

# New Student Registration Forms

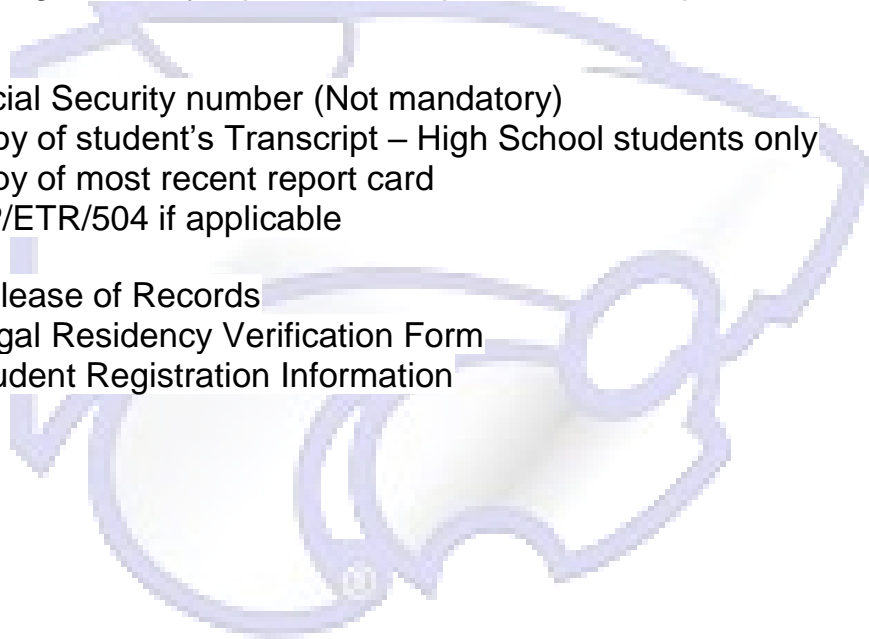
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To enroll your student(s) at Keystone Local School District, you will need to provide the following:

- \_\_\_\_\_ Birth Certificate
  - \_\_\_\_\_ Immunization Record
  - \_\_\_\_\_ Custody papers/residential parent if applicable
  - \_\_\_\_\_ **Minimum** of two proofs of residency
- Acceptable proofs: copy of the water, electric or gas bill, purchase or lease/rent agreement, voter registration verification (Building and district office staff reserve the right to deny a proof and request additional proofs of residency)

- \_\_\_\_\_ Social Security number (Not mandatory)
- \_\_\_\_\_ Copy of student's Transcript – High School students only
- \_\_\_\_\_ Copy of most recent report card
- \_\_\_\_\_ IEP/ETR/504 if applicable

- \_\_\_\_\_ Release of Records
- \_\_\_\_\_ Legal Residency Verification Form
- \_\_\_\_\_ Student Registration Information



**Keystone Local School District  
Student Registration**

Please Print

Date of Registration \_\_\_\_\_  
Date of Entry \_\_\_\_\_

Student # \_\_\_\_\_  
Year of Graduation \_\_\_\_\_

Student Name \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle  
Street Apt. # City State Zip

Primary Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Birth City and State \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex ( ) Male ( ) Female SSN (optional) \_\_\_\_\_ Grade \_\_\_\_\_ Building \_\_\_\_\_

Ethnic Code: ( ) White ( ) Hispanic ( ) Asian ( ) Native American ( ) Black ( ) Multiracial

( ) Father ( ) Stepfather \_\_\_\_\_

Father's Address \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status: ( ) Married ( ) Divorced ( ) Separated ( ) Widow ( ) Single ( ) Foster ( ) Never Married to Mother

Father's Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer's Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

( ) Mother ( ) Stepmother \_\_\_\_\_

Mother's Address \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status: ( ) Married ( ) Divorced ( ) Separated ( ) Widow ( ) Single ( ) Foster ( ) Never Married to Father

Mother's Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer's Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Brothers Younger \_\_\_\_\_ Ages \_\_\_\_\_  
Older \_\_\_\_\_ Ages \_\_\_\_\_

Sisters Younger \_\_\_\_\_ Ages \_\_\_\_\_  
Older \_\_\_\_\_ Ages \_\_\_\_\_

Name of Legal Custodian \_\_\_\_\_

If court appointed, copy of Court order appointing guardian ( ) YES ( ) NO

District of Educational Responsibility \_\_\_\_\_ County \_\_\_\_\_

Name of previous School \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Was the student enrolled in any Special Education program? ( ) YES ( ) NO

