

WEST BRANCH LOCAL SCHOOLS

2017-18

NEW STUDENT REGISTRATION PACKET

New Student Registration for
Grades 1 – 12 begins August 1, 2017

New Student Registration for
Kindergarten only begins June 1, 2017

New Student registration is in the
Superintendent's Office
between 8:00 a.m. and 2:30 p.m.

All required documents must be provided
by August 30th in order to begin classes
on September 6, 2017 (First Day of School).

New student registration will be closed
from August 31st through September 6th.

New Student Registration will resume
on September 7, 2017.

The Superintendent's Office will be closed
the weeks of July 3rd and July 24th.

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.

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

Address of Residence:

Mailing Address (if different):

Street Address

PO Box #

Lot/Apt #

City/State/Zip

***Phone Number:** _____

Main Contact Number

*This number will be used for our one call system.

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