

STUDENT INFORMATION

Student Name (as it appears on birth certificate): _____

Student Date of Birth: _____ State of Birth: _____ City of Birth: _____

Check one: Grade 6 Grade 7 Grade 8

Proof of Age documentation provided (must be legible): Birth Certificate, Passport, Other _____

Student Preferred Name: _____ Student Gender: _____

Parent/Guardian First and Last Name: _____

Relationship to Student: _____

PARENT INFORMATION

Parent/Guardian First and Last Name: _____

Relationship to Student: _____

Parent/Guardian please provide a current, state issued, photo identification. If someone other than mother is listed here, please provide proof of custody paperwork (date and time stamped by the court)

Email Address: _____

Phone Number: _____ Work Number: _____

Parent/Guardian Address: _____

Parent/Guardian City: _____ Parent/Guardian State: _____ Parent/Guardian Zip Code: _____

County: _____

(Parent/Guardian will be responsible to provide the school with the proof of residency at time of enrollment, any time an enrolled student changes their residency or at the request of the school. Once student is enrolled a parent/guardian must provide the school with proof of residency annually).

Proof of Address provided: _____

*Deed, mortgage, lease, current home owners or renters insurance declaration page, current real property tax bill, utility bill, receipt of utility installation, bank statement, paycheck or pay stub issued to the parent, notification from Social Security and/or Jobs and Family Services, Notarized affirmation from parents of current resident address.
(must be current or dated within 30 days of enrollment)*

Is the student's address the same as the parent/guardian address above? Yes No

If not, list the student address below:

Mailing Address: _____

Mailing City: _____ Mailing State: _____ Mailing Zip Code: _____

ETHNICITY INFORMATIONIs your child Hispanic or Latino? Yes No
 What ethnicity is your child? American Indian or Alaskan Native Asian Black or African America
 Native Hawaiian or Other Pacific Islander White
STUDENT LANGUAGE SURVEY

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language the student first acquired? _____

How long has your son/daughter attended school in the United States? Years: _____ Months: _____

When did you first enroll your son/daughter in school in the United States? Year: _____ Grade: _____

MEDICAL INFORMATION

First Emergency Contact: _____ Phone Number : _____

Second Emergency Contact: _____ Phone Number : _____

Physician Name: _____ Phone Number: _____

Hospital Preference: _____

Medical Concerns: _____

Does your child take any medications frequently or daily: Yes No

If yes, what medications are taken daily? _____

Has your child been diagnosed with allergies by a doctor? Yes No

If yes, please list the allergies here: _____

FOOD ALLERGIESDoes the student have any food allergies? Yes No

If yes, please specify: _____

AUTHORIZATION TO RELEASE

Who has authorization to pick up the student from school? Please provide the full name of each individual:

***NOTE: Any person picking up students will be required to show state issued picture identification.

PREVIOUS SCHOOL

Please provide information regarding the most recent school(s) the student attended.

SCHOOL #1

School Name: _____

Start Date: _____ End Date: _____

Reason For Leaving: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

SCHOOL #2

School Name: _____

Start Date: _____ End Date: _____

Reason For Leaving: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

SCHOOL #3

School Name: _____

Start Date: _____ End Date: _____

Reason For Leaving: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

SPECIAL SERVICES IEP

In order to continue to provide appropriate services, does your child receive Special Education Services? Yes No

SPECIAL SERVICES 504

Will the student need 504 services at our school? Yes No

MCKINNEY-VENTO

Does the student lack a fixed, regular, or adequate nighttime residence? Yes No

Definitions:

- Fixed—stationary, permanent, and not subject to change
- Regular—used on a regular (i.e. nightly) basis
- Adequate—sufficient for meeting both the physical and psychological needs typically met in home environments.

The purpose of this form is to identify and support students who may be eligible to receive services under the McKinney-Vento Homeless Act 42 U.S.C. 11435. The eligibility information on this form is confidential and should be reviewed and re-evaluated every school year. More information can be found at: <https://www2.ed.gov/policy/elsec/leg/esea02/pg116.html>

****Eligibility is determined on a case-by-case basis. Please contact the school counselor with any questions or concerns regarding the rights of homeless students including immediate enrollment, school selection, transportation, or participation in school programs.*

MIGRANT WORKER

Did your family make a move within the past 36 months so that a parent/guardian could work as a migratory agricultural worker, migratory fisher or to join a spouse who is a migratory agricultural worker, migratory fisher?

Yes No

Do you have a certificate of eligibility for the student from the Ohio Migrant Education Center (OMEC)?

Yes No

Legible copy of the certificate of eligibility was provided to the enrollment office.

The school will not exceed the capacity of the School's programs, classes, grade levels, or facilities. When the number of applicants for admission exceeds the School's capacity, admissions will be determined by a lottery of applicants. Preference shall be given to students attending the school the previous year, to students who reside in the district in which the school is located, and to siblings of students attending the school the previous year.

DTAP/DT TDAP/TD DIPHTHERIA, TETANUS, PERTUSSIS

Kindergarten Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required.

Grades 1-12: Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.

Grades 7-12: One (1) dose of Tdap vaccine must be administered prior to entry.

