_\_\_

**County of Residence** \_\_\_\_\_

**Does student have either of the following:**

IEP  
 504 Plan

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**Address of Residence:**

**Mailing Address (if different):**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
PO Box #

\_\_\_\_\_  
Lot/Apt #

\_\_\_\_\_  
City/State/Zip

**\*Phone Number:** \_\_\_\_\_ **\*This number will be used for our one call system.**  
Main Contact Number

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**PREVIOUS SCHOOL DISTRICT INFORMATION**

School District Last Attended: \_\_\_\_\_

Building of Attendance: \_\_\_\_\_

City/State: \_\_\_\_\_

**CONTACT INFORMATION:**

Father's Name: \_\_\_\_\_  
Address (if different from student): \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Address (if different from student): \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Guardian(s) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(If student does not live with Natural Parent(s))  
Phone number: \_\_\_\_\_

If an Agency,  
Caseworker's Name/Agency Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Student lives with (check one)       Mother ONLY       Father/Stepmother       Other  
 Father ONLY       Grandparent(s)      please specify: \_\_\_\_\_  
 Mother/Father       Group Home  
 Mother/Stepfather       Legal Guardian

**CUSTODY:**       Both Parents       Joint Custody/Shared Parenting  
 Mother Only       Father Only  
 Guardian       Foster Parent  
 Grandparent  
 Agency - Name of Agency \_\_\_\_\_

**Siblings (only those attending West Branch Schools):**

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

**TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE. I CERTIFY THAT THE STUDENT'S NAME LISTED ON PAGE ONE (1) IS HIS/HER LEGAL NAME, THAT I/WE HAVE LEGAL CUSTODY AND I/WE RESIDE WITHIN THE WEST BRANCH LOCAL SCHOOL DISTRICT BOUNDARIES. I UNDERSTAND THE WEST BRANCH LOCAL SCHOOL DISTRICT MAY USE LEGAL MEANS TO VERIFY MY RESIDENCE.**

\_\_\_\_\_  
(Parent/Guardian Signature)      \_\_\_\_\_  
(Date)



# West Branch Local School District HOME LANGUAGE SURVEY



The following information about the language background of each student enrolled at West Branch is necessary to determine the possible need for language development assistance.

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please answer the following questions by circling the correct response (to be completed by a parent or guardian):

1. What language did your son or daughter speak when he or she first learned to talk?  
                   English            Spanish            Other (specify) \_\_\_\_\_
2. What language does your son or daughter use most frequently at home?  
                   English            Spanish            Other (specify) \_\_\_\_\_
3. What language do you use most frequently to your son or daughter?  
                   English            Spanish            Other (specify) \_\_\_\_\_
4. What language do the adults at home most often speak?  
                   English            Spanish            Other (specify) \_\_\_\_\_
5. Has your child always attended school in the United States?  
                   Yes                    No (explain) \_\_\_\_\_

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

**FOR SCHOOL PERSONNEL:**

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language for EMIS and proceed to assess the student's English language proficiency.

ELL Status: \_\_\_ No \_\_\_ Yes \_\_\_ L (Enrolled in US for First Time) \_\_\_ M (Trial Mainstream)

First Language: \_\_\_\_\_

Language at Home: \_\_\_\_\_

School Entry Date: \_\_\_\_\_ (Date first entered in the U.S.)

Reclassification from ELL - Effective Date: \_\_\_\_\_

*CC: to EMIS Coordinator-if ELL or reclassified*