

Madison Plains Local Schools

55 Linson Road
London, OH 43140
(740) 852-0290

**Registration / Emergency Medical Form
2017-2018 School Year**

Documents required to enroll student:

1. Certified Copy of birth certificate (with raised seal)
 2. Immunization record
 3. Proof of residency
 4. Current Custody Papers (if applicable)*
- Current students must have these documents on file in school office.*

Office Use Only: School: _____
Entry Date: _____ Homeroom: _____ Locker: _____

To be completed *in full* by the parent or legal guardian (or the student if age 18 or older).

Student's Legal Name: _____
As listed on Birth Cert. Last First Middle Suffix (I, II, Jr, etc)

Called/Preferred Name: _____ **Gender:** Male Female **Grade:** _____ **Date of Birth:** ___/___/___

Place of Birth: _____ **County of Residence:** _____
(City, State & Country as listed on Birth Certificate)

Address: _____ **Home Phone:** (____) _____ (Listed / Unlisted)
Cell Phone: (____) _____

Daytime e-mail address: _____ **Alt. e-mail address:** _____

Is child a resident of Madison Plains? ___ Yes ___ No - If no, is student applying for open enrollment? ___ Yes ___ No

Race and Ethnicity*: Is the student of Hispanic/Latino origin, regardless of race? ___ Yes ___ No
Please designate the Race from which the child originates: If Multiracial, please select all that apply:
___ White ___ Black or African American ___ Asian ___ American Indian or Alaskan Native
___ Native Hawaiian or Other Pacific Islander **Note: If ethnicity is not specified by one or more of these options, student will be identified through observation by the district and communicated to the parent/ guardian prior to designation.*

Citizenship: ___ US Citizen ___ Non-US Citizen/Immigrant* ___ Foreign Exchange Student
**Note: Immigrant Students are those who are ages 3-21, were not born in the U.S. and have not attended a school within the U.S. for more than 3 academic years.*

Migrant: ___ Yes ___ No **Native Language:** _____ **Home Language:** _____

AUTOMATED MESSAGING INFORMATION – Madison Plains uses the automated system One Call Now for pertinent building/district information, attendance, delays, unscheduled early release or closing. (Individual phone calls home cannot be included as an option, due to the number of students in buildings)

Please list the telephone number that you wish to receive automated messaging announcements on:

Phone #1 _____ - _____ - _____ Additional # _____ - _____ - _____ (optional)

Custody/Residential Status: Status of biological parents: ___ Married ___ Divorced* ___ Separated* ___ Widowed ___ Never Married
If divorced, who has legal custody? ___ Mother* ___ Father* ___ Shared* - If shared, who is the residential: _____
Has child been adopted? ___ Yes* ___ No

**All custody paperwork must be on file with school. Residential parent is required to notify building of any changes in custody.*

If student is in the legal custody of someone other than natural or adoptive parents please complete the following:

Address of natural parent/guardian at the time of the custody transfer: _____

Date of Custody Transfer: _____ School District of Residence at time of custody: _____

Name of person or agency with custody: _____ Person/Agency Phone Number: _____

Address of person or agency with custody: _____

School Information:

Name of Last School attended: _____ Phone Number: _____

Name of Last School District: _____ Location of Last School: _____

Has child previously enrolled in Madison-Plains Local Schools? ___ Yes ___ No *(City, State & Country)*

If yes, what year did he/she withdraw? _____ What school did he/she attend? _____

Has child been enrolled in any other Ohio School District? ___ Yes ___ No If yes, last Ohio District attended: _____

Is child currently expelled or suspended from previous school district? ___ Yes ___ No

Year child first enrolled in a U.S. school: _____ Year child first enrolled in an Ohio school: _____

For Kindergarten Students Only: Did child attend a Preschool or Head Start Program? ___ Yes ___ No

If yes, what was the name and location of program? _____

Special Services: Is the student receiving any of the following?

___ Resource Room ___ Physical Therapy ___ Remedial Reading ___ Remedial Math ___ Speech Therapy ___ Other: _____

___ Occupational Therapy ___ Gifted/Talented Program ___ *IEP/*ETR/*504 Plan **Please provide a copy of documentation*

Names and Birthdates of Siblings attending Madison Plains:

_____/_____/_____
_____/_____/_____
_____/_____/_____

PARENT / GUARDIAN SIGNATURE AND MEDICAL RELEASE

Bus #: _____

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

School Building Attending: Elementary Intermediate Jr High High School Other: _____

Is your child permitted to participate in school field trips and other school related activities? Yes No

Permission to ride to/from school: My son/daughter has my permission to ride to and from school with other Madison Plains Students: Parent/Guardian Signature: _____

Custodial Parent(s) with whom the student resides:

Both Parents Shared Parenting Mother only Father only Guardian /Foster Care Grandparent
 Agency Independent Other: _____

Is this student permitted to be picked-up by Non-Residential Parent? Yes / No
 Should the Non-Residential Parent be contacted in case of emergency? Yes / No

Name of Parent / Guardian with whom the student resides:	Relationship to child:	Work Phone:	Cell Phone or Alternate #:

Name of Parent - (non-residential parent with visitation or other parental rights)	Relationship to child:	Work Phone:	Cell Phone or Alternate #:

It is **IMPERATIVE** that you list two family members or friends able to assume temporary care of your child in case you are unavailable:

Name	Relationship	Home Phone	Cell Phone	Work Phone

Physician's Name: _____ Phone: _____
 Preferred Hospital: _____ Phone: _____
 Dentist's Name: _____ Phone: _____

List all medications this child is taking (prescription and over-the-counter) and the reason for taking them.

List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that school staff or emergency personnel need to be aware of, attach documentation if necessary.

All information is complete and correct. I am the child's custodial parent or legal guardian or I am the student age 18 or older. I grant permission to my child's school, in an emergency when I (or my physician/dentist) cannot be contacted, to take my child to the emergency room of Madison County Hospital. The hospital and its emergency staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Parent/Guardian Name(s) PRINT: _____
 Parent/Guardian Signature: _____ Date: _____

PARENT REFUSAL TO CONSENT FOR MEDICAL TREATMENT

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

Parent/Guardian Name-please print: _____
 Parent/Guardian Signature _____ Date _____
 Address: _____

Ohio Department of Health • School and Adolescent Health

Health History

Grade _____

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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**Madison-Plains
Student Transportation Form
2017-2018**

Student Name: <small>*only one student per form please*</small>	Grade:
HOME Address:	
City:	Zip:
<u>Please list parent/guardian contact information:</u>	
Name:	Phone #:
Name:	Phone #:

Please complete the appropriate spaces below for the transportation needs of your child for the 2017-18 school year.

Please note: If your child will ride the bus to or from an address *other than home*, alternate addresses must be within the district. Routes will not be extended to accommodate alternate addresses.

**** Transportation must remain the same from one week to the next. ****

AM Transportation needed: YES or NO
Address student is to be picked up in AM :
PM Transportation needed: YES or NO
Address student is to be dropped off in PM :

EFFECTIVE DATE REQUESTED: _____

Please allow up to **3 days** for transportation to be set up.

A note or phone call is required in order to change transportation arrangements for any student.
Temporary changes will be considered for emergency situations only. All changes by phone need to be made by no later than 12:00pm.

Parent/Guardian Signature _____ Date _____

Checklist BEFORE transportation is approved: <i>(OFFICE PURPOSES)</i>	
Transportation form complete, signed & dated	
Emergency form for bus	
Driver notified	
School notified of bus number/times	
Entered into Routing	



Madison - Plains Local Schools
Parental Release of Records Authorization Form

Student Information:

Name: _____
Last First Middle

Date of Birth: _____ Grade: _____

Previous School Information:

School Last Attended: _____ School District: _____

Address: _____

City, State & Zip: _____

County: _____ Telephone Number: _____

* Did student receive Special Education Services or on a 504 Plan? Yes No

PARENTAL RELEASE:

I am the parent/legal guardian of the above named student. You are authorized to release the records listed below to:

Madison-Plains Central Office

55 Linson Road

London, OH 43140

Telephone: 740-490-0679

Fax: 740-852-5895

Please include the following records:

- | | | |
|--|--|------------------------------|
| *Attendance Record | *Birth Certificate | *SSID Number |
| *Subjects Taken/Academic Reports | *Health and Immunization Records | *Vision and Hearing Records |
| *Grades and Credit Received | *Psychological Records (if applicable) | *Gifted Records |
| *State Testing Results | *Special Education Records (IEP/MFE) | *Custody/Court Documentation |
| *Third Grade Reading Guarantee assessment results for Elementary students. | | |

