

Today's Date _____

Student Name _____ DOB _____ M/F

Parent Name _____ Phone _____

AM 8:20-11:13

PM 12:13-3:05

Wednesday AM 8:20-10:50 PM 11:50-2:20

Please indicate below if you have a preference on which session your child attends, along with the specific reason. Preference is not a guarantee of choice.

AM _____ PM _____ No Preference _____

Reason:



Welcome to the Carlisle Local School District Registration

In addition to your **completed registration packet**, the following documents **must** be provided for enrollment in the Carlisle Local School District:

No student will be admitted to Carlisle Local Schools without the required information below:

- **Original Birth Certificate**
- **Custody Papers (if applicable)**
- **Shot/Immunization Records**
- **Parent/Guardian Driver's License**
- **Proof of Residency** (Rent/Lease Agreement, mortgage account statement/mortgage coupon book, Settlement Statement, Copy of Deed, Land/Purchase Contract)
- **IEP/504/MFE** (if applicable)
- **Transcript from previous school attended** (Grades 9-12 only)

We want to make your child's first day a positive experience; therefore, we need time to prepare for him/her to join our classes. **Due to scheduling and transportation, students enrolled before 1:00 p.m. may start the day after registration requirements have been met. Students enrolled after 1:00 p.m. may be required to wait 1 additional day.**

Carlisle Local School District
Public Notice
Educational Rights of Homeless Children and Youth

Welcome to our school and school district. Our school district is actively seeking to enroll children and youth who are homeless. If you are homeless or know of a child or youth that is homeless and not attending school, please contact the following individual who will provide information and assistance during the enrollment process:

Local Liaison Name(s): David Vail/Bryan Coffey/Theressa Ball **Telephone:** (937) 746-0710

School Address: 230 Jamaica Rd; Carlisle, OH 45005

- *Who is considered "homeless"?* Any child or youth not attending school who lacks a fixed, regular, and adequate nighttime residence is considered homeless and includes those who are sharing housing with others due to loss of housing or economic hardship. It also includes children and youth who are living in hotels, camping grounds, emergency shelters, cars, bus or train stations, or other similar settings. If you are not sure, please call your local liaison listed above.
- *What are the education rights of homeless children and youth?* Our schools provide equal and comparable access to all students regardless of their home living situation. Homeless children and youth have specific rights that include:
 - a) Immediate enrollment in school and, when desired or feasible, at the "school of origin."
 - b) Prompt provision of necessary services such as transportation and meal programs.
 - c) Appropriate support services and programs for which they are eligible such as programs for gifted, children with disabilities, vocational education, and preschool.
 - d) Academic assistance through the district's federally funded Title I program.
 - e) Parent or guardian involvement in school activities.
- *What is the "school of origin"?* The term "school of origin" means the school the child or youth attended when permanently housed or the school in which the child or youth was last enrolled. It is the district's responsibility to consider the best interests of the child or youth when making a decision regarding what school to attend. Consideration must be given to placement at the school of origin unless doing so is contrary to the wishes of the parent or guardian.
- *What if there is disagreement regarding school placement?* The parent, guardian or unaccompanied youth (a youth not in the physical custody of a parent or guardian) may appeal the placement decision if the district makes a placement in a school other than the school of origin or a school requested by the parent, guardian or unaccompanied youth. The student will be immediately enrolled in the school in which enrollment was requested by the student or parent while an appeal is pending. The person indicated above will provide information and assistance regarding such an appeal.

No Child or Youth Should Be Denied Access To A Free And Appropriate Public Education

OFFICE USE ONLY					
STUDENT NAME	NAME OF PARENT/GUARDIAN	DATE DISTRIBUTED	DATE SCHOOL NOTIFIED OF STUDENT	CURRENT LOCATION OF STUDENT	SCHOOL OF ORIGIN

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records within 45 days of the day the school receives a written request identifying these records. The school official will notify the parent or eligible student of the time and place where the records may be reviewed.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record, setting forth his or her view about the contested information.
- Schools must have written permission from the parent or eligible student in order to release any information from a student's **education** record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for or on behalf of the school;
 - Accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies; and
 - State and local authorities, within a juvenile justice system, pursuant to specific State law.
- Parents or eligible students have the right to file a complaint with the U.S. Department of Education concerning alleged failures by the School District to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Ave, SW
Washington, DC 20202-5920

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. As a parent or eligible student you have the right to request, in writing, that the school not disclose directory information about them. This request must be received in a reasonable amount of time, not to exceed two weeks from notification of rights.

To Whom It May Concern,

The purpose of this letter is to serve as a reminder that effective January 1, 2004, all employers should begin withholding a 1% School District Income Tax on the income of all of their employees who reside in the Carlisle Local School District (District). This tax was approved by the voters of the Carlisle School District on May 6, 2003 and is to be imposed on the income of all residents of the District. It doesn't matter where the employee works. If the employee lives in the boundaries of the District, their income is subject to the tax.

Please do not confuse this with any City Income Tax, as it is a completely separate income tax.

Provisions of the School District Income Tax are spelled out in Chapters 5747 and 5748 of the Ohio Revised Code. As an employer, you are required to withhold this 1% School District Income Tax if your employee lives in the Carlisle Local School District. The tax you withhold from the employee's pay is submitted to the Ohio Department of Taxation on SD-101 forms you get from the State. Please note that our four-digit School district ID number is **8301**. It is very important that this number is used during your payroll processing and subsequent remittance of the tax to the Ohio Department of Taxation.

I appreciate your assistance in this matter. Should you have any questions, please call the Ohio Department of Taxations (888/405-4039) or me at (937/746-4851).

Respectfully,

Dan Bassler, Treasurer
Carlisle Local School District

ADMISSION OF HOMELESS STUDENTS

The Board believes that all school-aged students, including homeless students, have a basic right to equal educational opportunities. Accordingly, the District must enroll each homeless student located in the District in the school determined to be in the student's best interest. A homeless student or individual is defined as an individual who lacks fixed, regular and adequate nighttime residence and who has a primary nighttime residence that is:

1. a supervised, publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing for the mentally ill);
2. an institution that provides a temporary residence for individuals intended to be institutionalized;
3. a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
4. a motel, car, campground or
5. a "doubling up" with another family because of inability to afford housing otherwise.

In compliance with the McKinney-Vento Homeless Assistance Act, the District must make school placement determination on the basis of the best interest of the student. To the extent feasible, homeless students are kept in the school of origin unless doing so is contrary to the wishes of the student's parent or guardian.

The board ensures that:

1. it reviews and revises Board policies and regulations to eliminate barriers to the enrollment and retention in school of homeless students;
2. the District does not segregate homeless students into separate schools or separate programs within a school based on the student's status as homeless;
3. it appoints a District liaison for homeless children who shall be responsible for implementing this policy;
4. homeless students are provided with transportation services that are at least comparable to the service provided to non-homeless students.

The liaison ensures compliance with the sub grant and coordinates services for homeless students with local social services agencies and programs, including those funded under the Runaway and Homeless Youth Act.

To the extent feasible, the District complies with the request made by a parent(s) regarding school placement regardless of whether the student lives with the homeless parent(s) or is temporarily residing elsewhere.

A student who ceases to be homeless may continue to receive services until the end of the period of time for which the service was originally intended to be provided, which may be the end of the school year or the end of a program cycle.

The District complies with the Ohio Department of Education's Plan and State and Federal laws for the education of homeless children and youth.

ADOPTED: January 2007

Carlisle Local School District Student Registration Form

Are you a resident of Carlisle Local School District? ☐ Yes ☐ No

Has your child ever been enrolled in Carlisle Local School District? ☐ Yes ☐ No

OFFICE USE:

Enrollment Date _____ Teacher _____

PLEASE PRINT

Student Legal First Name _____ Legal Middle Name _____

Legal Last Name _____ Called Name _____ Mother's Maiden Name _____

Student's Social Security # _____ Student's Date of Birth _____

CITIZEN STATUS OF STUDENT ☐ U.S. Citizen ☐ Foreign Exchange Student ☐ Non-U.S. Citizen/Immigrant*

*Immigrant students are those who:

1. Are age 3-21 2. Were not born in the United States, and 3. Have not attended one or more schools in any one or more states for more than three academic years.

RACIAL/ETHNIC GROUP

Is the student of Hispanic/Latino origin, regardless of race? ☐ Yes ☐ No

☐ W- White ☐ P- Native Hawaiian or Other Pacific Islander ☐ A- Asian

☐ I- American Indian or Alaskan Native ☐ B- Black or African American

Gender M/F _____ Birthplace City _____ State _____ Native Language _____ Grade _____

Street Address _____ PO Box # _____ Apt. # _____ Lot # _____

City _____ State _____ Zip _____ Home Phone (____) _____

County of Residence _____

School Previously Attended _____ City _____ State _____

Student Lives With:

Two parents present (natural or step)

- ☐ Living with Mother and Father
☐ Living with Mother and Stepfather
☐ Living with Father and Stepmother

☐ Living with Legal Guardian

One parent present (natural or step)

- ☐ Living with Mother
☐ Living with Father

☐ Living with Foster Parents

Parent Information:

Status of Parents (check one) ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Single/Never Married

If divorced, who has legal custody? ☐ Mother or ☐ Father or ☐ Shared Parenting Custody Papers on file ☐ Yes ☐ No

Are you the natural/adoptive parent(s) of the child? ☐ Yes ☐ No Are you the Guardian of the child? ☐ Yes ☐ No

Was the child court placed in your home? ☐ Yes ☐ No If yes, Court Papers Provided ☐ Yes ☐ No

Date of Assignment _____ County _____

If foster/guardian, in which district did the natural parents reside at the time of placement? _____

Name of Parent(s) or Guardian(s) listed above _____

Other siblings in the Carlisle Local School District:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Is this child receiving **SPECIAL EDUCATION** services?

If yes, does this student have a current I.E.P.?

Is this child receiving **GIFTED EDUCATION** services?

If yes, does this student have a current education plan?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Is the child receiving **504** services?

If yes, does this student have a current 504?

Is this child receiving **TITLE I** services?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Does student have Internet Connectivity?

☐ Yes ☐ No

Does student have access to a device?

☐ Yes ☐ No

Carlisle Local Schools

Family Groups

Group Name: _____
(Last Name(s) of Students + Street Number and Street Name)

Students within this Group: (List all students living at same address.)

Student's Full Name _____	Grade _____
Student's Full Name _____	Grade _____
Student's Full Name _____	Grade _____
Student's Full Name _____	Grade _____
Student's Full Name _____	Grade _____

Primary Contact Information:

Please complete all fields:

Must be completed for family group.

This information will be entered/updated for all students listed above within this family group. If using to change address, Proof of Residency is required.

Student(s) legally resides with: Name(s): _____

Select Only One:

- ☐ Both Parents
- ☐ Mom: (Residential Parent)
- ☐ Mom and Step-Father
- ☐ Dad: (Residential Parent)
- ☐ Dad and Step-Mother
- ☐ Guardian
- ☐ Other (Explain) _____

Address of legal residence where student(s) reside:

Primary Family Email Address: _____

Home Phone: _____

Below information is to be completed for who is living at the address above with the family group:

☐ Dad or ☐ Step-Father

Name _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

May contact
at work:

Yes No

☐ Mom or ☐ Step-Mother

Name _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

May contact
at work:

Yes No

Please complete reverse side.

Please list two other emergency contacts below:

Contact Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Relationship to student:

- ☐ Non-Residential Parent
- ☐ Step-Parent
- ☐ Grandparent(s)
- ☐ Sitter
- ☐ Family Friend
- ☐ Relative (List relationship) _____
- ☐ Other (Explain) _____

Contact Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Relationship to student:

- ☐ Non-Residential Parent
- ☐ Step-Parent
- ☐ Grandparent(s)
- ☐ Sitter
- ☐ Family Friend
- ☐ Relative (List relationship) _____
- ☐ Other (Explain) _____

Parent/Guardian Signature

Date

Student's Name _____ Date of Birth _____ Grade Level _____ Homeroom _____

This form is used exclusively for emergency transport information only. No information is updated from this form.

Who has custody of this child? Please check: _____ Parents _____ Mother _____ Father _____ Other _____

FATHER/GUARDIAN:

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell _____

Place of Employment _____

Are you in the Military? Yes No Branch: _____

Active Duty? Yes No Other (please list): _____

Work Phone _____

STEPMOTHER (if applicable) _____

Work phone _____ Cell _____

MOTHER/GUARDIAN:

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell _____

Place of Employment _____

Are you in the Military? Yes No Branch: _____

Active Duty? Yes No Other (please list): _____

Work Phone _____

STEPFATHER (if applicable) _____

Work phone _____ Cell _____

I, the undersigned, do hereby state and declare under penalty of falsification (*) that I am the parent or legal guardian of the student named on this form and that this information is true and correct.

Parent/Guardian Signature _____ Date _____ Family Email: _____

(*) Falsification under Ohio Revised Code section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six months imprisonment or a fine of \$1,000 or both.

****District procedure is Primary Contact will be contacted first.**

For New Students: Primary contacts information will be entered from the Family Groups Form (In Registration Packet)

For Returning Students: To have primary contact information updated, please contact your child's school building.

Please check if your child has any of the following:

____ ADD/ADHD ____ Asthma ____ Anxiety Disorder ____ Cancer ____ Cerebral Palsy ____ Cystic Fibrosis ____ Dental Problems ____ Diabetes
____ Digestive Disorder ____ Ear Problems ____ Eye Problems ____ Heart Disease ____ Headaches/Migraines ____ Seizures ____ Urinary Problems

Please check if your child wears: glasses _____ hearing aids _____ braces _____ artificial limb _____ other: _____

Were there problems during your pregnancy or delivery of this child? If so, Please describe: _____

Has your child ever been hospitalized: Yes: _____ No: _____ If yes, briefly describe: _____

Is your child taking any medication(s) prescribed by a doctor? Yes: _____ No: _____

If yes, what kind of medication? _____ What is it for? _____

Does your child have any allergies? Yes: _____ No: _____ If yes, to what? _____

What effects does this allergy have that we need to know about? _____

Has your child had: CHICKEN POX? Yes: _____ No: _____

HIGH FEVERS: Yes: _____ No: _____ If yes, how high? _____ Cause: _____, any effect of which you know? _____

EMERGENCY MEDICAL AUTHORIZATION (REQUIRED PER HB 639)

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority.

PART I - TO GRANT CONSENT

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

Doctor _____ Phone (_____) _____
Dentist _____ Phone (_____) _____
Hospital _____ Phone (_____) _____

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 above named doctor, or in the event the designated practitioner is unavailable, 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 to the performance of such surgery.

Date _____ Signature of Parent/Guardian _____

PART II - 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 treatment, I wish the school authorities to take the following action:

Date _____ Signature of Parent/Guardian _____

KINDERGARTEN PLACEMENT SHEET

Child's Name: _____

Gender: _____

To ensure that we are placing your child in the best possible setting for him/her to succeed, we need some additional information.

