

_____ Student name

_____ Grade



Welcome to Lynchburg-Clay Local School District!



Please complete this packet and bring it with your required documents* when you enroll.

A.) SPECIALIZED SERVICES

Is this child receiving Special Education services? _____ Yes _____ No

If yes, does this student have a current IEP? _____ Yes _____ No

Note: Having an IEP will require a transfer of the IEP to our district per state law.

If yes, does this student have a 504 Plan? _____ Yes _____ No

Is this child receiving Gifted Education services? _____ Yes _____ No

If yes, does this student have a current education plan? _____ Yes _____ No

***REQUIRED ENROLLMENT DOCUMENTATION:**

In order to enroll your child in the Lynchburg-Clay Local School District, the following documents need to be brought with you on the day of enrollment:

Note: Please let the school official know if your child has previously attended any building in the LC district.

- _____ BIRTH CERTIFICATE (must be the legal certificate) OR PASSPORT
- _____ SOCIAL SECURITY CARD
- _____ IMMUNIZATION RECORD
- _____ PROOF OF RESIDENCE (current bill, lease/rental agreement)
- _____ PREVIOUS REPORT CARD, if applicable
- _____ CUSTODY OR GUARDIANSHIP PAPERS, if applicable
- _____ FOSTER CHILD DOCUMENTATION, if applicable (Court document stating the school district financially responsible)
- _____ COPY OF IEP OR 504, if applicable (A current copy of the IEP or 504 document Note: A placement meeting may need to be held before you child attends school.)
- _____ DRIVER'S LICENSE

This information may be obtained from your previous school if necessary, but it may delay your child's enrollment and first day of attendance.

***When all documentation is collected, please contact Sara McLaughlin (937-364-9119 x11129) to schedule an appointment to enroll your child/children.

LYNCHBURG-CLAY LSD (IRN 047639) RELEASE OF CONFIDENTIAL RECORDS

Student's Legal Name _____ Grade _____

Birthdate _____ Date of Enrollment _____ Start Date _____

Complete name, address, phone and fax number of school and district of which student last attended:

Building _____ Phone _____

_____ Fax _____

District _____ Ohio District IRN _____

My child has a/an: (circle all that apply) IEP WEP Attendance Intervention Plan

Parent/Guardian signature _____ Date _____

****Please release all appropriate information listed below to the school checked below.****

- Academic records, grade cards and transcripts, RIMP, Standardized test scores, SSID #
- Discipline records, Attendance records, Health records, Any emergency health care plans
- Any additional pertinent information including additional medical information
- Written Education Plan (WEP-Gifted); Attendance Intervention Plan

Lynchburg-Clay Elementary
6760 SR 134, Lynchburg, OH 45142
(937) 364-9119 Fax (937) 364-8119

Lynchburg-Clay Middle School
8250 SR 134, Lynchburg, OH 45142
(937) 364-2811 Fax (937) 364-2159

Lynchburg-Clay High School – *email preferred*
Email: whitney.lewis@lclsd.org
6762 SR 134, Lynchburg, OH 45142
(937) 364-2250 Fax (937) 364-6133

*****PLEASE SEND SPECIAL ED RECORDS TO THE FOLLOWING:**

Special Education Records to Special Services Department
Attn: Chris Hawk, Case Mgr.
chris.hawk@lclsd.org
6760 SR 134, Lynchburg, OH 45142
(937)364-9119 Fax (937)364-8119

- Individual Education Plan (IEP)
- Psychological Testing Results
- Evaluation Team Report (ETR)
- 504 Plan

Any Questions – Contact Sara McLaughlin, EMIS Coordinator/ Registrar
(937) 364-9119 Fax (937) 364-8119
saraj.mclaughlin@lclsd.org

Special Notes

Parental permission is no longer required when records are requested by authorized school personnel.
(Family Educational Rights and Privacy Act Volume 41, No. 11B, Page 24673)

OFFICE USE ONLY	
Date faxed, mailed or scanned to previous school _____	School official _____



Lynchburg-Clay Local School District
 Registration Form – School year _____
 Grade entering _____

Student's Full Legal Name: _____ Teacher _____

 (First) (Middle) (Last)

Birthplace City: _____ Gender: M / F (circle one) Native Language: _____

Student's Social Security #: _____ - _____ - _____ Student's date of birth: ____/____/____ Age ____

Street address: _____ PO Box #: _____ Apt #: _____ Lot #: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone number: (____)-____-____ Parent's email: _____

Citizen Status of Student (check one): _____ U.S. Citizen _____ Foreign Exchange Student _____ Non-citizen/Immigrant*
 *Immigrant students are those who: 1. Are age 3-21 2. Were not born in the United States
 3. Have not attended one or more schools in any one or more states for more than 3 academic yrs.

