



## 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.**

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**  
**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): Larry Hook/Bryan Coffey/Brenda Wilson Telephone: (937) 746-0710**

**School Address: 724 Fairview Drive; 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 in 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.

## **BIRTH CERTIFICATE INFORMATION SHEET**

**Every child enrolling in school in the state of Ohio is required to present an official state birth certificate with the raised seal.** If you do not have a certified copy, you may obtain one by applying by mail. Complete a signed letter and mail to the address below requesting a certified copy. The cost is \$16.50. (Subject to change)

Ohio Department of Health  
Revenue Room  
246 North High Street  
PO Box 15098  
Columbus, OH 43215-0098  
[www.odh.state.oh.us](http://www.odh.state.oh.us)  
(614) 466-2531 or  
(614) 466-2532

Make your check or money order payable to: "Treasurer, State of Ohio". Please do not send cash.

Allow 3-4 weeks for delivery from the date your request is received.

Information to include in your letter:

- Child's full name and date of birth
- Hospital where your child was born
- City and county of birth
- Mother's maiden name
- Father's full name
- Your current phone number
- Address to send the birth certificate
- Number of copies requested

Rush service for certified copies may be obtained by using the Vitalchek Network express service. You will need to pay by credit card to use this service. Additional fees will be charged with this service. It will take 7-10 business days to process the request. Vitalchek is a private corporation that provides expedited service for certified copy orders across the country. For more information, please call 1-877-828-3101 or visit [www.vitalchek.com](http://www.vitalchek.com).

**For Kentucky birth certificates**, please contact:

Kentucky Birth Certificates  
Office of Vital Statistics  
275 East Main Street  
Frankfort, KY 40621  
(512) 564-4212  
[kentucky.gov](http://kentucky.gov)

Carlisle Local School District -- IRN: 050419  
REQUEST FOR TRANSFER OF SCHOOL RECORDS

Effective Start Date of Student \_\_\_\_\_

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

Previous School District \_\_\_\_\_

Previous School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

To be completed by previous Ohio School District:  
Student SSID # \_\_\_\_\_  
Sending District IRN # \_\_\_\_\_

RELEASE RECORDS TO:

- |  |   |   |   |
|--|---|---|---|
| <input type="radio"/> Carlisle High School<br>250 Jamaica Road<br>Carlisle, OH 45005<br>Phone: (937) 746-4481<br>Fax: (937) 746-6578 | <input type="radio"/> Chamberlain Middle School<br>720 Fairview Drive<br>Carlisle, OH 45005<br>Phone: (937) 746-3227<br>Fax: (937) 746-0519 | <input type="radio"/> Grigsby Intermediate School<br>100 Jamaica Road<br>Carlisle, OH 45005<br>Phone: (937) 746-8969<br>Fax: (937) 746-0512 | <input type="radio"/> Alden R. Brown Elementary<br>310 Jamaica Road<br>Carlisle, OH 45005<br>Phone: (937) 746-7610<br>Fax: (937) 746-0511 |
|--|---|---|---|

Please release all appropriate information listed below. Information should be sent to the Records Department at the school address indicated above.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Transcript of Grades       | <input checked="" type="checkbox"/> Attendance Records              |
| <input checked="" type="checkbox"/> Immunization Records       | <input checked="" type="checkbox"/> Test Scores                     |
| <input checked="" type="checkbox"/> Vision and Hearing Results | <input checked="" type="checkbox"/> Any Emergency Health Care Plans |

*Note: Provide any additional medical information pertinent to this student*

CONFIDENTIAL RECORDS:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Individual Education Plan (IEP)       | <input checked="" type="checkbox"/> Psychological Testing Results |  |
| <input checked="" type="checkbox"/> Written Education Plan (WEP - Gifted) | <input checked="" type="checkbox"/> Evaluation Team Report (ETR)  | <input checked="" type="checkbox"/> 504 Plan |

Parental permission is no longer required when records are requested by authorized school personnel.

