Student Enrollment Checklist

136 S. Ludlow Street, Dayton, Ohio 45402 (937) 542-5555

Once you have obtained all required documentation and completed the enrollment form, schedule an appointment to enroll your child virtually or face-to-face by calling us at:

(937-542-5555) or by visiting **https://bookdps2.timetap.com/#/**

Be mindful that you may experience some delay at peak times of the day or prior to the start of the school year. Only the parent or legal guardian of the child may complete the enrollment process, and all certified court orders pertaining to guardianship and custody of the child **must** be available at the time of enrollment.

If your child has a current Individual Education Plan (IEP) and Evaluation Team Report (ETR), bring copies of both with you on your appointment date. Any questions about special education should be directed to

The Office for Exceptional Children (OEC)
136 S. Ludlow Street, Dayton, Ohio 45402, (937) 542-3353.

If you speak a language other than English and are in need of an interpreter, please indicate your need for a language interpreter when you schedule your appointment.

If you live outside the district and would like to open enroll, please call **(937) 542-5555** for further instructions.

If you are homeless, temporarily residing with family/friends, reside in a temporary emergency shelter, or you are a student who does not live with your legal guardian, please contact the staff at :

McKinney-Vento (937) 542-3304 or (937) 542-3295.

Language Usage Survey

Parents and Guardians a completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to the questions on the enrollment form will ensure your child receives the education services to succeed in school. The information is not used to identify immigration status. The questions on the Language Survey section of the enclosed form address the following areas:

Communication Preferences (Question 1)
Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.

Language Background (Questions 2- 4)
Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

Prior Education (Questions 5 & 6)
Responses about previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.

Additional Information
Please share additional information to help us understand your child's language experiences and educational background.

The following items are required for each student you are enrolling:

☐ **Birth Certificate**
As one of the following:
- Certified Copy of Birth Certificate
- Passport
- Birth Letter
- Green Card
- I-94 Card

☐ **Custody Papers** *(originals with court stamp and judge's signature are required to enroll)*
As one of the following:
- Guardianship
- Custody
- Divorce Decree Shared Parenting
- Journal Entry
- Grandparent Affidavit
- Power of Attorney

☐ **Parent/Guardian Identification**
As one of the following:
- Valid Driver's License
- State ID
- Passport
- I-94 Card
- Green Card
- Community ID

☐ **Immunization Records** *(Shot Records)*

☐ **School Records** *(Proof of Grade Level)*
As one of the following:
- Withdrawal papers
- Last Report Card
- Transcript *(Unofficial/official, grades 9-12)*
- Home Schooling Documentation

☐ **Proof of Residency**
As one of the following:
- Home Owner's Mortgage
- Valid Signed Lease *(Must match ID)*
- Pay Stub *(Dated within 60-days)*
- Utility Bill *(Gas, electric, water, phone, Internet, cable & cell phone dated within 60-days)*
- Public Agency Award Letter

Welcome to Dayton Public Schools

Mission Statement

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

Student Enrollment Form

☐ Re-Enrollment ☐ Never Enrolled at DPS

DAYTON PUBLIC SCHOOLS

136 S. Ludlow Street, Dayton, Ohio 45402 (937) 542-5555

Grade:_____ Student's Legal Name: _____ Nickname:_____
For DPS Placement *First Name* *Middle Name* *Last Name* *Suffix (Generation)*

Language(s) Student Uses In Home:_____ Student's Native Language:_____ Language of Correspondence_____

Gender: Male or Female Birthdate: ☐☐■☐☐■☐☐☐☐ Birthplace: _____
Month Day Year *City State Country*

Is student of Hispanic/Latino origin, regardless of race? ☐ Yes ☐ No

Race *(Select at Least One)*: ☐Black/African-American ☐White ☐Asian ☐American Indian/Alaska ☐Native Hawaiian/Other Pacific Islander

Apt. Number: _____ Physical Address: _____
Number Prefix Street Name City State Zip Code

Mailing Address*)*:_____ Student's Home Phone #:_____
(Complete if Different Than Above) Number Prefix Street Name City State Zip Code

Name of Most Recent School/District Attended:_____
Name Phone # Fax #

Is your child currently suspended? ☐Yes ☐No

If yes, from what district?_____

Is your child currently expelled? ☐Yes ☐No

If yes, from what district _____

What is the end date? _____

Does your child have a current IEP (Special Education)?
☐ Yes ☐ No

If yes, indicate the service(s) _____

Do you have a copy of the IEP and ETR? ☐ Yes ☐ No

If yes, what is the _____/_____/_____
Month Day Year

Does your child have a 504 plan? ☐Yes ☐No

If yes, indicate the service (s): _____

Are you or your child currently homeless, doubled-up for economic reasons (living in someone else's home), an unaccompanied youth (student living with and in the care of someone who is not the custodial adult) or a student in foster care? ☐Yes ☐No

Did your child participate in extracurricular sports at his/her previous school? ☐ Yes ☐ No

If yes, list the sports: _____

☐ Yes, I agree if I selected a school outside of my quadrant I will complete the transportation waiver and transport.my student(s).