Parent/Legal Guardian Signature: _____

School Use Only

Admit To IRN: Madison-Plains LSD - #048272 Attending: MPES MPIS MPJH MPHS

Madison-Plains Start Date: _____ Received from District IRN: _____



Emergency Dismissal Plan

Dear Parent,

In the event school is dismissed before the end of a regular school day due to an emergency such as inclement weather, we suggest that you instruct your child as to where he/she is to go. **If a dismissal would occur, our school personnel would not be able to notify parents individually.** It is very important to have an alternate plan as we would not be able to hold children in the building if school is closed. Our One Call system would be activated should this occur.

Open Enrollment students are responsible for their own transportation if they are out of the district and are not on the London stop.

Planning ahead will ensure your child's confidence should an emergency dismissal occur.

Student Name: _____

Address: _____

Home Phone: _____

AM Bus Number/Driver: _____ Non-bus rider _____ (please check if applies)

Please Note: Students that ride the bus will be released to follow their AM bus routes and will be returned to their AM pick up location.

Please check one of the following:

_____ My child is to go directly home to the above address

Or

_____ Please send my child to the address below: ADDRESS MUST BE WITHIN MADISON-PLAINS DISTRICT)

Name: _____

Address: _____

Phone: _____

Please briefly describe the plan that you and your child have created:

Parent/Guardian Signature

Date

**Madison Plains Local Schools
Statement of Custody**

Student Data:

Student Name: _____

Brothers/Sisters:

Date of Birth:

Parent Data: Student lives with (check one)

____ Mother and Father
*(If Mother and Father selected,
you are finished with this form.
Please sign and return.)*

____ Mother Only
____ Mother & Stepfather
____ Ward of Court
____ Grandparent

____ Father Only
____ Father & Stepmother
____ Legal Guardian

I state that I have ____ full or ____ shared custody rights of said Child(ren) for the following reason:

____ I have written proof of custody and a copy is attached. (Must provide copy)

____ I have no written proof of custody for the following reasons:

- ____ I was never married to the Father/Mother of my child(ren). We are separated, but not divorced.
No custody order exists.
____ The Father/Mother of my child(ren) is deceased.
____ Other: Please Specify _____

To the best of my knowledge, all of the above information is true. I certify that the student name(s) listed on the form is his/her legal name and I/we have legal custody or are in the process of obtaining legal custody/guardianship. I will notify the school of any changes which will affect this application.

Signature: _____

Date: _____

**Madison Plains Local Schools
Home Language Survey**

Date: _____ School: High School(9-12) Junior High(7-8) Intermediate(4-6) Elementary(PK-3)
(Circle One)

Student Name: _____
Last Name First Name Middle Initial

Date of Birth: ____ / ____ / ____ Place of Birth: _____
Month Day Year City State Country

Name of Parent/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

For Parents/Guardians:

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently to your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native language in EMIS Student Data Element GI270, indicate the student's home language in EMIS Student Data Element GI570, and proceed to assess the student's English language proficiency.

English Language Assessment

	Communication Skill	Proficiency Level
Listening:	____ Beginning ____ Intermediate	____ Advanced ____ Proficient
Speaking:	____ Beginning ____ Intermediate	____ Advanced ____ Proficient
Reading:	____ Beginning ____ Intermediate	____ Advanced ____ Proficient
Writing:	____ Beginning ____ Intermediate	____ Advanced ____ Proficient

Assessment instrument(s) used: _____

Student is LEP? ____ Yes ____ No *Indicate the student's LEP status in EMIS Student Data Element FD170.

If student has been in U.S. schools for less than three years, is the student eligible for a temporary one-year exemption from the proficiency tests?
Citizenship: Yes ____ No ____ Science: Yes ____ No ____ Math: Yes ____ No ____ Reading: Yes ____ No ____ Writing: Yes ____ No ____



Madison - Plains Local Schools
Photograph/Internet Parental Release

Madison-Plains Local School District has permission to photograph and use the image of my child on the district's website or news release.

Yes No

My child has permission to use the internet and will abide by the policy set forth in the student handbook.

Yes No

Student's Name: _____
Last *First* *Middle*

Grade: _____ **Teacher:** _____

Parent Signature _____ Date _____

Please sign and return to your child's school. If you have any questions, please contact the school.