



OAK HILL UNION LOCAL SCHOOLS ENROLLMENT FORMS 2022-2023

GUARDIAN DECLARATION AND RESIDENCY DECLARATION

I. **GUARDIANSHIP:**

Ohio Revised Code 3313.64 states "A child shall be admitted to the schools of the school district in which his/her parents resides".

An agency or person other than his/her natural or adoptive parent could have legal custody of a child. The Probate Courts in Ohio is the court for assignment of legal custody to another person or agency other than the natural parents.

Complete one of the following statements which best describes your family:

1. **PARENTS NOT SEPARATED OR DIVORCED:**

We are the parents and have legal custody of _____
(Child's Name)

2. **PARENTS ARE SEPARATED OR ONE PARENT FAMILY:**

I am the parent or legal guardian and have not lost legal custody of _____
(Child's Name)

3. **PARENTS ARE DIVORCED:**

I am the custodial parent or legal guardian of _____. This custody was obtained in:
_____ Court _____ (county) _____ (state).

4. **FOSTER/GUARDIAN PARENT:**

I am the guardian of _____. This custody was the placement of Children
Services/Agency of _____ County of _____ State of _____.
(Placement/court document required)

I understand that Ohio law requires me to provide to the school any court document, past or future, which relates to custody of any child I enroll in school.

Parent/Guardian/Grandparent Signature: _____ Date: _____

II. COMPLETE THIS PART IF YOU LIVE IN THE OAK HILL UNION LOCAL SCHOOL DISTRICT.

I maintain a residence at _____ (address) and have been a bona fide resident of the Oak Hill Union Local School District since _____ (date).

Evidence: _____

The above address is within the boundaries of the Oak Hill Union Local School District. I understand that a student will not be enrolled in Oak Hill Union Local Schools unless his guardian resides within the school district.

Parent/Guardian Signature _____ Date: _____

III. COMPLETE THIS PART IF YOU DO NOT LIVE IN OAK HILL UNION LOCAL SCHOOL DISTRICT.

My child has been granted permission by the Superintendent to attend the Oak Hill Union Local Schools. My school district of residence is _____. Phone of releasing district: _____

I affirm that the above information is true to the best of my knowledge.

Parent/Guardian Signature _____ Date: _____

Phone No. _____ Fax No. _____

PARENTAL CONSENT FOR RECORD RELEASE

Name of previous school: _____

Address: _____

City, State, Zip: _____

I am the parent/legal guardian of: _____ Whose Age Is: _____

Date of Birth: _____ Grade Level: _____ ☐ Open Enrolled (If box is checked)

You are hereby authorized to release the following to:

Grades 6-12

Oak Hill Middle School/High School
Randall Layton, Principal
Whitney Crabtree, Principal
Attention: Admissions Office
Mrs. Karen Spees, Counselor
karen.spees@oakhill.k12.oh.us
robin.mcgoon@oakhill.k12.oh.us
5063 State Route 93
Oak Hill, Ohio 45656
Phone: (740) 682-7055
Fax: (740) 682-6075

Grades K-5

Oak Hill Elementary School
Rebekah Potter, Principal
Morganne Newsom, Assistant Principal
Attention: Admissions Office
Mrs. Elizabeth McCorkle, Counselor
elizabeth.mccorkle@oakhill.k12.oh.us
penny.parker@oakhill.k12.oh.us
401 Evans St.
Oak Hill, Ohio 45656
Phone: (740) 682-7096
Fax: (740) 682-7065

- ☐ Complete transcript of grades and present grades to date this school year.
- ☐ Copy of FS-Attendance Screen and Student Absence Intervention Page (Everything that pertains to a plan.)
- ☐ Special Education Records/IEP (when applicable)
- ☐ Health Records
- ☐ Court Notices/Custody Papers
- ☐ State required test results
- ☐ Discipline records
- ☐ Birth certificate
- ☐ Social security number (Optional)

Signature of Parent/Guardian

Date

Contact Phone Number(s)

Registration Date: _____

Admission Date: _____

Office Use Only

Date Faxed: _____

By: _____

Date Mailed/Emailed: _____

By: _____

Registration Date: _____

OAK HILL UNION LOCAL SCHOOLS STUDENT REGISTRATION FORM

Child's Name: _____ Present Grade Level: _____
(Last) (First) (Middle)

Address: _____ City: _____ County: _____ State: _____

Zip: _____ Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ ☐ Male ☐ Female

1. Is the student Hispanic or Latino? ☐ Yes ☐ No
2. What is the race? You must choose at least one.
☐ White ☐ Black/African American ☐ Multi-Racial ☐ Asian ☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
3. Oak Hill Union Local School District does not discriminate on its educational programs and activities.
4. Student Marital Status: ☐ Single ☐ Married ☐ Divorced
5. Please check which applies if parent or guardian is Military Status:
☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ National Guard ☐ Reserves
6. Has this student ever attended Oak Hill Schools? ☐ Yes ☐ No
7. Is this student enrolled in any special educational/tutorial programs? ☐ Yes ☐ No
If yes, please explain on back.
8. Last School Attended: _____ Grade _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
9. Was student on suspension or facing disciplinary action at the last school? ☐ Yes ☐ No
If yes, please explain on back.

