

LOWELLVILLE LOCAL SCHOOL ENROLLMENT FORM

DATE ENTERED _____ (Office staff to complete)

STUDENT'S FULL NAME _____
(First) (Middle) (Last)

GRADE _____ AGE _____ BIRTHDATE _____

ADDRESS _____
(Street Number/Name) (City) (State) (Zip Code)

PRIMARY PHONE _____ STUDENT'S SOCIAL SECURITY NUMBER _____

BIRTHPLACE(City/State) _____ MOTHER'S MAIDEN NAME _____

SEX _____ RACE _____ (W-WHITE, B-BLACK, A-ASIAN, H-HISPANIC, M- MULTIRACIAL,
I-AMERICAN INDIAN/ALASKAN NATIVE, P- NATIVE HAWAIIAN)

NAME AND PHONE NUMBER OF LAST SCHOOL ATTENDED _____

ADDRESS OF LAST SCHOOL ATTENDED _____

PLEASE LIST ANY SPECIAL CLASSES/ACCOMODATIONS IN FORMER SCHOOL (IEP/ETR, SPEECH,
READING CENTER, RESOURCE ROOM, 504 PLAN, ETC.) _____

NAME/GRADE OF SIBLING(S) CURRENTLY ATTENDING LOWELLVILLE _____

MOTHER'S NAME _____

MOTHER'S ADDRESS _____

MOTHER'S PHONE _____

MOTHER'S PLACE OF EMPLOYMENT _____ PHONE _____

FATHER'S NAME _____

FATHER'S ADDRESS _____

FATHER'S PHONE _____

FATHER'S PLACE OF EMPLOYMENT _____ PHONE _____

CHILD RESIDES WITH (please check one): MOTHER _____ FATHER _____ BOTH _____ GUARDIAN _____

**If custody papers exist, please provide the name of the person or school district designated responsible for educational purposes:* _____

NAME OF GUARDIAN (IF APPLICABLE) _____ PHONE _____

IN AN EMERGENCY CALL _____ PHONE _____

PHYSICIAN'S NAME _____ PHONE _____

TRANSPORTED BY BUS (Lowellville Residents Only) YES _____ NO _____

SIGNATURE OF PARENT OR GUARDIAN

Home Language Survey

Date: _____

School District: _____

Name of Student: _____
Family Name/First Name/Middle Initial

Date of Birth: _____ Place of Birth: _____
Month/Day/ Year City/State/Country

Name of Parent/Guardian: _____
Family Name/First Name

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

For Parents/Guardians:

Please answer the following questions.

1. What language did your son or daughter speak when he or she first learned to talk?

2. What language does your son or daughter use most frequently at home?

3. What language do you use most frequently to your son or daughter?

4. What language do the adults at home most often speak?

5. How long has your son or daughter attended school in the United States?

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (GI270), and proceed to assess the student's English language proficiency.

LOWELLVILLE K-12 SCHOOL DISTRICT ETHNICITY QUESTIONNAIRE

Student Name _____ Grade _____ Birth Date ____/____/____

Per United States Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two part question found below.

Part 1: ETHNICITY

Is the student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race) ____ Yes ____ No

Regardless of whether you answer is Yes or No to Part 1; you must also select 1 or more racial groups in Part 2.

Part 2: RACIAL GROUP

Is the student from one or more of the following racial groups (check all that apply)

____ (W) White

People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

____ (B) Black or African American

Persons having origins in any of the black racial groups in Africa

____ (A) Asian

Persons having origins in any of the original peoples of the Far East, Southeast Asia or The Indian subcontinent. This area includes, for example, Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

____ (I) American Indian or Alaskan Native

Persons having origins in any of the original peoples of the North and South America (including Central America) and who maintain tribal affiliation or community attachment.

____ (P) Native Hawaiian or Other Pacific Islander

Persons having origins in any of the Original Peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

____ PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP I (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

Parent or Guardian Signature _____ Date ____/____/____

FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE
School District's determination of child's ethnicity based on observation:
____ Hispanic/Latino ____ White ____ Black or African American
____ Asian ____ American Indian or Alaskan Native
____ Native Hawaiian or Other Pacific Islander
Name of School District employee determining child's ethnicity (please print) _____
Employee Signature: _____ Date: ____/____/____

Board of Education
President
Michael Palumbo
Vice-President
Brian Wharry
Members
Jerry Dubos
Joe Sturm
Stephanie Yon

Lowellville K-12 School



Administration
Superintendent
Dr. Eugene M. Thomas
Principal
Tracie Parry
Treasurer
Bryan Schiraldi
Dean of Students
Lawrence Sammartino

52 Rocket Place, Lowellville, Ohio 44436

PARENT/GUARDIAN CONSENT FOR RELEASE OF RECORDS

Student Name: _____

Date of Birth: _____ Grade: _____

As parent/guardian of the above named student, you are hereby authorized to release the records indicated from:

Agency/School: _____

Street Address: _____

City/State/Zip: _____

Fax: _____

The purpose of the request of disclosure is:

_____ Student has moved into Lowellville Local School District

_____ Student has been accepted as Open Enrolled to the Lowellville Local School District

As parent/guardian of the above named student, you are hereby authorized to release the records indicated to:

Agency/School: **LOWELLVILLE LOCAL SCHOOLS**

Address: **52 Rocket Place, Lowellville OH 44436**

Fax: **330-536-8468**

Attn: _____

PLEASE FORWARD:

- Permanent Record Information
- Academic Records/Current Grades and Credits Up-To-Date
- Health/Immunization Records/Current Medications
- Standardized Test Results
- I.E.P's/Psychological History and Evaluation/Psychiatric Evaluation
- SSID#: _____
- Other: _____

As a parent/guardian, I understand the following:

*This authorization of release of records will expire on _____.

*I can withdraw this authorization at any time or may refuse to sign this authorization.

Parent/Guardian Signature: _____ Date: _____

Printed Name/Relationship to Child: _____

FOR SCHOOL USE ONLY Date Received: _____ By: _____

Phone 330-536-8426 Fax 330-536-8468

www.lowellville.k12.oh.us