DTaP/DT/Tdap/Td 1st: _____ 2nd: _____ 3rd: _____ 4th: _____ 5th: _____ 6th: _____

Tdap 1st: _____

DTAP Booster _____

POLIO

Grades K-9: Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. ***

Grades 10-12: Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.

Polio 1st: _____ 2nd: _____ 3rd: _____ 4th: _____

MMR MEASLES, MUMPS, RUBELLA

Grades K-12: Two (2) doses of MMR. Dose one (1) must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose one (1).

Mumps 1st: _____ 2nd: _____

Tuberculin Test Date: _____ Results: Negative Positive

German Measles (Rubella) 1st: _____ 2nd: _____

Measles 1st: _____ 2nd: _____

HEP B HEPATITIS B

Grades K-12: Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.

Hep B 1st: _____

VARICELLA (CHICKENPOX)

Grades K-9: Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after the first dose, it is considered valid.

Grades 10-12: One (1) dose of varicella vaccine must be administered on or after the first birthday.

Varicella 1st: _____ 2nd: _____

MCV4 MENINGOCOCCAL

Grades 7-10: One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.

Grade 12: Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.

MCV4 1st: _____ 2nd: _____



REQUEST FOR PERMANENT RECORDS

_____ has enrolled in Valor Academy of Ohio (IRN# _____)
and the student's first day is _____.

PLEASE SEND THE FOLLOWING INFORMATION TO:

1330 Atcheson Street, Columbus, Ohio 43203 or fax to 614-812-4043 or email to karla.murphy@valoroh.org

- Cumulative Records
- OAA Scores .TGRG Results
- Special Education (IEP, ETR, MFE)
- Title 1 Records
- Copy of Student's Data Form
- Expulsion/Suspension Documents
- Grade Card (or information about pupil placement)
- Immunization Records
- Attendance Record
- Custody Records
- Third Grade Reading Results
- Birth Certificate/Passport
- Hearing/ Vision Results
- District IRN # _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

Name of school your child last attended: _____

Is this school a Columbus Public School? Yes No

If No, please name the DISTRICT: _____

School Address: _____

City: _____ State: _____ Zip: _____

Student Last Grade Attended: _____

PARENT/GUARDIAN AUTHORIZATION:

Print Name: Parent/Guardian: _____

SIGNATURE of Parent/Guardian: _____ Date: _____

According to the final regulations of the Family Education Rights and Privacy Act (Buckley Amendments to P.L.93.380) it is no longer necessary to obtain written consent from parents/guardians to release school records. School officials including teachers within the educational institution, and officials in other schools in which the student expects to enroll, may receive a student's records without consent from parents/guardians for such release.

For School Use Only:	1st Request: _____	2nd Request: _____	3rd Request : _____
----------------------	--------------------	--------------------	---------------------

The following student is under my care and should receive the medication indicated below. It is not possible to arrange for medication to be taken at home under the supervision of a parent, and therefore, must be taken during school hours.

ONLY LIST ONE MEDICATION PER FORM

Student Name: _____

Student Address: _____

City: _____ State: _____ Zip: _____ Guardian Phone #: _____

Name of prescribed medication: _____

Dosage: _____

Number of times/intervals medication is to be administered: _____

Date administration to begin: _____

Date administration to end: _____

Adverse /sever reaction that should be reported to the physician? _____

Special instructions for administration of medication: _____

The medication can be safely administered by non-medical personnel? Yes No

Physician's Printed Name: _____

Physician's Phone Number: _____

Physician's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

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

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes children who "are temporarily sharing the housing of other persons due to the loss of housing or economic hardship."

Please check one of the following statements if your family is experiencing temporary homelessness:

Living in a shelter, including transitional housing shelter;

Student is awaiting foster care, etc.

Please provide name of shelter: _____

Address: _____

Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation

Please provide information regarding area in which student is living: _____

Living in hotels/motels for lack of other suitable housing

Please list name and address of hotel/motel: _____

Doubled-up; temporarily living with family or friends due to lack of adequate housing or financial conditions.

Please provide address of where student is living: _____

Please answer the following if you checked one of the boxes above:

How long do you expect to be at this address? _____

Are you seeking permanent housing? Yes No Date student moved to this address: _____

Is a parent living in the home with the student? Yes No

If no, with whom is student living? _____ Relationship: _____

We have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act:

Print name of Parent/Guardian/Unaccompanied Youth: _____

Signature: _____ Date: _____

For Official Use Only:	<input type="checkbox"/> Does Qualify under McKinney-Vento Act	<input type="checkbox"/> Does NOT Qualify
------------------------	--	---



Transportation Request for Charter/Non-Public Schools

Charter/Non-public school students who reside within the boundaries of the Columbus City Schools District will request transportation to school by completing an online Transportation Request.

Requests are made using our Infinite Campus Online Registration.

Register online visit 'Transportation' at:

www.ccsok.us/transportation.aspx

- The slides will walk you through the online registration process.
- Each slide will prompt you for the information needed in order to proceed to the next step.
- Make sure to review each screens instructions before continuing.
- Select Charter, Non-Public Transportation Request as the registration type.
- Don't forget to click 'Submit' when you are finished.

Have Questions?
Call Transportation
614-365-5074

