

Tri-County North Local Schools



NEW K-8 STUDENT ENROLLMENT CHECKLIST

Student's Name: _____ Grade: _____

- Enrollment Form
- Health History Form
- Records Release Form
- Copy of Certified Birth Certificate
- Copy of Immunization Records
- Copy of Custody papers (if applicable)
- Three Proofs of Residency (utility bill, charge card statement, bank statement, rent receipt, house deed, drivers license, paycheck stub, etc.)
- Copy of last report card
- Copy of IEP/ETR if Special Education
- Foster Child? Yes No

Once collected, send down to appropriate building secretary for processing.
High School students: meet with Guidance Counselor to schedule classes.

ID #(office use) _____

**TRI-COUNTY NORTH LOCAL SCHOOLS
ENROLLMENT AND REGISTRATION INFORMATION**

Revised: Oct. 2017

Registration Date _____ Grade _____ Date of Birth _____ (Sex) M ___ F ___ SSN _____

Student Name (Last) _____ (First) _____ (Middle) _____

Address (street/road) _____ PO BOX _____ Home Telephone _____

City _____ County _____ State _____ Zip _____

Place of Birth (City) _____ (County) _____ (State) _____

Ethnic Origin of Student: Hispanic/Latino Non-Hispanic If Student is Non-Hispanic, please check one or more of the following:

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White
(please note: failure to complete this section will result in a district determination of ethnicity)

Has student ever attended an Ohio public school? Yes No If yes, list district and city: _____

Was this the last school the student attended? Yes No

If no, list the name & address of last school: _____

Has child repeated any grade? _____ Yes _____ No If yes, please circle each grade child has repeated: KG, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

Is child on an IEP or receiving any special education services? Yes No If so, for what disability or impairment? _____

Was your child in a gifted program at your previous school? Yes No

Parental Military Status: None Active Duty Branch: _____

Family Information

Father _____ Mother (include maiden name) _____

Address _____ Address _____

Home Phone _____ Cell _____ Home Phone _____ Cell _____

Place of Employment _____ Place of Employment _____

Work Phone (if you can be contacted) _____ Work Phone (if you can be contacted) _____

MARITAL STATUS: () Married () Separated () Divorced () Single Parent

If you are divorced or separated, "proof of custody" is required at the time of enrollment. A certified copy of the custody award in your divorce or separation papers must be presented to and photocopied by the admitting secretary. In case of pending custody, a certified copy of the filed paperwork indicating the date of hearing is required and a custody affidavit must be completed.

In case of EMERGENCY should the non-custodial parent be called? Yes No

If yes: (name) _____ (contact number) _____

IN CASE OF EMERGENCY (after effort has been made to contact parent) WHO SHOULD WE CONTACT:

1. (name) _____ (relationship to child) _____ (telephone) _____

2. (name) _____ (relationship to child) _____ (telephone) _____

Names and age/grade of other children living in your home:

1.(name) _____ age/grade _____ 2.(name) _____ age/grade _____

3.(name) _____ age/grade _____ 4.(name) _____ age/grade _____

The above information is true to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

This institution is an equal opportunity provider.

STUDENT HEALTH HISTORY FORM

To be completed by the parent or guardian

Name: _____ Sex: M or F Date of Birth: _____

Child's Address: _____

PERINATAL HISTORY

Did mother have any unusual physical or emotional illness during this pregnancy? Yes No

If yes, please explain briefly: _____

How old was mother when this child was born? _____

Was this infant born: _____ full term _____ early _____ late

What was this infant's birth weight? _____ lbs _____ ozs

Did the infant have any sickness or problems while in the nursery? Yes No

If yes, please explain briefly: _____

DEVELOPMENTAL HISTORY

Please give the approximate age at which this child: _____ Walked alone _____ Spoke in sentences
_____ Was toilet trained _____ Dressed self

How does this child's development compare to their siblings/playmates? _____ About the same
_____ Slower
_____ Faster

HEALTH CONDITIONS (check all that apply)