Do either parent/guardian currently work for the military?
☐Yes ☐No **If yes**, is the student a dependent of a member of the Army, Navy, Air Force, Marine Corps or Coast Guard that is either:
☐Active Duty Forces ☐Reserve Duty Forces ☐National Guard

LANGUAGE USAGE SURVEY

1. In what language(s) would your family prefer to communicate with the school? _____

2. What language did your child learn first? _____
_____

3. What language does your child use the most at home?_____
_____

4. What languages are used in your home?_____
_____

5. Has your child ever received a formal education outside of the United States? ☐ Yes ☐ No

If yes, how many years/months_____ and what was the language of instruction?_____

6. Has your child attended school in the United States?
☐ Yes ☐ No

If yes, when did your child first attend a school in the United States? _____/_____/_____
Month Day Year

Additional Information_____
_____

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: https://www2.ed.gov/about/offices/list/ocr/ellresources.htm

For Office Use Only

Assigned School Code_____ **Date**_____ **SY**_____

Student ID#_____ **Entry Code**_____ **Staff Initial**_____

Mission Statement

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

(10/27/21)

Student Enrollment Form

DAYTON PUBLIC SCHOOLS
136 S. Ludlow Street, Dayton, Ohio 45402 (937) 542-5555

Parent(s)/Guardian Information: *the student lives with:* ☐Mother ☐Father ☐Stepparent ☐Foster Parent ☐Legal Guardian ☐Sibling
Check all that applies ☐Group Home ☐Self-independent *(18 or older)* ☐Host Parent *(foreign exchange student)*

Name: _____ Relationship to the Child:_____
First Name Last Name

Address: Is the parent/guardian's address the same as the students? ☐Yes ☐No **If yes**, skip the address information below

Apt. Number: _____ Address: _____
Number Prefix Street Name City State Zip Code

Completing this section ensures you will be notified of important information affecting your student(s):

☐Email_____ ☐Home Phone_____ ☐Text Message Opt Out *(Texts from staff; does not include the parent notification system)*

☐Cell Phone_____ ☐Work Phone_____

Parent(s)/Guardian Information:

Name: _____ Relationship to the Child:_____
First Name Last Name

Address: Is the parent/guardian's address the same as the students? ☐Yes ☐No **If yes**, skip the address information below

Apt. Number: _____ Address: _____
Number Prefix Street Name City State Zip Code

Completing this section ensures you will be notified of important information affecting your student(s):

☐Email_____ ☐Home Phone_____ ☐Text Message Opt Out *(Texts from staff; does not include the parent notification system)*

☐Cell Phone_____ ☐Work Phone_____

List all other students currently attending Dayton Public Schools

NAME	GRADE	RELATIONSHIP TO CHILD	CURRENT SCHOOL

EMERGENCY CONTACT NUMBERS:

In case of emergency, illness or accident to _____ (child's name), the school is authorized to proceed as indicated below.

Contact #1: Name:_____ Relationship to Student:_____

Address *(If different from above)*:_____ Phone *(Home, work, cell)*:_____

Contact #2: Name:_____ Relationship to Student:_____

Address *(If different from above)*:_____ Phone *(Home, work, cell)*:_____

Contact #3: Name:_____ Relationship to Student:_____

Address *(If different from above)*:_____ Phone *(Home, work, cell)*:_____

My child should never be released to the following person(s):_____

As a 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 on the District's website. My signature indicates I hereby certify, under penalty of perjury, that all of the information given is correct in all respects to the best of your knowledge.

Parent/Legal Guardian/Independent Student:_____ Date:_____

Student Emergency/Authorization Form

136 S. Ludlow Street, Dayton, Ohio 45402 (937) 542-5555

Student's Legal Name:_____ Grade:_____

Birth Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year) Gender: ☐ Male ☐ Female

Home Address:_____

Parent/Guardian Name:_____ Relationship:_____

Phone #s: Home_____ Cell_____ Work_____

Child lives with: ☐ Mother ☐ Father ☐ Caregiver/Guardian ☐ Other_____

Language Spoken in the Home:_____

School:_____ Teacher:_____ Room:_____

HEALTH CONDITIONS: ***(Check all that applies)***

- ☐ Asthma
- ☐ Bee Sting Allergy
- ☐ Diabetes
- ☐ Seizures
- ☐ Sickle Cell Disease
- ☐ Food/Medication Allergy *(Please list)*_____
- ☐ Other *(Please explain)*_____

Other children/sibling in the District: *(List name and grade)*

1._____

2._____

3._____

Does your child require medication at school? ☐ Yes ☐ No

If yes, specify:_____

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

If yes, specify:_____

In the event reasonable attempts to contact me at _____ (phone #) or _____ (other parent) at _____ (phone #) have been unsuccessful, school personnel will call 911.