Student Status: (check one) _____ Resident of the school district _____ Open Enrollment

Student Lives With: (check all that apply)

____ Two parents (natural or step) _____ Living with Legal Guardian _____ Living with Foster Parents
 ____ Living with Mother and Father _____ Living with Mother _____ Living with Father
 ____ Living with Father and Stepparent _____ Living with Mother and Stepparent

Living conditions: (check one) ____ Single family ____ Doubled-up ____ Hotel/Motel ____ Shelter ____ Unsheltered

Parent Information:

Name of parent(s) or guardian: _____

Mother's maiden name: _____

Status of **Biological** Parents: (Check one) _____ Married _____ Widowed _____ Single/Never Married
 _____ Separated _____ Divorced

If divorced, who has legal custody? _____ Mother or _____ Father or _____ Shared Parenting Custody papers? Y / N

Are you the natural / adoptive / guardian parents of the child? (Circle one)

Was the child court placed in your home? Yes / No If yes, court papers provided? Yes / No

Name/address of parent NOT living with the child(ren) _____

HAS YOUR CHILD ATTENDED ANY BUILDING AT LYNCHBURG-CLAY BEFORE? Yes / No

If yes, what building? _____

What school are you coming from now? _____

Is there anything important you need to share, with the school officials, about your student? _____

Student Name: _____ Grade _____ Teacher _____



Please complete if the student has other siblings in the Lynchburg-Clay school district:

Name: _____ Grade _____ Name: _____ Grade _____
Name: _____ Grade _____ Name: _____ Grade _____
Name: _____ Grade _____ Name: _____ Grade _____

Please complete military service question: (The Ohio Department of Education is requiring all school districts to collect the following information. For more information about this, please go to the Ohio Department of Education website: education.ohio.gov and search "military".)

Is one or more parent currently serving in a branch of the military? Yes No

Status: Active Duty National Guard Reserves

Branch: Air Force Army Marines Navy Coast Guard

***Federal guidelines require that school districts identify and serve students who are limited English proficient and need English instructional services. Parents of all students must fill out this form. This form must be kept in the student's file.

What was the first language your child spoke? English Other Other language: _____

What language does your child most frequently use at home? English Other Other language: _____

What language is most often spoken by the adults in your home? English Other Other language: _____

Can an adult family member or extended family member speak English? Yes No

Can they read English? Yes No

If "no," is there a neighbor, friend, or relative who can help translate letters sent home? Yes No

Name of interpreter: _____ Phone number: _____

IF ANSWERS TO THE ABOVE ARE ALL ENGLISH, **STOP** HERE AND SIGN THE FORM.

If English is not your primary language, has your child studied English? Yes / No

If yes, for how long? _____ Years or _____ Months

How long has your child lived in the United States? _____

Has your child attended any other school in the United States? Yes / No

If yes, what is the name and location of the school? _____

Please give the date your child was enrolled in school in the United States. _____

Parent/Guardian

Signature _____ Date _____

Student Name: _____

Grade: _____

Lynchburg-Clay Elementary Preschool Race/Ethnicity Form

The U.S. Department of Education (Federal Register/Vol. 72, No. 202, October, 2007) requires Educational Institutions to allow parents to "self-identify" or "re-identify" the race and ethnicity of their student.

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

1. Is the student from Hispanic/Latino heritage? (Note: Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

Yes No

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

Race	Race Definitions
<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: _____

Ohio Department of Health • School and Adolescent Health

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"/> Seizure disorder			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia			
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions			
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems			
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury			
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)			
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<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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PERMANENT CHANGE TO STUDENT'S RECORD

<input type="radio"/> NEW STUDENT
<input type="radio"/> CURRENT STUDENT

BUILDING _____ COMPLETED BY: _____

TODAY'S DATE _____ EFFECTIVE DATE OF CHANGE _____

STUDENT'S NAME _____ D.O.B _____ GRADE _____

STUDENT'S NAME _____ D.O.B _____ GRADE _____

STUDENT'S NAME _____ D.O.B _____ GRADE _____

STUDENT'S NAME _____ D.O.B _____ GRADE _____

PARENTS/GUARDIAN'S NAME _____

★ OLD ADDRESS _____
(STREET ADDRESS/P.O.BOX)

(CITY, STATE, ZIP CODE)

OLD PHONE # _____

★ NEW ADDRESS _____
(STREET ADDRESS/P.O.BOX)

(CITY, STATE, ZIP CODE)

NEW PHONE # _____ ALT. PHONE # _____

WILL YOUR CHILD RIDE A BUS TO SCHOOL?

- YES
- NO

WILL YOUR CHILD RIDE A BUS FROM SCHOOL?

- YES
- NO

(AM) PICKUP ADDRESS

(NAME OF ADULT AT RESIDENCE)

(STREET ADDRESS)

(CITY, STATE, ZIP CODE)

(PHONE #)

(PM) DROP OFF ADDRESS

(NAME OF ADULT AT RESIDENCE)

(STREET ADDRESS)

(CITY, STATE, ZIP CODE)

(PHONE #)

DO NOT WRITE IN THIS BOX. OFFICE USE ONLY.

NEW BUS# (AM BUS) _____ (PM BUS) _____

AM PICKUP TIME _____ PM DROP OFF TIME _____

STOP # (IF DIFFERENT FROM ADDRESS) (AM STOP) _____ (PM STOP) _____