



REGISTRATION LETTER

Dear Parent/Guardian:

Welcome to the Swanton School District. We hope the experiences of your child will be happy and productive. We can only enroll students under strict guidelines established by Ohio law--especially the Missing Children's Act (Ohio Revised Code). When coming in for your registration appointment, please follow the guidelines below and bring your original documents to be copied.

1. A parent/legal guardian must accompany the child and complete school forms before enrollment can take place.
2. The parent/legal guardian will have to furnish proof of parental authority by producing a **birth certificate or passport**. If you do not have an original birth certificate, contact the Bureau of Vital Statistics in the county where your child was born to obtain one.
3. The parent/legal guardian/foster parent will have to furnish **custody papers, divorce decrees or foster placement agreements (entire documents)**, if necessary. If custody papers are required and not presented, the child cannot be admitted. If a custody change is in the progress, a notarized affidavit listing the court file number of the custody petition may be substituted, but for no longer than sixty (60) days.
4. The parent/legal guardian will have to furnish **proof of residency** in the Swanton School District in an approved domicile. This may be shown through a sales agreement for a house, a lease or rental contract, or a current utility bill listing the name and address. Letters from rental managers may be requested. All must be dated within the last thirty (30) days. If this is not available and the parent/guardian lives with someone, a Residency Affidavit Form will be required and needs to be filled out by the home owner and parent. This form must be notarized and proof of residency must be furnished by the owner of the residence.
5. **Immunization records** must be submitted at the time of enrollment and withdrawal grades must be obtained from the last school attended. The child will not be admitted without these records; or, in their place, an assurance from the prior school that the records will be released. **Health records** need to be submitted as soon as possible.
6. Once the child is cleared for enrollment, attendance will not begin until the following day.

Please contact **Ashley Stambaugh, Central Registration (419.826.7085)**, to set up your registration meeting or if you have any questions.
The registration meeting will be held at the
Swanton Board of Education, 108 N. Main St., Swanton, OH 43558.

SWANTON LOCAL SCHOOLS - PUPIL REGISTRATION AND CENSUS INFORMATION

General Information:

Date of Entry _____ County of Residence: _____

Place of Birth (City and State) _____ Age _____ Grade: _____

Has this student previously attended school in this district? Yes or No Building attended: _____

Student transferred from (name and address) _____

Was student enrolled in any special program or classified as handicapped? Yes or No

If yes, circle: Title I / Speech / VI / HI / SLD / MD / CD / ED / OHI / 504 / Gifted / Vocational / Other _____

Brothers and/or sisters (names, grade levels, ages) attending:

Crestwood _____ Middle School _____

Park _____ High School _____

Other school _____ Vocational _____

_____ Check if student is oldest child in family in district

Racial/Ethnicity:

Is the student of Hispanic/Latino heritage? ___ Yes ___ No (if YES, please circle Hispanic plus one other race below)

Race Detail: Please circle the one(s) that apply:

W – White H – Hispanic/Latino B – Black A – Asian P – Pacific Islander/Hawaiian

I – American Indian/Alaskan Native M – Multi-Racial (if chosen, please circle more than one from the above)

** If you refuse to circle the racial/ethnic category for your child, please be advised that Swanton Local Schools is required to use "observer identification" and will choose a race/ethnic category for your child. The district will first advise you of its choice.**

Legal Custody:

Parents: ___ married ___ separated ___ divorced ___ in process w/ court papers ___ never married ___ Foster/Guardian

Do court papers indicate joint custody/shared parenting: ___ YES ___ NO

Who has primary Residential Custody per Court Records: ___ Mother ___ Father ___ Guardian

Is a natural parent deceased: ___ YES ___ NO

***Copies of entire court documents regarding custody issues are required to be on file in the school office.**

Home Language Survey:

Is your child's first learned or home language English? YES or NO

*If YES, STOP here:

*IF NO, please answer the following:

What is your child's country of origin? _____

Which language did your child learn when he/she first began to talk? _____

What language does your child most frequently speak at home? _____

What language do you most frequently speak to your child? _____

What language do the adults at home most often speak? _____

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

Please describe the language understood by your child. (**check only one**)

___ Understands only the home language and no English ___ Understands mostly English and some of the home language

___ Understands mostly the home language and some English ___ Understands only English

___ Understands the home language and English equally

-Please complete backside of form-

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Student Name:
Student ID#:

School:
School Year:

PARENT CONSENT TO ADMIT STUDENT:

"Parent" means either parent unless the parents are separated or divorced in which case "parent" means the parent with legal custody of the child. If neither parent has custody of the child, "parent" means the person or governmental agency with legal custody or permanent custody as those terms defined in ORC 3313.64 (A)(1)(a)

_____ has my permission _____ does not have my permission

PERMISSION TO CONTACT USING EMAIL

I give consent (or do not give consent) to communicate with district staff (ie. teachers, counselors, administrators) via email. I understand that my email address will remain confidential and will be not given out or used for any other purposes other than for district and/or school-related information.

