



Millcreek-West Unity Local Schools

1401 W. Jackson St., West Unity, OH 43570

Phone: 419-924-2365 Fax: 419-924-2367

www.hilltop.k12.oh.us

Home of the Hilltop Cadets

ENROLLMENT OF NEW STUDENTS

The following steps need to be followed in regards to enrolling new students in the Millcreek-West Unity School District.

School Personnel will initial and date on front line when document has been presented.

- _____ 1. Pick up enrollment packet and complete. Return to the proper office.
 - a. Grades k-6 Elementary Office
 - b. Grades 7-12 High School Office
- _____ 2. Have original card or copy of Social Security Card. Copy must be of the original.
- _____ 3. Birth certificate must be presented.
- _____ 4. Custody papers must be presented if there has been a divorce or change of custody.
- _____ 5. Immunizations or shot records must be presented.
- _____ 6. Any past grade card showing grade placement.
- _____ 7. Foster Parent must present a "Journal Entry" court document specifying school district responsible for payment of education before the student may be enrolled.
- _____ 8. MFE and IEP, if applicable.

Dates of IEP: _____

Dates of MFE: _____

I.D.# _____

MILLCREEK-WEST UNITY SCHOOLS
Student Registration

Student's Legal Name _____ Called Name _____
First Middle Last

Student's Address _____
P.O. Box # Street or Co. Road (5-digit) City Zip Code

Phone# (____) _____ - _____ Date of Birth ____ / ____ / ____ Gender: Male or Female (circle one)

Social Security # _____ - _____ - _____ Birth Place _____

Is student from Hispanic/Latino origin? Yes or No (circle one)

Ethnic Identity: (mark one or more) _____ White _____ Black or African American _____ Asian
_____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander

Enrolling in Grade Level _____

Last School Attended _____ City/State _____

Child is currently living with _____

Father/Step-father/Guardian _____ Birth Place _____

Address (if different) _____

Education (highest grade completed) _____ Occupation _____

Employer/Address/Phone # _____

Mother/Step-mother/Guardian _____ Birth Place _____

Address (if different) _____

Education (highest grade completed) _____ Occupation _____

Employer/Address/Phone # _____

Brothers Name(s) _____ Age(s) _____

Sisters Name(s) _____ Age(s) _____

(turn over and complete back side)

Custody: (mark which one applies)

_____ Living with both biological parents.

_____ Parents are divorced. Legal custody was granted by the Court on _____ to _____.

_____ Parents are separated. Action (divorce, dissolution...) has been started, but no final decree has been rendered. I will bring in a copy of the papers once they are complete.

_____ Parents are separated, but there has been no legal action started that could result in custody being awarded to the other parent.

_____ Father or Mother is deceased.

_____ Other (please explain) _____

Signature

Date



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STUDENT RECORD RELEASE FORM

The below named student has enrolled in our school. Please send requested data. Thank You.

Name of Student: _____ Grade: _____

Date of Birth: _____

Parent's Name: _____

The above named student is a resident of the _____ School District attending the Millcreek-West Unity School District through open enrollment effective _____.

Records to be released:

_____ Grades

_____ Achievement, Aptitude and Similar Standardized Test Scores

_____ Health and Medical Data

_____ Psychological Evaluations/IEP

_____ OGT Scale Scores

Cathie Batt, Secretary

AUTHORIZATION STATEMENT:

I hereby authorize _____

name of school

_____ to release the information.

City, State, Zip

Send Records to: Hilltop High School
c/o Cathie Batt
1401 W. Jackson St.
West Unity, OH 43570
PH: 419-924-2365 ext. 2350
Fax: 419-924-2367
Email: cbatt@hilltopcadets.org

Parent/Guardian

Signature: _____

MILLCREEK-WEST UNITY SCHOOLS
Home Language Survey

Name of Student _____
Family Name
First Name
Middle Name

For Parents/Guardians:

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently to your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/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 (2.1.1.21), and proceed to assess the student's English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT

<u>Communication Skill</u>	<u>Proficiency Level</u>			
Listening:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Speaking:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Reading:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Writing:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
*Comprehension:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient

*note: the comprehension score is calculated by averaging the listening and reading scores

Assessment instrument(s) used: _____

Student is LEP? ___ Yes ___ NO

If the student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? ___ Yes ___ No

SAFETY PATROL
BUS STOP CHANGE REQUEST FORM

PARENT/GUARDIAN NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

STUDENT NAME: _____ GRADE: _____

CURRENT STOP LOCATION: _____ A.M. () P.M. ()

CURRENT BUS ASSIGNMENT: A.M. BUS # _____ P.M. BUS # _____

REQUESTED STOP LOCATION: _____

REASON FOR REQUEST: _____

I UNDERSTAND THAT A RESPONSIBLE PERSON WILL BE AVAILABLE EACH DAY AT HIS/HER BUS STOP, OR THE STUDENT MAY BE RETURNED TO SCHOOL.

PARENT/GUARDIAN SIGNATURE: _____

TRANSPORTATION DEPARTMENT USE ONLY:

REQUEST APPROVED () REQUEST DENIED () SEE COMMENTS

IF REQUEST IS APPROVED: A.M. BUS # _____ PICKUP TIME: _____

P.M. BUS # _____ DROP OFF TIME: _____

EFFECTIVE DATE: _____

NEW STOP LOCATION/ACTION TAKEN: _____

COMMENTS: _____

REQUEST REVIEWED BY: _____ DATE: _____

Millcreek-West Unity Local School
EMERGENCY MEDICAL AUTHORIZATION FORM

Bus # _____
<input type="checkbox"/> Walker
<input type="checkbox"/> Car Passenger
<input type="checkbox"/> Car Driver

Student Name _____
(please print) *Last* *First* *MI*

School Year _____ Grade _____ Date of Birth _____
 Students Physical Address _____
 Students Mailing Address _____
 Town and Zip _____

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. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

EMERGENCY CONTRACTS: Please list names in the order they should be contacted if parents cannot be reached.

Check box if Residential Parent	Name/Relationship	Home Phone	Cell Phone	Name of Employer & Work Phone Check box if we may contact you at work
Parent <input type="checkbox"/>				<input type="checkbox"/>
Parent <input type="checkbox"/>				<input type="checkbox"/>
Em. Contact #1				<input type="checkbox"/>
Em. Contact #2				<input type="checkbox"/>

Parent E-Mail Address: _____

It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect your child at school:

Medical Information:
Medications & Allergies:
Siblings and Grade Levels:

PART 1 OR PART 2 MUST BE COMPLETED

Part 1: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____
 Dentist _____ Phone _____
 Local Hospital/Emergency Room _____

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 doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of parent/guardian Date

Part 2: REFUSAL TO CONSENT

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 the following action:

Signature of parent/guardian Date

EARLY RELEASE FORM

Because the school is responsible for the safety and well-being of your child, she/he will be released prior to the end of the school day, only to a parent or a person authorized in writing only by the person whose signature appears below. Please provide the signature for each person who is authorized to release your child from school prior to the end of the school day.

AUTHORIZED SIGNATURE

RELATIONSHIP (Friend, relative, neighbor, etc.)

The persons whose signatures appear above may authorize the release of my child from school.

Parent Signature(s)

Date

**PARENT PERMISSION FOR THE DISTRICT TO COMMUNICATE ABOUT A STUDENT
WITH THE PARENT VIA FACSIMILE AND/OR E-MAIL**

Students Name _____ DOB _____ Grade _____
Parent's Name _____
Parents E-Mail _____ Parents Fax #: _____
Additional E-Mail _____

I give my permission for staff members from the Millcreek-West Unity School District to communicate with me, concerning the above identified students, via e-mail and/or facsimile at the e-mail address and/or facsimile number provided above. I understand that the District is unable to guarantee the confidentiality of any information sent using e-mail or facsimile during the transmission of the message/fax. I further agree that I am the only one with access to the e-mail account and/or facsimile number listed above, and that if other individuals have access to the e-mail address and/or facsimile number listed above, that I hereby release the District from any responsibility and liability for any disclosure of student personally identifiable information to anyone who accesses the e-mail address and/or facsimile number listed above. I further acknowledge it is my responsibility to notify the District of any changes in the e-mail address and facsimile number listed above. Finally, I agree to promptly respond to any "test" e-mail message sent from the District to my e-mail address to confirm that the address provided has been properly inputted into the District's/staff member's address book.

Parent's Signature

This permission form is for the **2015-2016** school year. It will remain valid until the District receives written direction from the parent to the contrary, or the present school year ends, whichever occurs first.

SCHOOL SPONSORED PUBLICATIONS AND PRODUCTIONS

- YES: You have my permission to use picture(s) of my child for publication on any school related documentation.
- NO: You do NOT have my permission to use picture(s) of my child for publication on any school related documentation.

Parent's Signature