



New Student
Registration Packet



Registration Requirements Canfield Local School District

1. Proof of Residency, this can be:
 - Drivers License with current address Plus one of the following:
 - Rental/Purchase Agreement
 - Utility Bill
 - Notarized Residency Affidavit
2. Student's Birth Certificate
3. Student's Social Security Card
4. Student's Immunization Records and Health History
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. If student has an IEP, please bring a current copy of the IEP
7. Name and phone number of previous school attended
8. Registration form (attached, 2 pages)
9. Home Language Survey (attached)
10. Release form (attached) and Acceptable Use form (attached)

Please note that only the residential parent can enroll a student and must present all documents required above at time of enrollment. The residential parent will sign a record release at the time of enrollment to withdraw the student from their previous school and request their academic records.

Canfield 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 Entering: _____

STUDENT INFORMATION

First Name Middle Name Last Name Preferred First Name

____ - ____ - _____ _____ Gender: ____ Male ____ Female
Social Security Number Date of Birth

Ethnicity ____ Hispanic/Latino
 ____ Not Hispanic/Latino
(Regardless of ethnicity, you MUST also
Select one or more racial groups)

Race: (check ALL that apply)
____ White ____ Asian
____ Native Hawaiian or Pacific Islander
____ American Indian or Alaska Native
____ Black or African American

Birthplace City and State: _____

County of Residence: _____

Address of Residence:

Mailing Address (if Different):

Street Address Lot/Apt #

PO Box #

City/State/Zip

*Phone Number _____
 Main Contact Number

***This # will be used for the ALL Call System**

____ **Active Duty**- Student is a dependent
of a member of the active duty forces
(Army,Navy,Air Force,Marines, or Coast Guard)
____ **National Guard** – Student is a depend-
ant of a member of the Army or Air Force
National Guard
____ **Reserves**

Previous School District Information:

School District Last Attended: _____

Building of Attendance: _____

City and State: _____

Student was in the following special programs
at previous school:

____ Title One ____ Gifted/Talented
____ I.E.P ____ Fed Lunch Program
____ 504 Plan ____ Other: _____

Has the student previously attended Canfield Schools? Y N If yes, what grade level last attended? _____

Contact Information:

Mother's Name: _____

Residential Parent? Y N

Address (if different from student) _____

Cell Phone _____ Email _____

Place of Employment _____ Occupation _____

Work Phone _____

Father's Name: _____

Residential Parent? Y N

Address (if different from student) _____

Cell Phone _____ Email _____

Place of Employment _____ Occupation _____

Work Phone _____

Guardian/Agency or Caseworker's Name: _____ Relationship _____

Phone Number _____

Student lives with: (check one) Mother ONLY Father ONLY Mother/Father Mother/Stepfather Father/Stepmother Grandparent(s) Group Home Legal Guardian Other, Please Specify _____

CUSTODY: Both Parents Mother ONLY Guardian Grand Parent Joint Custody Father ONLY Foster Parent

Parents Are: Married Separated Divorced Never Married

Other Students Enrolled in Canfield Schools: _____ gr. _____ , _____ gr. _____

_____ gr. _____ , _____ gr. _____ , _____ gr. _____

To the best of my knowledge, all of the above information is true. I certify that the student's name listed is his/her legal name, that I/We have legal custody and I/We reside within the Canfield Local School District boundaries. I understand the Canfield Local School District may use legal means to verify my residence.

Parent/Guardian Signature

Date

Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
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Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was infant born full term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the infant have any sickness or problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly explain illness or problems.		
How does the child's development compare to other children, such as his or her brothers/sisters or playmates?		
<input type="checkbox"/> About the same	<input type="checkbox"/> Delayed	<input type="checkbox"/> Advanced

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:	<input type="checkbox"/> NO medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder
<input type="checkbox"/> Seizure disorder	
<input type="checkbox"/> Sickle cell anemia	
<input type="checkbox"/> Skin conditions	
<input type="checkbox"/> Speech problems	
<input type="checkbox"/> Traumatic brain injury	
<input type="checkbox"/> Vision problems (glasses, contacts)	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date / /
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EpiPen In School YES NO

Inhaler In School YES NO

Parent/guardian phone number: _____

Canfield Local School District

Phone: 330.533.3303
IRN 048314

REQUEST FOR STUDENT RECORDS

Student's Name: _____ Grade: _____

Birthday: _____ Last day attending former school: _____

Name of School District IRN Number

Name of School

Address

City State Zip

Phone Fax

The above student has enrolled with CLSD. Please send an official transcript of grades earned (please include grades to date of withdrawal), test scores, health records, and **IEP** information if applicable.

Signature of CLSD Individual Requesting Date Requested CLSD Building

AUTHORIZATION TO RELEASE STUDENT'S RECORDS

I have enrolled my child _____ in the Canfield Local School District and authorize you to release school records to this District.

Signature of Parent/Guardian Date

PLEASE SEND STUDENT'S RECORDS TO

Circle one

Canfield High School

Attention: Records Secretary
100 Cardinal Dr.
Canfield, OH 44406
Phone: 330-533-5507
Fax: 330-533-1919
IRN 048314

Canfield Village Middle School

Attention: Secretary
42 Wadsworth Street
Canfield, OH 44406
Phone: 330-533-4019
Fax: 330-702-7064

C. H. Campbell Elementary School

Attention: Secretary
300 Moreland Drive
Canfield, OH 44406
Phone: 330-533-5959
Fax: 330-702-7061

Hilltop Elementary School

Attention: Secretary
400 Hilltop Blvd.
Canfield, OH 44406
Phone: 330-533-9806
Fax: 330-702-7051

STUDENT TECHNOLOGY ACCEPTABLE USE
AND SAFETY AGREEMENT

To access and use District Technology Resources (see definition in Bylaw 0100), including a school-assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of District Technology Resources is a privilege, not a right. The Board of Education's Technology Resources, including its computer network, Internet connection and online educational services/apps, are provided for educational purposes only. Unauthorized and inappropriate use will result in loss of this privilege and/or other disciplinary action.

The Board has implemented technology protection measures that protect against (e.g., block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students using District Technology Resources are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Resources.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using District Technology Resources. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of District Technology Resources.

Please complete the following information:

Student User's Full Name (please print): _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a web page, site, service or app hosted on Board-owned or District-affiliated servers would vest in my child upon creation, I agree to assign those rights to the Board.

Please check each that applies:

- I give permission for the Board to issue an e-mail account to my child.
- I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the Student Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of District Technology Resources, I agree to communicate over the Internet and through the Technology Resources in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Technology Resources to individuals who violate the Board's Student Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

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.		2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
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.		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	
Additional Information Please share additional information to help us understand your child's language experiences and educational background.			
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/ellresources.html>



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

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

