

RICHMOND HEIGHTS LOCAL SCHOOLS

447 RICHMOND RD. RICHMOND HTS. OHIO 44143 PHONE 216-692-7395 FAX 216-692-8487

Enrolling in the Richmond Heights Local School District

Parents, legal custodians or guardians must register their children by appointment at the Board of Education Office. To schedule an appointment, please call **Ms. Bendes** at **216-692-7395**. In order for the registration process to move quickly, please supply the district with the following documents:

1. Personal identification in the form of a picture ID of the adult registering the student.
2. Completed registration forms (attached).
3. **Original or certified** copy of child's birth certificate or passport.
4. Child's social security card or proof of number.
5. Stamped, certified copy of court order establishing custody or guardianship.
6. **Notarized** statement of residency submitted with appropriate documents (**lease, mortgage, or deed**). **The district will not enroll without proof of residence.**
7. Child's complete immunization records signed by your physician (form attached).
8. **No students will be enrolled without records from their previous school, which include withdrawal slip, current grades, immunizations, any current special education documentation and high school transcripts.**

As the parent or legal guardian of the children being registered, you have a continuing responsibility to inform the superintendent of schools of any change of residence or legal custody. Regarding legal custody or guardianship, a court of jurisdiction must award it **before** a student will be allowed to enroll in the Richmond Heights Local School District.

The Richmond Heights Schools attendance officer will confirm the accuracy of information provided during the registration process by making home visits to all new students.

The Board shall not enroll a child free of any tuition obligation on a 60-day affidavit as set forth in ORC 3313.64 (E). Residents attempting to enroll students must provide evidence of legal custody.

I have read the above enrollment procedures, understand them and will abide by them. I will notify the superintendent of schools of any changes that may occur.

Signature _____ Date _____

(revised 2/2006)

The mission of the Richmond Heights Schools, a forward looking, tradition-rich educational community, is to deliver a highly individualized education developing motivated, self-reliant, and productive citizens.

RICHMOND HEIGHTS LOCAL SCHOOLS

447 RICHMOND RD. RICHMOND HTS., OHIO 44143 PHONE 216-692-0086 FAX 216-692-8494

Statement of Residence

To the Richmond Heights Local School District Board of Education:

I, _____, certify that I am a full-time resident of the Richmond Heights Local School District and do not maintain a separate residence elsewhere. I live at:

Street Number and Name

Apartment #

Date of Occupancy

Phone Number

I further certify that this above information is true and accurate. I understand that if any of the provided information is false, I am liable for any penalties that the law provides under the criminal code and that I agree to pay the current tuition costs for each student listed below while illegally attending the Richmond Heights Local School District and further understand that immediate withdrawal of my children will occur.

List below the names of all children living with you at the above address:

Child

Birth Date

Child	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____

Your relationship to student(s) _____

Note: Sign only in the presence of a notary public.

Signature _____ Date _____

The undersigned having been duly sworn says that all statements contained in the foregoing are true.

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

REGISTRATION FORM

RICHMOND HEIGHTS LOCAL SCHOOLS

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

STUDENT DATA

Legal Name _____ Birthdate: ____/____/____ Grade _____
Last First Middle Mo Day Yr
Male ___ Female ___ Preferred Name _____
Street Address _____ Apt.# _____ Social Security No. _____-_____-_____
City _____ State _____ Zip _____ Mothers Maiden Name _____
Telephone _____ Cell _____ Student's Birth City _____
Race/Ethnic Category ___ White ___ African American E-mail 1. _____
___ Hispanic ___ American Indian or Alaskan Native 2. _____
___ Asian ___ Multiracial
Primary Language Spoken at Home is: _____

PREVIOUS SCHOOL DISTRICT INFORMATION

Name of Previous School _____
Address _____
City _____ State _____
Telephone _____

Student was in the following special programs:

___ I.E.P./Current IEP and MFE must be provided
___ 504
___ Gifted
___ Other _____

STUDENT LIVES

WITH (check one) ___ Mother & Father ___ Father/Stepmother ___ Other _____
___ Mother ONLY ___ Grandparent(s) (specify)
___ Father ONLY ___ Ward of Court
___ Mother/Stepfather

PARENTS ARE: ___ Married ___ Divorced ___ Separated ___ Never married

COURT ORDERED PLACEMENT

No child will be admitted until current proof of legal custody is received

LEGAL CUSTODY ARRANGEMENTS:

___ Joint Custody
___ Mother ONLY
___ Father ONLY
___ Guardian
___ Foster Parent

CITIZEN STATUS: ___ U.S. Citizen ___ Other
___ Exchange Student ___ Immigration Status _____

PARENT DATA

1. Natural Mother Name _____ Address _____
Employment _____ Work Phone _____

2. Natural Father Name _____ Address _____
Employment _____ Work Phone _____

Parent/Guardian Name _____ Address _____
(If student does not live with Natural Parent)
Employment _____ Work Phone _____

Parent/Guardian Name _____ Address _____
(If student does not live with Natural Parent)
Employment _____ Work Phone _____

Sibling information

NAME	AGE	GENDER	SCHOOL (If in school)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

-
- Has your child ever been retained? _____ At what grade level? _____
 - Has your child been suspended? _____ When? _____ Where? _____
 - Is the student now under expulsion or scheduled for a hearing for expulsion in any school in Ohio? _____
 - When? _____ Where? _____
 - Is student currently under probation? _____ If so, name and phone number of probation officer _____

6. EMERGENCY INFORMATION. CONTACT OTHER THAN PARENT/GUARDIAN:
NAME _____ RELATIONSHIP _____ PHONE _____

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

(Parent/Guardian Signature) (Date)

REQUEST FOR TRANSFER OF STUDENT RECORDS

RECORDS OF: _____
Student *Grade* *Date of Birth*

Former Address *City, State, Zip, Country*

RELEASED FROM: _____
School/Agency

Address

City, State, Zip

RELEASE TO: **Richmond Heights Board of Education**
Registrar
447 Richmond Road
Richmond Heights, OH 44143
Phone: 216/692-7395
Fax: 216/692-8487

Please include any or all listed below:

- Transcripts/Academic Grades (current and prior years)
- Grades to Date of Withdrawal
- Standardized Test Scores (achievement/ability, competency, etc.)
- Individual Career Plan (ICP)
- Health and Immunization Records
- IEP and MFE
- 504 Plan
- Other, please specify _____

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and I understand that I have the right to receive a copy, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Signature *Relationship* *Date*

CUYAHOGA COUNTY BOARD OF HEALTH

Division of Nursing
School Health Service Program

Health Requirements

Dear Parents/Guardians:

Students enrolled in kindergarten through grade 12 are required to have written proof that they have received the required immunizations on file at their school. The following immunizations are required under Ohio Law Sections 3701.12, 3313.671 and 5104.011(A)(5) of the Ohio Revised Code:

- 4 DTP, DtaP, DT (Pediatric) or Td (Adult) or a combination thereof
A 4th dose is required if the 4th dose was received prior to the child's 4th birthday

- 3 Polio vaccine of oral polio vaccine (OPV) or inactivated polio vaccine (IPV)
A 4th dose is required if
 - the 3rd dose was received prior to the child's 4th birthday
 - a combination of OPV and IPV has been received

- 2 MMR (measles, mumps and rubella)
Required in kindergarten starting in August 1999
 - This is a progressive law. Each school year the following grade is included in the requirement (e.g. August 2000: requirement includes kindergarten and grade 1).
 - The first dose must have been received on or after the child's first birthday.

Required for Grades 7-12

- Students must have the MMR #2 prior to entrance to 7th grade.
 - Any student in grades 8-12 who has not received the MMR #2 vaccine must receive the vaccine prior to entry to school starting with the 1999-2000 school year.
- 3 Hepatitis B required in kindergarten starting in August 1999
This is a progressive law. Each school year the following grade is included in the requirement (e.g. August 2000: requirement includes kindergarten and grade 1)

 - 1 Varicella vaccine administered on or after child's first birthday
Required in kindergarten starting August 2006

A child who has had mumps disease or measles disease is not required to receive mumps or measles vaccine. Also, any child who has had natural chickenpox is not required to receive the varicella vaccine. However, in the event of an outbreak of one or more cases of any one of these diseases, a child not having past measles, mumps or chickenpox disease diagnosed and verified by the signature of a physician may be excluded from school attendance during the outbreak and for two to four weeks thereafter.

According to Section 3316.671 of the Ohio Revised Code, students who are not in compliance with the immunization law are to be excluded from school attendance no later than the fifteenth day after admission.