LIST OTHER CHILDREN IN FAMILY.

Name	Birth Date	School	Grade

PARENT SECTION

Are you a ☐ Parent ☐ Guardian ☐ Grandparent ☐ Foster Parent?

☐ Parents Separated ☐ Parents Divorced ☐ Father Deceased ☐ Mother Deceased

Father's Name: _____ Address: _____

Phone No.: _____ Cell No.: _____ Occupation: _____

Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Maiden Name: _____

Address: _____

Phone No.: _____ Cell No.: _____ Occupation: _____

Place of Employment: _____ Work Phone: _____

SCHOOL WILL COMPLETE THIS SECTION.

Bus Driver: _____ Bus No.: _____ Student SSID: _____

Grade: _____ Homeroom: _____ Re-Entry: ☐ Yes ☐ No If yes, enter District Student ID: _____

**OAK HILL UNION LOCAL SCHOOL DISTRICT
STUDENT EMERGENCY MEDICAL AUTHORIZATION FORM
OHIO REVISED CODE: 3313.712**

Name: _____ Grade: _____ Telephone: _____

Address: _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother's Name _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Other's Name: _____ Daytime Phone: _____

Name of Relative or Childcare Provider

Name _____ Daytime Phone: _____

PART I OR II MUST BE COMPLETED.

PART I – TO GRANT CONSENT

Doctor _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist _____ Phone: _____

Local Hospital _____ ER 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 preferred practitioner is not available, by another licensed physician or dentist, and 2) the transfer of the child to any hospital reasonable 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 prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment(s) to which a physician should be alerted:

Signature of Parent/Guardian: _____ Date: _____

Address: _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Parent/Guardian Signature: _____ Date: _____

Address: _____

AUTHORIZATION FOR SIGN OUT OF MY CHILD OAK HILL UNION LOCAL SCHOOL DISTRICT

If you wish to authorize other(s) to pick up your child from school at some time(s) during the school year, please complete the information below and return this form to the school.

Student's Name: _____ Grade: _____

School Attending: ☐ Oak Hill Elementary ☐ Oak Hill Middle/High School

PERMISSION FOR OTHER(S) TO SIGN OUT MY CHILD FROM SCHOOL

I give my consent for any of the following named persons to sign out the above-named child and to take the child from the school premises. This permission remains in effect for the rest of the school year unless later revoked in writing by me. I understand that no one other than the names listed below will be given this right unless the parent/guardian contacts the school.

Mother: _____ Phone: _____

Father: _____ Phone: _____

Name of Person Given Permission:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

I also understand that all natural parents also have this right unless the custodial parent denies this right and communicates this denial to the school. (Must provide school with court Custody Document in this event.)

Parent/Guardian Signature: _____ Date: _____

SPECIAL PLACEMENT INFORMATION

Please check any placement which would apply to your child at the former school.

- ☐ Regular class only (no special placements)
- ☐ Speech/Language Therapy
- ☐ Special Education Services (CD, DH, SLD, MH, OT, PT, OHI)
- ☐ ED-Emotionally Disabled
- ☐ Home Schooled
- ☐ Electronic Classroom
- ☐ Other _____

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

REQUEST TO SCHOOL DISTRICT:
PLEASE SEND ALL SPECIAL PLACEMENT INFORMATION PACKETS TO:
OAK HILL UNION LOCAL SCHOOL DISTRICT
ATTENTION: BETH SUSAN MICHAEL
SPECIAL EDUCATION DEPARTMENT
401 E. EVANS STREET
OAK HILL, OHIO 45656

Registrar Signature: _____ Date: _____

MUST BE COMPLETED BY PHYSICIAN

MEDICATION AT SCHOOL

TO: Parents/Guardians
FROM: Oak Hill Union Local Board of Education
RE: Medication at School

Revised Board of Education policy has been adopted for our school district regarding students receiving medicines at school (both prescription and non-prescription). A request statement is on the reverse side:

PLEASE UNDERSTAND THAT NO MEDICINES WILL BE DISPENSED BY SCHOOL PERSONNEL UNLESS ALL REQUIREMENTS ARE FOLLOWED COMPLETELY:

KEEP THE ATTACHED FORM TO TAKE WITH YOU FOR ALL DOCTOR'S VISITS IF YOU USE OR LOSE THIS FORM, REQUEST ANOTHER FORM FROM THE SCHOOL OFFICE TO KEEP FOR FUTURE NEED.

A. Non-Prescription Medicines

1. School personnel are not permitted to administer non-prescription medicines.

B. Prescription Medicines

1. Bring the medicine to school in the original pharmacy container.
YOU SHOULD ASK THE PHARMACIST FOR AN EXTRA CONTAINER WHEN THE PRESCRIPTION IS BEING FILLED.
2. Revised form (OHPM I will be personally brought to the school office for each period of request. (The reason for this is that if the information is incomplete, the parent should know before the student has missed any prescribed doses, that the school will not be administering the medicine).
3. All lines on OHPMI, A through I, must be completed.
4. Statement OHPM I must be signed and dated properly by both the prescribing doctor and the parent/guardian.
5. All Board of Education policy guideline must be followed.

