

# Student Enrollment Checklist

Once you have obtained all required documentation and completed the enrollment form, schedule an appointment at:  
(937-542-5555) or by visiting [dps.k12.oh.us/students-parents/enroll/](https://dps.k12.oh.us/students-parents/enroll/)

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), or 504 plan, bring copies of the forms with you.. 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 see us this link to begin the process:

[dps.k12.oh.us/students-parents/enroll/](https://dps.k12.oh.us/students-parents/enroll/)

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 are required to complete the Language Usage Survey on the enrollment document. The information is not used to identify immigration status. The questions on the Language Survey section 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.

## Documents required to enroll each student:

- 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

(07/11/2023)

# Student Enrollment Form



Re-Enrollment  Never Enrolled at DPS

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



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 \_\_\_\_\_  
 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 \_\_\_\_\_  
 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

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: 

--	--	--	--	--	--

 Gender:  Male  Female  
*Month Day Year*

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Child lives with:  Mother  Father  Caregiver/Guardian  Other \_\_\_\_\_

Language Spoken in the Home: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Does your child require medication at school?  Yes  No Will your child need to receive injections at school?  Yes  No

If yes, specify: \_\_\_\_\_ 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*

## HEALTH CONDITIONS: (Check all that applies)

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma                                      | <input type="checkbox"/> Bee Sting Allergy |
| <input type="checkbox"/> Diabetes                                    | <input type="checkbox"/> Seizures          |
| <input type="checkbox"/> Sickle Cell Disease                         |  |
| <input type="checkbox"/> Food/Medication Allergy (Please list) _____ |  |
| _____  |  |
| <input type="checkbox"/> Other (Please explain) _____                |  |
| _____  |  |

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### 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 Artwork, Stories

I do/do not give consent for 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.

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 Notice

The Dayton Public School District protects a student's educational records as confidential. Records will not be released to a third party without the parent/guardian's prior written consent. However, the law does allow schools to release student "directory information" without obtaining prior written consent from the parent/guardian.

Directory information includes the following:

- Student's name
- Student's address
- Telephone number(s)
- Student's date of birth
- Student's place of birth
- Participation in officially recognized activities and sports
- Student's achievements, awards or honors
- Student's weight and height (if a member of an athletic team)
- Major field of study
- Dates of attendance ("from" and "to" dates of enrollment)
- Date of graduation
- Photographs and/or videos of students related to their participation in district and school events and activities, along with photographs and/or videos of students related to their participation in events open to the public, such as sporting events, theater productions, and community improvement projects. Students will also have their photo taken for their personal Student ID badge and for their school's yearbook. (Photo/video distribution **does not** include video surveillance footage).

Please note: photographs and/or videos may be shared on district social media, website, newsletters, publications, or other media. Photos taken specifically for a student's ID badge and portraits taken for the school's yearbook would only be printed for those purposes and would not be shared elsewhere.

Parents have the option to opt out of the sharing of any directory information within two weeks of receiving this notice, per district policy.

To opt out, please complete the online opt-out form at <https://forms.gle/FjheU1AWgCawrVXC6> or scan the QR code below. You may also email [directoryinformation@daytonpublic.com](mailto:directoryinformation@daytonpublic.com) or call 937-542-3065 with any questions. Once the form is completed, the items you opt out of will be noted in the district's Student Information System.