My child should be transported to _____.
Hospital

Permission to Contact Using Email

Email Address:_____

Dayton Public Schools encourages parents/guardians to participate in any and all forms of communication that will enhance the student's potential for success in school.

I do/do not give my consent to be contacted by school staff members by email. I understand that my email address will remain confidential and will not be given out or used for any purposes other than for district and/or school-related information. Upon your consenting signature on this document, Dayton Public Schools staff members may use the email address you provided on this form.

☐ I give my consent. ☐ I do not give my consent. ☐ I do not have an email.

Permission to Display Photographs, Audio, Video/Electronic Images, Artwork, Stories

I do/do not give consent for photographs, audio, video/electronic images of my child, original written materials, artwork or other work created by my child during the course of instruction; to be used by the school District outside the school setting for exhibition, public display, publication, publicity materials, advertising, news media stories, video, audio or other electronic media such as the district's website and/or social media pages, television, CD_ROM or DVD. I understand that my child's full name may also be used with such display. It is also understood that all students may be photographed or video-recorded at events that are open to the public/community or to parents, or events that are held off school property, such as performances, field trips, concerts, picnics, sporting events, & etc. Dayton Public Schools has no control over and no liability for the taking of photographs or recordings of video images at these events. **NOTE: This form will not impact a parent's choice concerning school photo yearbook options.**

☐ I give my consent. ☐ I do not give my consent.

Permission to Participate in Field Trips

I do/do not give consent 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.

☐ I give my consent. ☐ I do not give my consent.

Permission to be Assessed

I do/do not give consent for my child to be given educational assessments by the school district personnel on an as needed basis during the school year.

☐ I give my consent. ☐ I do not give my consent.

Permission to be Seen by the Nurse

I do/do not give consent for my child to be examined by the school's nurse (this excludes the state mandated vision and hearing screenings).

☐ I give my consent. ☐ I do not give my consent.

Permission to be Included in Roster - PRESCHOOL ONLY

I do/do not give consent to include my name and my child's name and phone number in a class roster to be available upon request by a parent in class.

☐ I give my consent. ☐ I do not give my consent.

_____ _____

Signature of Parent/Guardian **Date**

Directory Information Form

Student's Legal Name:_____ Grade:_____

Dayton Public Schools ("School") maintains a student's education records as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the parent/student's prior written consent. The law, however, does allow schools to release student "directory information" without obtaining the prior consent of the parent/student. If you do not want the release of certain types of directory information with your prior consent, you may choose to "opt-out" of this FERPA exception by signing the form below. Directory information of a student who has opted-out from the release of directory information, in accordance with this policy/procedure for opting out, will remain flagged until the student requests that the flag be removed by completing and submitting a revocation of the opt out to the School.

TO: Dayton Public Schools

- I request the withholding of the following personally-identifiable information identified as Directory Information under FERPA.
- I understand that upon submission of the form, the information checked cannot be released to third parties without my written consent or unless the School is required by law or permitted under FERPA to release such information without my prior written consent; and that the checked directory information will not otherwise be released from the time the School receives my form until my opt-out request is rescinded.
- I understand that I may not opt-out of use of my student ID number because it is necessary identifying information for the School.
- I understand that if directory information is released prior the School receiving my opt-out request, the School may not be able to stop the disclosure of my directory information.
- I understand that I may request and challenge how my directory information is used by contacting the School.

____ CHECK HERE TO OPT-OUT OF ALL DIRECTORY INFORAMTION IDENTIFIED BELOW. Or

CHECK INDIVIDUAL BOXES BELOW TO SELECTIVELY OPT-OUT OF INFORMATION SHARING.

	Name		Weight / Height
	Telephone Listing(s)		Enrollment Status (Full-Time/Part-Time)
	Date of Birth		Class Standing (e.g. sophomore)
	Place of Birth		Most Recent Educational Agency or Institution Attended
	Permanent or Home Address		Participation in Officially Recognized Activities and Sports
	E-Mail Address		Degree(s) Received
	Date of Attendance		Awards and Honors Received
	Most Recent Institution Attended		

_____ _____

Signature of Parent/Guardian **Date**