(Family Educational Rights and Privacy Act, Vol. 41, No. 11B, Page 24678)

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Parents, legal guardians, or legal age students may request a review and/or copy of the records transferred. If this is desired, the school office should be notified. If you request a copy of the school records being transferred, the school is relieved of responsibility for confidentiality of those records.

\*\* Records transferred by this release are not to be transferred to any other third party by the receiving school without the written consent of the parent, legal guardian, or student over 18 years of age.

<b>FOR OFFICE USE ONLY</b>	
Date faxed/mailed to new school _____	Date records received _____
Date Phone Contact made to District _____	Spoke with _____ Enrolled <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Staff member making call (initials) _____	

# Carlisle Local Schools Expulsion Enrollment Regulation

It is the policy of the Carlisle Board of Education to deny admittance to any student if the student has been expelled from the schools of another district and the period of the expulsion has not expired.

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## **PARENT/GUARDIAN SECTION**

The student listed above is:

\_\_\_\_\_ NOT EXPELLED from another school district at this time.

\_\_\_\_\_ EXPELLED from the \_\_\_\_\_ School

District at this time. The period of expulsion expires on \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **SCHOOL SECTION**

The student listed above is enrolling in the Carlisle Local School District. Please indicate her/his current status.

The student listed above is:

\_\_\_\_\_ NOT EXPELLED from another school district at this time.

\_\_\_\_\_ EXPELLED from the \_\_\_\_\_ School

District at this time. The period of expulsion expires on \_\_\_\_\_.

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_

Please complete and return this form along with the requested student records.



# 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** \_\_\_\_\_

Are either parent in Military? \_\_\_\_\_ Who? \_\_\_\_\_ Branch: \_\_\_\_\_ Active Duty or Other (List) \_\_\_\_\_

**Other siblings in the Carlisle Local School District:**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

- Is this child receiving **SPECIAL EDUCATION** services?  Yes  No  
 If yes, does this student have a current I.E.P.?  Yes  No  
 Is this child receiving **GIFTED EDUCATION** services?  Yes  No  
 If yes, does this student have a current education plan?  Yes  No

- Is the child receiving **504** services?  Yes  No  
 If yes, does this student have a current 504?  Yes  No  
 Is this child receiving **TITLE I** services?  Yes  No

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:

<input type="radio"/> Dad or <input type="radio"/> Step-Father	Name _____		
	Cell Phone: _____		
	Work Phone: _____		
	Occupation: _____	May contact at work:	Yes No
<input type="radio"/> Mom or <input type="radio"/> 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:

MOTHER/GUARDIAN:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Are you in the Military? Yes No Branch: \_\_\_\_\_ Are you in the Military? Yes No Branch: \_\_\_\_\_

Active Duty? Yes No Other (please list): \_\_\_\_\_ Active Duty? Yes No Other (please list): \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

STEPMOTHER (if applicable) \_\_\_\_\_ STEPFATHER (if applicable) \_\_\_\_\_

Work phone \_\_\_\_\_ Cell \_\_\_\_\_ 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 \_\_\_\_\_

### Student Placement Sheet

<b>School Use Only</b>
Transcript received
Yes _____
No _____

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School:

Alden R. Brown Elementary

Grigsby Intermediate School

Chamberlain Middle School

Carlisle High School

To assist the principal in making the best possible placement for your child, please answer the following questions.

1) Has your child been retained previously?  Yes  No If yes, what grade was repeated? \_\_\_\_\_

2) Please list the characteristics that describe:

A. Your child

B. How your child learns

C. Your child's interests

3) In your opinion, what are important characteristics for your child's teacher to have?

Is the student receiving any of the following? (Please check all that apply)

Speech

Gifted Services

English as a Second Language (ESL)  Math Intervention

Special Education Services

Reading Intervention

Counseling

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:** \_\_\_\_\_

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><b><u>CONTINUE:</u></b> If you checked a box in <b>Section A</b>, complete #2 and the remainder of this form.</p>	<p><input type="checkbox"/> Choices in Section A do not apply</p> <p><b><u>STOP:</u></b> 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.**