_____ has my permission _____ does not have my permission

PERMISSION TO DISPLAY PHOTOGRAPHS, AUDIO, VIDEO, ELECTRONIC IMAGES, ARTWORK AND/OR STORIES

I give consent (or do not give consent) for photographs, audio, video or electronic images of my student; original written materials, artwork, or other work created by my child during the course of instruction; as well as quoted statements by my child to be used by the district for exhibition, public display, publication, publicity materials, advertising, news media stories, video, audio, or other electronic media such as the Internet, television, CD-ROM, or DVD, and social media sites. I understand that my student's full name may also be used with such display.

_____ has my permission _____ does not have my permission

COMPUTER NETWORK AND INTERNET ACCEPTABLE USE POLICY

I have read the Swanton Local School District Computer Network and Internet Acceptable Use Policy and will abide by the rules and guidelines expressed therein. To request a printed copy of this AUP, please contact the appropriate school. The policy can be found at <http://swantonschools.org/wp-content/uploads/2015/06/SwantonAUP.pdf>, or you may request a paper copy from any school building

_____ has my permission _____ does not have my permission

PERMANENT FIELD TRIP PERMISSION

My student, named above, has my permission (or does not have my permission) to attend all field trips during the present school year in the Swanton Local Schools. Written notice, including all details of each field trip, will be sent home with your child prior to each field trip.

_____ has my permission _____ does not have my permission

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email: _____

Swanton Local Schools

Transportation Form

STUDENT'S NAME _____ PHONE _____

HOME ADDRESS _____

GUARDIAN'S NAME _____ WORK PHONE _____

SCHOOL BUILDING _____ GRADE _____ CELL PHONE _____

*****STOP-Alternate busing only pertains to K-5 grades. Please proceed to signature line if student is in grades 6-12*****

ALTERNATE BUS STOP REQUEST:

Swanton Local Schools Transportation Department may provide (at the discretion of the Director of Transportation) transportation to an alternate bus stop (other than the assigned stop) for students. Only one alternate stop will be considered for each student per semester. The district will not reroute transportation vehicles to establish new stops that are alternates. Transportation is NOT provided for play dates.

An alternate transportation stop request may be approved only if it meets the following criteria:

1. The alternate stop will be consistent for at least one semester
2. Space is available
3. The alternate stop is along an existing (current year) route

My child will **NOT** be transported from our home address but will be at the following location:

Alternate Residence Name _____ Phone _____

Alternate Address _____

Days of the Week: MON _____ TUES _____ WED _____ THURS _____ FRI _____

The change is requested for: Morning: _____ Afternoon: _____

Date Transportation is Requested: From: _____ To: _____

****Parent/Guardian Signature** _____ **Date** _____

****Printed Name** _____

******* THIS SECTION TO BE COMPLETED BY SCHOOL DISTRICT *******

_____ Transportation is able to honor this request: Morning: _____ Afternoon: _____

_____ Alternate Bus Number: Morning: _____ Afternoon: _____

_____ Transportation is NOT able to honor this request.

_____ **Swanton High School** · 601 N. Main Street · Swanton OH 43558 · PH: 419.826.3045 · **FX: 419.826.1611**
_____ **Swanton Middle School** · 206 Cherry Street · Swanton OH 43558 · PH: 419.826.4016 · **FX: 419.826.5176**
_____ **Park Elementary** · 101 Elton Parkway · Swanton OH 43558 · PH: 419.826.3766 · **FX: 419.826.2965**
_____ **Crestwood Elementary** · 111 Crestwood Dr · Swanton OH 43558 · PH: 419.826.8991 · **FX: 419.826.8646**
_____ **Swanton BOE** · 108 N. Main Street · Swanton OH 43558 · PH: 419.826.7085 · **FX: 419.825.1197**



REQUEST FOR STUDENT RECORDS

Date: _____ School Official: _____
To: _____
Phone: _____ Fax: _____

The following student has enrolled into the Swanton Local School District. Please forward the following information to school building indicated above.

Student: _____ **Grade:** _____ **DOB:** _____

- Academic Records and Grades
- All Test Scores ___Krawl ___3GGG ___OAs ___OGTs
- Health and Immunization Information
- Most recent IEP, MFE (ETR), 504 and/or Psychological Evaluation (if apply)
- Custody Papers
- Birth Certificate/Passport
- Other _____

Please release my child's records as requested above:

Parent/Guardian: _____ **Date:** _____



School Messenger Contact Information

Preferences of Message Type to Receive:

Circle all that apply: Voice Messages Test Messages Email Messages

Student Name: _____

Contact Fields:

Voice Messages Father's Phone _____
Mother's Phone _____
Home Phone _____
Other _____

Text Messages Cell Phone 1 _____
Cell Phone 2 _____
Student Cell _____

Email Messages Email 1 _____
Email 2 _____

Parent Signature: _____ Date: _____