If yes, check the program below:

- Hearing Impaired
- Orthopedically Handicapped
- Visually Impaired
- Developmentally Handicapped
- Multi-handicapped
- Specific Learning Disability
- Speech/Language
- Emotional Disability
- Autism
- Traumatic Brain Injury

Is your child currently enrolled in a gifted/talented program ( ) YES ( ) NO

Is your child currently enrolled in a Title 1 Reading program ( ) YES ( ) NO

Did your child ever attend Keystone Local Schools? ( ) YES ( ) NO

Does your student plan to participate in any student athletics? ( ) YES ( ) NO

\*\*\*\*\*

To be signed by parent, guardian, or person having legal custody of this child.

I certify that I am the parent or the person having legal custody or guardianship of the above named student. I further state that my permanent address is:

\_\_\_\_\_

I understand that if I am the parent or person having legal custody or guardianship of the above named student and if my address is not as stated above, the student shall be subject to immediate suspension from school, credits will be withheld, and a claim for tuition due:

\_\_\_\_\_  
Signature Date

**\*\*Do you currently lack fixed, regular, and adequate night time residency?  
( ) Yes ( ) No**

**\*\*If sharing the housing of other persons, is it due to loss of housing, economic hardship or similar reason?  
( ) Yes ( ) No**

\_\_\_\_\_  
**Signature (for above residency status) Date**

**What you will need to register your student (s) at Keystone Local School District:**

- **\*\*Birth Certificate**
- **\*\*Immunization Records**
- **\*\*Custody papers if applicable**
- **\*\*2 Forms of Proof of Residency**
- **Social Security number**
- **Copy of student's High School Transcript**
- **Copy of most recent report card**
- **IEP/ETR/504 if applicable (special needs students)**

**\*\* Means we must have a copy of these items in order for the student to begin classes.**



## KEYSTONE LOCAL SCHOOLS

### LEGAL RESIDENCY VERIFICATION FORM

1. \_\_\_\_\_ is living with me  
Student's Name

at \_\_\_\_\_, \_\_\_\_\_  
Street City

2. The child named above is in my legal custody, and, if necessary, I can and will produce legal documents to verify this custody. I understand that if I cannot produce such verification of custody or the birth certificate and immunization records required of all new enrollees, the student cannot be admitted to school.

3. I have copies of the records of the above-named student for his/her school of most recent attendance. OR I have made arrangements with the school he/she most recently attended to forward his/her records to Keystone Schools. OR I will make arrangements with the school immediately. I understand that according to Ohio state statutes, if these records do not arrive within a reasonable period of time; the school must notify proper authorities that the student may be a "missing child."

4. The residence cited above is our permanent address and is within the boundaries of the Keystone Local School District. I understand that it is my obligation to notify the school immediately when there is a change in this residence.

5. Non-Resident Tuition Notification – In Ohio a student of school age is permitted to attend the public school in which his/her custodial parent resides free of charge. By completing and signing this Legal Residency Verification Form, you are verifying that the information provided is a true and accurate statement of the custodial parent's residence. You are required to notify the school immediately should this information change. Should it be determined the information provided as to parent resident is not accurate, the Keystone Local School District will actively pursue the collection of tuition fees at the current tuition rate as set by the Ohio Department of Education and the student will no longer be permitted to attend the Keystone Local School District.

6. My signature below denotes understanding of and agreement with all of the statements above.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

Keystone Middle School  
501 Opportunity Way  
LaGrange, OH 44050  
440-355-2200 phone  
440-355-6678 fax

PARENT/ GUARDIAN/ ADULT (over the age of 18)  
PERMISSION FOR RELEASE OF STUDENT RECORDS

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_

Please send the following records to Keystone Local Schools:

\_\_\_\_\_ Immunization and any pertinent health records

**(\*\*Due to HIPPA laws, a parent or guardian signature is required for students under the age of 18\*\*)**

\_\_\_\_\_ High School Transcript of grades (KHS only)

\_\_\_\_\_ Grades to date of withdrawal

\_\_\_\_\_ Test results – All state testing

\_\_\_\_\_ Individual Educational Plan (IEP)

\_\_\_\_\_ Psychological (evaluation & testing, ETR)

\_\_\_\_\_ 504 Plan

\_\_\_\_\_ Individual Career Plan

\_\_\_\_\_ Attendance records

\_\_\_\_\_ Any other pertinent information

\_\_\_\_\_ ALL OF THE ABOVE

This is to certify that Keystone Local School District has my permission to request the above information from:

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE