



**STUDENT ENROLLMENT CENTER**  
115 South Ludlow Street  
Dayton, Ohio 45402-1812  
Phone (937) 542-5555 • Fax (937) 542-3202  
Hours: Monday-Friday 7:30 a.m. - 4:15 p.m.

## WELCOME TO DAYTON PUBLIC SCHOOLS!

To complete the enrollment of your child into Dayton Public Schools, you will need the following:

- Certification of Birth or “proof of age and/or date of birth” **as listed on the back.**
- Immunization (Shot) Records [*Enrollment in Kindergarten requires 5 doses of DTaP, DPT or DT, or any combination (if the fourth dose was administered prior to the 4th birthday), 4 Polio vaccines, 3 Hepatitis B shots, 2 MMR vaccines, and 2 Varicella (Chickenpox)*]
- Proof of Grade Level, such as withdrawal papers, last report card or progress report, certificate of completion, or school documentation verifying student’s grade level (transcripts are most helpful for high school students)
- Parent’s Valid Photo I.D. with Signature (must not be expired)
- Proof of Address in the parent’s name, such as utility bill, lease agreement, mortgage statement, paycheck stub, or other legal documentation (dated within 60 days)
- Custody documentation, *if applicable* (such as divorce decree or court order)
- Child care provider’s name, address, and phone number, *if applicable*

**IF YOU HAVE ALL THE DOCUMENTS LISTED ABOVE, PLEASE HAVE A SEAT AND COMPLETE THE REGISTRATION PACKET.**

**IF YOU DO NOT HAVE ALL THE DOCUMENTS LISTED ABOVE,** please complete the forms. (*You must have custody/divorce decree documents--if applicable--and the child's proof of birth to begin the enrollment process.*) Your enrollment specialist can attempt to contact your child’s previous school to obtain the documents that are missing. If the documentation cannot be obtained to complete the enrollment today, it is the parent’s responsibility to obtain it and return to our office to complete the enrollment.

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### **VISION**

*To equip our students to achieve success in a global society by implementing an effective and rigorous curriculum with fidelity.*

Certification of Birth or “proof of age and/or date of birth”

(a) A passport or attested transcript of a passport filed with a registrar of passports at a point of entry of the United States showing the date and place of birth of the child;

(b) An attested transcript of the certificate of birth;

(c) An attested transcript of the certificate of baptism or other religious record showing the date and place of birth of the child;

(d) An attested transcript of a hospital record showing the date and place of birth of the child;

(e) A birth affidavit.

**VISION**

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|                     |           |             |            |                |
|---------------------|-----------|-------------|------------|----------------|
| For Office Use Only |           |             |            |                |
| Grade               | School    | Student ID  | Date       |                |
| Homeroom            | Counselor | School Year | Entry Code | Staff Initials |

DAYTON PUBLIC SCHOOLS  
 STUDENT ASSIGNMENT OFFICE  
 115 S. Ludlow Street  
 Dayton, Ohio 45402

## NEW STUDENT REGISTRATION



\* - Required Field

### Student Information (as on Birth Certificate)

|                        |                  |                         |         |
|------------------------|------------------|-------------------------|---------|
| *First Name            | Middle Name      | *Last Name              | M F     |
| Suffix (Jr., II, etc.) | Nickname         | *Date of Birth          | *Gender |
| *City of Birth         | *State of Birth  | *Country of Birth       |         |
| *Home Language         | *Native Language | Correspondence Language |         |

\*Federal Data Reporting Requirements (Choose only one)

- Hispanic/Latino  Non-Hispanic/Latino

\*Please continue by checking one of more options to indicate what you consider you student's race to be:

- White  Hispanic  Black  
 American Indian/Alaska Native  Asian  Hawaiian or Other Pacific Islander  
 Multi-Racial

|  |   |
|--|---|
| *Home Address  | Apt   |
| *City  | *State  |
| *Mailing Address (same as above? <input type="checkbox"/> Yes) | *Zip  |
| *City  | *State  |
| *Student Phone Number  | *Zip  |
|  | <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Pager <input type="checkbox"/> Cell-Text Only <input type="checkbox"/> Other _____ |
|  | *Student Phone Type   |

### Previous School Information

|                      |       |     |
|----------------------|-------|-----|
| Last School Attended | Phone | Fax |
| Address              |       |     |
| City                 | State | Zip |

### Primary Guardian Information

|                      |                     |                      |                      |        |
|----------------------|---------------------|----------------------|----------------------|--------|
| *Title (Mr, Ms, etc) | *First Name         | Middle Name          | *Last Name           | Suffix |
| *Relationship        | *Home Language      | *Correspondence Lang | Email Address        |        |
| *Primary Phone       | *Primary Phone Type | Alternate Phone      | Alternate Phone Type |        |

## Secondary Guardian Information

|                              |                    |                         |                      |        |
|------------------------------|--------------------|-------------------------|----------------------|--------|
| Title ( <i>Mr, Ms, etc</i> ) | First Name         | Middle Name             | Last Name            | Suffix |
| Relationship                 | Home Language      | Correspondence Language | Email Address        |        |
| Primary Phone                | Primary Phone Type | Alternate Phone         | Alternate Phone Type |        |

### Emergency Contact/Pick-up Authorization *(in addition to primary and secondary contacts)*

| Emergency Contact?       | Name | Relation to Student | Primary Phone & Type | Alternate Phone & Type |
|--------------------------|------|---------------------|----------------------|------------------------|
| <input type="checkbox"/> |      |                     |                      |                        |
| <input type="checkbox"/> |      |                     |                      |                        |
| <input type="checkbox"/> |      |                     |                      |                        |
| <input type="checkbox"/> |      |                     |                      |                        |

### \*Permission

|  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No           | I hereby give my permission to have my child participate in field trips and community experiences (including RTA travel) as a necessary part of the educational process for Dayton Public Schools, as indicated by my signature below.   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No           | I hereby give my permission for my child to be photographed, interviewed, and/or video tape-recorded for news stories, district publications, on the DPS Web/internet, or in other electronic media during his/her enrollment in Dayton Public Schools during the school year, as indicated by my signature below. |
| I do not want my child to participate in the following activities: |  |
|  |  |

My signature below certifies the information provided on this Student Registration Form is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may be asked to provide additional documentation to support this form. I understand that it is the responsibility of the student, parent, and/or legal guardian to notify Dayton Public Schools officials immediately upon change of address, custody, or living arrangements. As the parent/guardian of a student enrolled at Dayton Public Schools, I agree to review the district's Student Code of Conduct and understand that my child is responsible for behaving responsibly. The Student Code of Conduct will be provided to your child at his/her assigned school and is available at [http://www.dps.k12.oh.us/documents/contentdocuments/doc\\_23\\_5\\_121.pdf](http://www.dps.k12.oh.us/documents/contentdocuments/doc_23_5_121.pdf)

\_\_\_\_\_  
\*Signature of Parent or Legal Guardian

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
\*Please print name of Parent/Guardian

\_\_\_\_\_  
\*Date

Thank you for your trust in Dayton Public  
Schools.  
Rhonda Corr, Superintendent



Visit  
Dayton Public Schools website at:  
[www.dps.k12.oh.us](http://www.dps.k12.oh.us)  
Revised 8/22/13

### Additional Registration Information

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1) Is student currently suspended or pending expulsion from last school attended?

Yes  No

Reason \_\_\_\_\_

2) Has student ever been expelled from ANY school?  Yes  No

District \_\_\_\_\_

3) Child lives with:  Mother  Guardian  Relative  Father  Foster Home

4) Are siblings living in the same home with above student?  Yes  No

5) Is your family temporarily displaced?  Yes  No

If **yes**, where:  Shelter  Family  Friend

How long? \_\_\_\_\_

6) Does the student have an Individualized Education Plan (IEP)?  Yes  No

7) Pre-School Experience:

- Home  Babysitter's Home
- Private Day Care  Pre-K Program
- Private Pre-School  Head Start

8) Does either parent/guardian work for the military?

- Mother  Yes  No
- Father  Yes  No
- Guardian  Yes  No

#### Questions Related to Health Services at Time of Registration:

9) Does your child require emergency medication for seizures, such as Diastat or nasal Versed?

Yes  No

If yes, Specify \_\_\_\_\_

10) Will your child need to receive injections at school?  Yes  No

If yes, Specify \_\_\_\_\_

11) Will your child need a nurse for a specific treatment/care? (such as g-tube feeding, catheterization)  Yes  No

If Yes, Specify \_\_\_\_\_

12) Does your child have a life-threatening food allergy?  Yes  No

If yes, Specify \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_