Please complete the attached School Entrance Medical Record and Immunization Form and have your physician complete the report of physical examination form and return to the school nurse no later than five days after your child enters school. Students entering kindergarten should have the completed forms returned to the school no later than August 1.

Medical authorities and school educators urge that every child have a complete medical examination before entering school in order that defects, if present, may be corrected and the child be physically ready to accept all the advantages which education offers. A tuberculin skin test to determine if your child has been exposed to tuberculosis is recommended but not required.

RICHMOND HEIGHTS SCHOOLS
Medical and Immunization Records

Name _____ Grade _____ Birthdate _____
 Address _____ Phone () _____
 Physician _____ Phone () _____
 Dentist _____ Phone () _____
 Height _____ Weight _____ Blood Pressure _____

DISEASE AND ILLNESS HISTORY (*indicate year*)

Chicken Pox _____ Scarlet Fever _____ Eczema _____ Diabetes _____
 Measles _____ Convulsions _____ Heart Disease _____ Mumps _____
 Rubella _____ Strep Infect _____ Hay Fever _____ Kidney Dis _____
 Asthma _____ Vision Problems _____ Other _____
 Ear Infections _____ Tubes _____
 Allergies _____ Bee/Wasp _____ Peanut Butter _____

FAMILY HISTORY: Serious illness in immediate family (*indicate family member*)

Diabetes _____ Tuberculosis _____
 Heart Disease _____ High Blood Pressure _____

IMMUNIZATIONS: (*indicate month, day, year*)

DPT: 1 _____ 2 _____ 3 _____ 4 _____ 5* _____

Polio Vaccine: 1 _____ 2 _____ 3 _____ 4** _____ 5 _____

MMR #1: (after 1st birthday) _____ MMR #2: _____

***Mumps: (date after 1st birthday) _____

****Varicella: 1 _____

Hepatitis B: 1 _____ 2 _____ 3 _____

Other (e.g. HIB): 1 _____ 2 _____ 3 _____

Tuberculin Test: (recommended but not req'd)

Remarks and recommendations concerning any abnormal findings: _____

What medication, if any, is the child taking? _____

* 5th DPT required if 4th dose given before fourth birthday

** 4th Polio required if 3rd dose given before fourth birthday

*** Not required - A pupil who has had natural rubeola or mumps and presents a signed statement from physician to that effect is not required to be immunized against that disease.

**** Required for Kindergarten - must be administered on or after first birthday. If a child has had natural chicken pox and presents a signed statement from physician, the child is not required to be immunized against chicken pox

Signed _____
Physician

Date _____

Signed _____
Physician

Date _____

RICHMOND HEIGHTS EMERGENCY MEDICAL AUTHORIZATION

STUDENT NAME/GRADE: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

DATE OF BIRTH: _____ **E-MAIL:** _____

LIVES with: Both Mom Dad Guardian

Has this address changed from last year (circle one)? Yes no

PARENT CONTACT #1: **DAD** **MOM** **OTHER**

Name: _____

Home Address: _____ City _____ Zip _____

Home Phone: _____ Cell/Pager: _____

Work Phone: _____ Name of Employer: _____

If Remarried, spouse name: _____ Phone: _____

Which number should we call first (circle) HOME WORK CELL

PARENT CONTACT #2: **DAD** **MOM** **OTHER**

Name: _____

Home Address: _____ City _____ Zip _____

Home Phone: _____ Cell/Pager: _____

Work Phone: _____ Name of Employer: _____

If Remarried, spouse name: _____ Phone: _____

Which number should we call first (circle) HOME WORK CELL

In the event that reasonable attempts to contact me have been unsuccessful, the following persons are authorized to act for me on behalf of my son/daughter. (Permission must be granted by named parties.)

Name _____ Relationship _____

Day Phone _____

Name _____ Relationship _____

Day Phone _____

Name _____ Relationship _____

Day Phone _____

MEDICAL INFORMATION: List any medical conditions, allergies, current medications, and physical impairments to which a physician should be alerted:

TO GRANT CONSENT, THIS SECTION MUST BE COMPLETED

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Phone _____ (Emergency Room)

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 doctors, or in the event the designated preferred 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.

Signature of Parent/Guardian _____ **Date** _____

REFUSAL TO GRANT CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian _____ **Date** _____