If the required information is complete but on paper other than Revised OHPMI, the request will be approved.

OAK HILL UNION LOCAL SCHOOLS

PARENT REQUEST FOR ADMINISTRATION OF MEDICATION

Parents are being asked to assist schools in providing for the safety and health care of their children. If your child needs to have prescription medication, please do the following:

1. If at all possible, give the medicine at home or come to school to administer dose.

IF NOT POSSIBLE:

2. Please remember that school personnel are not permitted to administer non-prescription medicine.
3. For prescription drugs, the parent or guardian must bring to the school office this statement completed A through I, below or similar information signed and dated by the doctor prescribing the drug.
4. **BRING** the medication to the school office in the original prescription container. **YOU SHOULD REQUEST AN EXTRA CONTAINER FROM THE PHARMACIST WHEN THE PRESCRIPTION IS BEING FILLED.**
5. Notify school if any change in procedure.

School _____

Student's Name: _____ Date: _____

Parent or Guardian Name _____

Home Address _____ Home Phone: _____

Teacher _____ Room Number _____ Grade: _____

The following medication is to be taken by the above-named student:

Name of Medication: _____

Dose: _____ Time: _____

Special instructions for the administration of drug: _____

Special instructions for storage or sterile condition: _____

Adverse reaction that should be reported to physician: _____

Telephone number where doctor can be reached in emergency: _____

Physician's Signature: _____ Date: _____

Medication brought to school must be in a bottle properly labeled by a pharmacist and include the following information: child's name, name of medication, name of doctor prescribing dose, and time.

I understand and agree with the policy adopted by the board of education. No person who has been authorized by the board to administer a drug, after all the provisions of the policy have been followed, will be held liable in civil damages for administering or failing to administer the drug.

Parent/Guardian Signature _____ Date: _____

FOSTER STUDENT ENROLLMENT PROCEDURE

All students in foster care in the Oak Hill Union Local School District must be enrolled by a Case Worker of the Agency holding current legal custody from the child's county of residence. (i.e.) County Children's Services, County Juvenile Court, SAFY, Sojourner's, etc.)

Student's Name: _____

Biological Parents' Address: _____

County: _____ School District/Resident District Responsible for Tuition: _____

Date: _____ Case No.: _____ Case Worker: _____

Agency: _____ Phone: _____ Fax: _____

Signature of Agency Representative: _____

***NOTE:**

Agencies must provide necessary documentation as listed on the record release form at the time of enrollment. Complete Transcript of Grades. Also, present grades and attendance.

- ☐ Special Education Records/ETR-IEP (when applicable)
- ☐ Health Records
- ☐ Court Notices/Custody Papers
- ☐ State required test results
- ☐ Discipline Records
- ☐ Birth Certificate
- ☐ Social Security Number

Registrar Signature: _____ Date: _____



CONTACT INFORMATION

Dear Families,

We want to increase ways that we can communicate with you, especially if we are in a situation where students are learning remotely. We will continue to use our district text messaging and auto-calls. We would also like to be able to email you.

Please provide your email address and any updated phone numbers so we can stay in touch!

Sincerely,

Sandy Mers

Interim Superintendent

Student's Name: _____

Student's Grade: _____ Student ID (if known) _____

PARENTS/GUARDIANS

*Primary Phone: The primary phone is mostly used for text messages and auto-calls. If a landline is the primary number, you will receive auto-calls but not text messages.

Primary Phone: _____ Email: _____ Relationship: _____

Primary Phone: _____ Email: _____ Relationship: _____

Primary Phone: _____ Email: _____ Relationship: _____

STUDENTS

Students in middle and high school may share their cell phone number to receive school and district text messages.

Student Cell Phone: _____

If we have your cell phone on record but you have not been getting our text messages, please opt in by texting Y to 67587.

STUDENT “OPT OUT” FORM FOR 2022-2023 SCHOOL YEAR

This form should be filled out ANNUALLY and kept on file with the child’s school ONLY if parents choose an opt-out option.

Please complete a separate form for each child.

Student’s Name: _____ Grade: _____

School: _____ ID (if known): _____

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. Parents and eligible students have a right to opt out of the inclusion of information about the student as directory information, photo/image, and student work. If you wish to opt out, you must check the box(es) below and return this form no later than September 1 or ten days following the student’s enrollment in the District whichever is later. This selection is good for the remainder of the current school year.

Parent, please check all that apply:

☐ PLEASE **DO NOT** INCLUDE MY STUDENT’S INFORMATION IN DIRECTORY INFORMATION SUCH AS:

- Published Class Lists
- Yearbooks
- Newsletters
- Brochures
- Awards
- Articles

☐ PLEASE **DO NOT** PUBLISH MY STUDENT’S PHOTO/IMAGE AND STUDENT WORK.

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian’s Signature: _____

If no documentation is on file, it will be assumed that permission for release of directory information and/or images/ student work has been granted.