

MONROEVILLE LOCAL SCHOOLS



Student Registration Packet

1. **No individual other than a parent or legal guardian may enroll a student.**
2. The following items are **REQUIRED** for each of your students **BEFORE** they will be enrolled at Monroeville Local Schools:
 - **Student Registration Form**
 - **Student Record Release Form**
 - **Birth Certificate**
 - **Immunization Record**
 - **Proof of Residency and Sworn Statement of Residency Form** (acceptable items for proof of residency include leases, deeds, utility bills, etc. Items must show your name and current address.)
 - **Custody Papers** (if applicable)
 - **Court Order** (if being court placed)
 - **Open Enrollment Application Form** (if applicable, this process needs to be complete prior to registration)
 - **E.T.R. and I.E.P.** (if applicable)
3. The following items are **REQUESTED** for each of your students **BEFORE** they are enrolled at Monroeville Local Schools:
 - Transcript, Grade Card, Withdrawal Grades
 - Address and Phone Number for last school attended
4. **Once all required items from above are obtained and completed, please call, Janet Gerber at 419-465-2531 ext. 1306, to set up a time to register your student. All registration information and forms must be presented by a parent or legal guardian in person.**
5. The school will make copies of any original documents and they will be returned to you at the time of registration. After the registration process you and your student will meet with the building Counselor or Secretary to provide them with any additional items needed such as a class schedule, locker, etc.

On behalf of the Monroeville Local School District, we would like to thank you in advance for your cooperation in the enrollment process, and to say welcome to your student(s).

MONROEVILLE LOCAL SCHOOLS

New Student Registration Form

Please complete ALL sections of this form.

Date: _____

Student's Legal Last Name		First	Middle	Suffix	Grade
Street Address (PO Box & Street if applicable)		City	Zip	Phone	
		County	Parent Email (Required)		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	City of Birth		Citizenship	
Ethnic Origin (Required per the Ohio Department of Education) Is student of Hispanic/Latino origin? <input type="checkbox"/> No <input type="checkbox"/> Yes Student is from one or more of the following races: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White			Is student a dependent of a member of the Armed Forces or National Guard? <input type="checkbox"/> Not applicable <input type="checkbox"/> Active Duty Force (Army, Navy, Air Force, Marine Corp or Coast Guard) <input type="checkbox"/> National Guard (Army National Guard, or Air National Guard) What relationship is the active military member to the student? <input type="checkbox"/> Mother <input type="checkbox"/> Father		
Primary Language Spoken at Home <input type="checkbox"/> English <input type="checkbox"/> Other: _____					
Has student previously attended Monroeville Schools? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, grade level at withdrawal: _____		Is student presently under expulsion or suspension? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Is student currently on an Individualized Education Plan (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes		Would student be attending through Open Enrollment? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Previous School Attended		Previous School Address			
Student resides with <input type="checkbox"/> Biological, Adoptive, or Host Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Foster Family <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____					
If student is <u>NOT</u> living with both parents, is there a temporary or permanent custody order or decree allocating parental rights and responsibilities? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, you must provide the school copies.					
Parent Information (Biological/Adoptive/Host) Mother's Last Name _____ First Name _____ Address (if different from above) _____ City/State/Zip _____ Father's Last Name _____ First Name _____ Address (if different from above) _____ City/State/Zip _____ Mother's Spouse's Name (if applicable) _____ Father's Spouse's Name (if applicable) _____					
Legal Guardian Information (Foster Parent, Legal Guardian, Grandparent, or Other if applicable) Last Name _____ First Name _____ Relationship _____ Last Name _____ First Name _____ Relationship _____ If the student is placed with a legal guardian, foster parent, or residing with a grandparent(s), legal documents which declare placement must be provided to the school yearly.					
Please list all siblings who attend Monroeville Schools (Please use back of form if more space is needed) Last Name _____ First Name _____ Current Grade _____ Last Name _____ First Name _____ Current Grade _____ Last Name _____ First Name _____ Current Grade _____ Last Name _____ First Name _____ Current Grade _____					
To the best of my knowledge, all of the above information is correct and may be filed with my child's school records.					
Signature of Parent or Legal Guardian		Relationship to Student		Date	

MONROEVILLE LOCAL SCHOOLS

Residential Identification Form

Dear Parent/Guardian/Student:

Per the **McKinney-Vento Act 42 U.S.C.11435**, this information is required for each child. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please check one option below regarding the child's current housing. Students protected under the Act are entitled immediate enrollment in school.

CHECK ONE ✓	PLEASE CHECK ONE OF THE OPTIONS BELOW
	Doubled-Up: Living with another family or person because of housing loss or economic hardship
	Shelter: Emergency or transitional shelter
	Hotel/Motel: Living in what is NOT an emergency or transitional shelter and involves payment
	Other Temporary Living Situation: Campground, car, park, public places, abandoned building, street, or any other inadequate living space.
	Permanent Housing: Living in a fixed, regular, and adequate housing situation.

Please check one option below:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Unaccompanied Youth: Youth who is not in the physical custody of a parent or guardian.

Parent/Guardian (Print Name)

Parent/Guardian Signature

Date

For additional information:

National Center for Homeless Education

Phone: 1-800-308-2145

Email: homeless@serve.org

Website: www.serve.org/nche

MONROEVILLE LOCAL SCHOOL DISTRICT
Authorization for Release of School Records

Student _____

Grade _____

Please release all official school records, including, but not limited to:

- Health records (birth certificate, immunizations, etc.)
- Social security number
- SSID (State student ID#)
- Custodial papers (if applicable)
- Academic (grades, standardized test results, etc.)
- Current grade averages up to the date of withdrawal
- Current IEP (if applicable)
- Most recent ETR (if applicable)
- Most recent psychological report (if applicable)
- Attendance
- Discipline record (if applicable)

OHIO SCHOOLS: PLEASE PROVIDE YOUR SCHOOL'S DISTRICT AND BUILDING IRNS WITH RECORDS

This student has:

Moved into District Open Enrolled into District Been Court Placed into District
 Attended Community School Been Home Schooled Attended Non-Public School

Monroeville Local School District IRN# 047712

I hereby agree that I will not transfer any information to another person, agency, institution, or otherwise use the same without WRITTEN CONSENT OF THE PARENT OF STUDENT, IF SAID STUDENT IS OVER 18 YEARS OF AGE.

MONROEVILLE SCHOOLS are requesting records from:

_____ School Name

_____ School Address

_____ School City/State/Zip

_____ School Phone

_____ School Fax

Please send records to:

Monroeville Elementary (K-6)
Attn: Elaine Fitzgerald
101 West St.
Monroeville, OH 44847
Phone: 419-465-2533, ext 1402
Fax: 419-465-3549
Email: efitzgerald@monroevilleschools.org

Monroeville High School (7-12)
Attn: Lisa Sparks
101 West St.
Monroeville, OH 44847
Phone: 419-465-2531, ext 1306
Fax: 419-465-4580
Email: lsparks@monroevilleschools.org

I hereby grant permission for transfer of the above school records.

Parent/Guardian Signature

Date

MONROEVILLE LOCAL SCHOOL DISTRICT
Sworn Statement of Residency

This form is to be completed during enrollment by the student's parent or legal guardian. You must submit a separate *Sworn Statement of Residency* and documented proof of residency for each child enrolled in the district. Monroeville Local Schools reserves the right to request a new form if non-residency is suspected.

Student's Name _____
First Middle Last

Date of Birth _____ Grade Level _____ Phone Number _____

Physical Street Address of Residence (please note that a post office box is not acceptable as a residence address)

Address _____
Street City State Zip

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the Monroeville Local School District immediately when residency has changed. I understand that a new *Sworn Statement of Residency* and new documented proof of residency must be submitted. **Failure to notify or falsification of any information of documents required for residency verification may result in; a) revocation of student enrollment; b) being held liable to reimburse the district tuition as determined by Monroeville Local School based on the current yearly tuition of \$6,409.35; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.**

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Relationship to Student

Documented Proof of Residency Requirements:

If you are a **current resident** of the Monroeville Local School District, you must provide:

1. Signed rental/lease agreement, signed real estate sales contract, or signed settlement statement/deed including the name and street address of the parent/guardian; **OR**
2. Utility bill for the current month including the name and street address of the parent/guardian; **OR**
3. Property tax statement including the name and street address of the parent/guardian (subject to verification of occupancy).

If you **share a home with a relative** that resides in the Monroeville School District, please provide:

1. Relative's proof of legal residence; **AND**
2. Documentation verifying proof of the parent/guardian residing at the address (examples: driver's license, checking account, credit card statement, voter registration, paycheck, etc)

A representative of the Monroeville Local School District may periodically visit the address given by the parent/guardian live fulltime. **A person who owns property in the district, but does not reside in the district, is not considered a resident.**

**MONROEVILLE LOCAL SCHOOL DISTRICT
PARENT/GUARDIAN NOTIFICATION OF TRANSPORTATION SERVICES**

In an effort to make our bus routes as efficient as possible we would like for you to notify us if your child **will** or **will not** be riding the bus. Please return the enclosed form to the Board of Education office with the appropriate option needed for transportation filled out. You may also e-mail Don Beck at dbeck@monroevilleschools.org with your intentions of using school transportation.



TRANSPORTATION SERVICES REQUIRED

Please fill out if your **child does require busing.**

Child Name _____ Gr. ____ bus AM & PM _____ bus AM ____ bus PM _____

Child Name _____ Gr. ____ bus AM & PM _____ bus AM ____ bus PM _____

Child Name _____ Gr. ____ bus AM & PM _____ bus AM ____ bus PM _____

The above listed child/ren **will** be riding the Monroeville Local School bus. It is my understanding that if at a later date our circumstances change, I am to notify you and the bus service of any changes.

Parent/Guardian Signature _____ Date _____

Parent Name Printed _____

Address _____ Phone _____



TRANSPORTATION SERVICES NOT REQUIRED

Please fill out if your child **does not require busing.**

Child Name _____ Gr. ____ no bus AM & PM _____ no bus AM ____ no bus PM _____

Child Name _____ Gr. ____ no bus AM & PM _____ no bus AM ____ no bus PM _____

Child Name _____ Gr. ____ no bus AM & PM _____ no bus AM ____ no bus PM _____

The above listed child/ren **will not** be riding the Monroeville Local School bus. It is my understanding that if at a later date our circumstances change I am to notify you and bus service to be re-activated into transportation.

Parent/Guardian Signature _____ Date _____

Parent Name Printed _____

Address _____ Phone _____