- | | | |
|---|--|--|
| _____ Abnormal spinal curvature
(<i>scoliosis, etc.</i>) | _____ Concern about relations
with siblings/friends | _____ Frequent sore throat
infections |
| _____ Heart disease
(<i>Type: _____</i>) | _____ Cystic Fibrosis | _____ Rheumatic Fever |
| _____ Allergies or hay fever | _____ Anemia | _____ Hepatitis |
| _____ Seizures or Epilepsy | _____ Eczema | _____ Diabetes |
| _____ Kidney Disease
(<i>Type: _____</i>) | _____ Bedwetting at night | _____ Sickle cell disease |
| _____ Asthma or wheezing | _____ Substance abuse
(<i>alcohol, drugs</i>) | _____ Emotional |
| _____ Measles
(<i>old fashioned/10-day</i>) | _____ Stool soiling | _____ Behavior problems |
| _____ Meningitis or Encephalitis | _____ Ear problems/poor hearing | _____ Mumps |
| _____ Birth or congenital
malformation | _____ Near drowning or near
suffocation | _____ Attempted suicide |

(OVER)

HEALTH CONDITIONS CONTINUED

_____ Urinary tract infection _____ Eye problems/poor vision _____ Frequent headaches
_____ Toothaches/Dental infections _____ Chicken pox _____ Poisoning
_____ Frequent skin infections _____ Wetting during the day _____ Nervous twitches
_____ Chronic diarrhea or constipation _____ Cancer (Type: _____) or tics

ALLERGIES

Please list and describe allergies or reactions to:

Medicine/Drugs: _____
Foods/Plants/Animals/Other: _____
Recommended Treatment if allergy is severe: _____

INJURIES AND ILLNESSES

Please list any severe injuries/illnesses:

_____ Age: _____
Age: _____
Age: _____

ADDITIONAL INFORMATION

What medications are given daily? _____

What medications are given frequently, but not daily? _____

This child is usually: _____ Very Active _____ Normally Active _____ Rather Inactive

Do you have any concerns about how your child gets along with other children? If yes, please explain:

Do you have other comments/concerns about this child's health, development, behavior, family or home life that you would like the school to be aware of? If yes, please explain:

Signature: _____ Relationship To Child: _____

Tri-County North Local School District

District IRN # 091397

TRANSFER OF STUDENT DATA Permission to Release School Records

Student: _____ DOB: _____ Grade: _____

I hereby grant permission for:
to release all data for the
above named student

Former School or Institution District IRN #

Address

City State Zip Code

School Phone # School Fax #

Please **EMAIL** records to:

K-4 Elementary School

Karen Wombold
karen.wombold@tcnschools.org
570 Panther Way
Lewisburg, Ohio 45338
Phone: 937-962-2673, ext. 200

5-8 Middle School

Karen Steck
karen.steck@tcnschools.org
530 Panther Way
Lewisburg, OH 45338
Phone: 937-962-2631, ext. 208

9-12 High School

Michelle Isaacs
michelle.isaacs@tcnschools.org
500 Panther Way
Lewisburg, OH 45338
Phone: 937-962-2675, ext. 216

Please send the following information to the above marked building:	Please send the following information to our Special Education Director ~ Jeremy Mills jeremy.mills@tcnschools.org or email to the Middle School address above
<input checked="" type="checkbox"/> Grade Transcripts <input checked="" type="checkbox"/> Attendance Records <input checked="" type="checkbox"/> Standardized Testing Scores <input type="checkbox"/> Immunization & Health Records <input type="checkbox"/> Certified Birth Certificate <input type="checkbox"/> Custody Papers (if applicable) <input checked="" type="checkbox"/> Student's SSID # _____	<input type="checkbox"/> ETR / Psychological <input type="checkbox"/> IEP <input type="checkbox"/> Progress Reports <input type="checkbox"/> 504 Plan <input type="checkbox"/> Reading Intervention & Monitoring Plan <input checked="" type="checkbox"/> Data Collected (AIMSweb, DIBELS, DRA, any Response to Intervention data and/or plans, etc.)

Parent or Guardian Signature

Relationship to Child

Date

THIS FORM MUST BE FILED IN STUDENT'S CUMMULATIVE FOLDER

FOR OFFICE USE ONLY:

Date sent: _____ Sender's Signature: _____

Date Information Returned: _____ Checked in by: _____

TRI-COUNTY NORTH LOCAL SCHOOL DISTRICT

INSTRUCTIONS

In order to establish your residency in the Tri-County North School District for purposes of enrolling your child (children) in school, we ask that you provide the following information:

1. Complete the attached Affidavit of Current Residency and swear (or affirm) its truthfulness.
2. Complete the attached Affidavit Regarding Prior Residence (Homeowner or Tenant).
3. If you rent or lease your current residence, have the property owner complete the attached Affidavit of Current Landlord (must be notarized) and return it to this office.
4. Submit a **minimum of THREE items** showing parent's name and current address in the Tri-County North School District:
 - a. Copy of voter registration records
 - b. Copy of motor vehicle registration(s)
 - c. Copy of change-of-address request submitted to the Post Office
 - d. Copy of Ohio driver's license
 - e. Copy of federal, Ohio or local income tax return
 - f. Copy of invoice for moving expenses
 - g. Copy of utility bill (electric, gas, phone, cell phone, cable, sewer, water and trash, etc.)
 - h. Closing statement on house
 - i. Copy of rent receipt with the landlord's phone number
 - j. Paycheck stub
 - k. Insurance forms (health or auto)
 - l. Bank statement (checking or savings)
 - m. Real estate tax statement

Submitting the above information **does not** guarantee that your child (children) will be enrolled. Once the above information has been submitted, it must be carefully reviewed to determine whether you meet the requirements for residency under Ohio Law. The local Superintendent will make the final decision whether or not the provided documentation for residency is acceptable. Additional documentation may be requested.

If it is determined that you do not meet the requirements for residency, you may appeal to the State Superintendent of Public Instruction. The contact information for the State Superintendent is as follows:

Superintendent of Public Instruction
Ohio Department of Education
25 South Front Street
Columbus, OH 43215-4183
(614) 466-7578

TRI-COUNTY NORTH LOCAL SCHOOL DISTRICT

WARNING

The current yearly tuition rate for the Tri-County North Local School District is:

\$6,822.78 (in-state)

The making of a false statement on this form for the purpose of enrolling a child without tuition is a criminal offense as follows:

O.R.C. 2913.02 Theft by Deception

O.R.C. 2913.13 Falsification

and may be **punishable as a felony** according to the amount of tuition owed.

AFFIDAVIT OF CURRENT RESIDENCY*

1. My name is: _____

2. My current home address is: _____
Street Address

City State Zip Code

3. My home phone number is: _____

Please mark the following statements as True or False:

True False

4. The above address is where I eat and sleep overnight a majority of the time.

5. The above address is where my child (children) eat and sleep overnight a majority of the time.

6. The above address is the center of our family activities and recreation time.

7. There is no other address where I sleep overnight on a regular basis.

8. There is no other address where my child (children) sleep overnight on a regular basis.

9. I do not own a house or condominium outside the Tri-County North School District.

10. I do not rent or lease a house, condominium or apartment outside of the Tri-County North School District.

11. I am not provided with living space outside the Tri-County North School District by a friend, relative or government agency.

TRI-COUNTY NORTH LOCAL SCHOOL DISTRICT

If you marked "False" on any of the above statements, please explain below:

I hereby swear or affirm that all of the above information is true to the best of my knowledge and belief.

Signature

Date

Witness

Date

***AFFIDAVIT MUST BE COMPLETED BY PARENT IN THE DISTRICT OFFICE.**

TRI-COUNTY NORTH LOCAL SCHOOL DISTRICT

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AFFIDAVIT REGARDING PRIOR RESIDENCE (HOMEOWNER OR TENANT)*

My last prior residence outside the Tri-County North School District was as follows:

Street Address

City

State

Zip Code

I was the Owner Tenant at this property.

My children and I no longer reside at the above address. We moved from the address listed above on or about: _____, 20____.

The information above is true to the best of my knowledge and belief.

Signature

Date

Witness

Date

***AFFIDAVIT MUST BE COMPLETED BY PARENT IN THE DISTRICT OFFICE.**

TRI-COUNTY NORTH LOCAL SCHOOL DISTRICT

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O.R.C. 2913.02 Theft by Deception

O.R.C. 2913.13 Falsification / Falsification in a Theft

and may be **punishable as a felony** according to the amount of tuition owed.

AFFIDAVIT OF CURRENT LANDLORD*

I am the owner of a residential property at the following address:

Street Address

City

State

Zip Code

The above property is currently rented / leased to: _____
Name of Tenant

This rental / lease commenced on _____, 20_____.

The following persons (adults and children) are living at the above address:

The information above is true to the best of my knowledge and belief.

Landlord's Signature

STATE OF OHIO)
): ss.
COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public, on the _____ day of _____, 20_____.

Notary Public

Date Commission Expires

***AFFIDAVIT MUST BE COMPLETED BY LANDLORD AND NOTARIZED.**

Tri-County North Local Schools

Request for Bus Transportation

A separate Request for Bus Transportation form must be completed for **each** child. Bus stops at multiple addresses within week's time will not be permitted unless court ordered for shared parenting. You may request one stop location for the AM pick up and one stop for the PM drop off.

If the bus driver believes that no one is home or if an older sibling is not with the child, the driver will transport the student back to Latchkey at the Elementary school located on Front Street Door #10. Parents will be charged the registration fee and hourly rate and parents are responsible for picking up their child by 6:00 P.M. If there is a pattern of this issue, the Superintendent and/or Children's Services will be notified.

Student Name _____ School Year _____
School Attends (Mark One) _____ High School _____ Middle School _____ Elementary
Home Address _____
Home Telephone _____ Grade _____ Teacher _____
Are there any medical issues that the bus driver needs to be aware of? _____ Yes _____ No
If yes, explain _____

PLEASE NOTE: You may have **ONE** address for the A.M. route and a different address for the P.M. route, but only **ONE** address will be accepted for each.

A.M. TRANSPORTATION

I am requesting that the above named child be picked up at the school bus stop closest to:

Address _____

Name of resident if different from parent/guardian _____

Telephone number if different from parent/guardian _____

P.M. TRANSPORTATION

I request that return transportation be provided to the closest school bus stop to:

Address _____

Name of resident if different from parent/guardian _____

Telephone number if different from parent/guardian _____

At the end of each school year, students' transportation needs are put back to their home address. Tri-County North Local Schools cannot assume that students will utilize the same daycare provider as in the previous school year. If your child will be utilizing a daycare/babysitter, then a Request for Bus Transportation form must be completed and turned into the district office prior to August 1st. If this form is not submitted prior to August 1, your child will be picked up and dropped off at your residence. These requests may be submitted via email to april.hobbs@tcnschools.org. Electronic requests must include the following: DATE, STUDENT NAME, REASON FOR REQUEST, NAME AND ADDRESS OF DAYCARE/BABYSITTER, WHETHER IT IS A REQUEST FOR AM, PM OR BOTH AM AND PM TRANSPORTATION, PHONE NUMBER OF PARENT/GUARDIAN, PHONE NUMBER OF DAYCARE/BABYSITTER, and the name of the requesting PARENT/GUARDIAN. The district cannot accept late requests. The transportation department will resume taking requests on September 1st.

NEW ONLINE PAYMENT SYSTEM AVAILABLE



mySchoolBucks® School Store is your new online payment portal; giving you a quick and easy way to pay for school-related purchases. You can now pay for School Fees, Athletic Participation Fees, Latchkey Fees and Cafeteria Prepayments or charges.

You may use your Visa, Master Card, Discover Card or debit card for a small fee.

mySchoolBucks® School Store provides...

- Safety. Eliminates the need for your child to take money to school.
- Convenience. Make payments when it is convenient for you, 24 hours a day, 7 days a week!
- Flexibility. Make payments using Visa, Master Card, Discover Card, or Debit Card.

Enrollment is easy!

1. Go to www.mySchoolBucks.com and register for a free account. A confirmation email will be sent to the address you provide; click on link included in the email to activate your account.
2. Activate your account and begin adding your students. You will need their school name and student ID number. (You may request this by calling Brenda Lawson at (937)962-2671 or by emailing brenda.lawson@tcnschools.com)

Security is a priority at mySchoolBucks®. Our system is secure; providing the highest level of protection for all of your information. All connections to mySchoolBucks® are encrypted with a 256-bit encryption.

If you have further questions, please visit www.mySchoolBucks.com and select the FAQ's link. If you need assistance with the enrollment process, please call mySchoolBucks® Customer Support at 1-855-832-5226.

We hope you enjoy the ease and convenience of mySchoolBucks® School Store!

Sincerely,



The mySchoolBucks® Team