1. Has your child attended pre-school? (if no, please skip to question 2) YES NO

- Pre-school name, address, and phone number

- How many years did your child attend pre-school? _____
- If your child does/did attend pre-school or is transferring from another school district, does/did your child receive any of the following special services (please check all applicable services)

_____ Special education

_____ Speech

_____ Counseling

_____ Gifted

_____ ESL

2. Does your child know their letters? YES NO

3. Does your child know their numbers? YES NO

4. How well does your child read? (please check only one)

- My child can read an entire children's book (a Dr. Seuss book, for example) _____
- With my help, my child can read some words in a children's book _____
- My child has not started to read yet _____

5. In two to three sentences, please describe

- Your child _____

- How your child learns _____

- Your child's interests _____

5. What is important for your child's teacher to know about your child?

Parent/Guardian name (please print) _____

Parent/Guardian signature _____ : Date _____

Carlisle Local School District
HOME LANGUAGE SURVEY

Date _____ School _____ Grade _____

Child's Name _____
First Name Middle Initial Last Name

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Address (only if different than registration form) _____

Phone (only if different than registration form) Home Work

1. What is the language most frequently spoken at home? _____
2. If available, in what language would you prefer to receive communication from the school? _____

Please check if your child is:

- ☐ Native American Indian
- ☐ Alaska Native
- ☐ Native Pacific Islander
- ☐ Native U.S. Virgin Islander

3. Is your child's first-learned or home language anything other than English? Yes _____ No _____

If you responded "Yes" to question number 3 above, please answer the following questions:

4. What is your child's country of origin? _____
5. What date did your child enter the United States? _____
Month Year

Name of the last school attended in the U.S. _____

City _____ State _____

6. Which language did your child learn when he/she first began to talk? _____
7. What language does your child most frequently speak at home? _____
8. What language do you most frequently speak to your child? (Father) _____
(Mother) _____
9. Please describe the language understood by your child. (Check only one)
 - ☐ Understands only the home language and no English.
 - ☐ Understands mostly the home language and some English.
 - ☐ Understands the home language and English equally.
 - ☐ Understands mostly English and some of the home language.
 - ☐ Understands only English.

Parent or Guardian's Signature _____

Date _____

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

Carlisle Local School District

Race & Ethnicity Form

The U.S. Department of Education (Federal Register/Vol. 72, No. 202) requires Educational Institutions to allow parents to "self-identify" or "re-identify" the race and ethnicity of their student.

Student Name: _____

Grade: _____

Educational Institutions are required to report racial and ethnic data in the categories below. Please answer the following questions:

1. Is the student Hispanic/Latino heritage?

Note: Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Yes** ☐ **No**

2. What race is the student? (choose one or more)

Race	Race Definitions (as defined by the Ohio Department of Education)
<input type="checkbox"/> White	Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/> Black or African American	Persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> American Indian or Alaskan Native	Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

I understand The U.S. Department of Education allows observer identification if a parent or guardian refuses to provide their child's racial/ethnic group. The observed designation will be communicated to the parent or guardian by the district prior to designation.

Parent/Guardian Signature: _____ **Date:** _____

_____ For Office Use Only _____

Parent/Guardian chose not to complete Ethnicity/Race information and determination was made by Carlisle Local School authority.

Carlisle School Authority: _____ Date: _____

Date copy sent to parent/guardian: _____

Carlisle Local Schools

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary of the enrollment of this student.

1. Presently, where is the student living? *Check one box:*

Section A	Section B
<p><input type="checkbox"/> In a Shelter</p> <p><input type="checkbox"/> With more than one family in house or apartment</p> <p><input type="checkbox"/> In a motel, car or campsite</p> <p><input type="checkbox"/> With friends or family members (other than parent or guardian)</p> <p><u>CONTINUE:</u> If you checked a box in Section A, complete #2 and the remainder of this form.</p>	<p><input type="checkbox"/> Choices in Section A do not apply</p> <p><u>STOP:</u> If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel.</p>

2. Student lives with:

- ☐ 1 parent
- ☐ 2 parents
- ☐ 1 parent and another adult
- ☐ A relative, friend(s) or other adults
- ☐ Alone with no adults
- ☐ An adult who is not the parent or legal guardian

Name of Student: _____

School: _____

Birth Date: ____/____/____

Social Security # (if appropriate) _____

Name of Parent(s)/Legal Guardian(s) _____

Address: _____

Phone: _____ Cell Phone: _____

Signature of Parent/Legal Guardian: _____

If parent has checked Section B above, completion of this form is not required.