

WEST BRANCH LOCAL SCHOOLS

2017-18

NEW STUDENT REGISTRATION PACKET

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

All required documents must be
provided at the time of registration
in order to receive a start date
and the necessary bus information.

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**

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



Building _____

Start Date _____

Grade _____

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)

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.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____
Communication Preferences 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.	1. In what language(s) would your family prefer to communicate with the school? _____	
	Language Background 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.	
Prior Education 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.	2. What language did your child learn first? _____	
	3. What language does your child use the most at home? _____	
Additional Information Please share additional information to help us understand your child's language experiences and educational background.	4. What languages are used in your home? _____	
	5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____	
7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month / Day / Year		
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____		

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/elresources.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.

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