

New Student Registration Forms

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

- _____ Attendance Records from previous school
- _____ 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 _____
Last First Middle

Address _____
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 (has an IEP and ETR)? () 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

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

Parent/Guardian Signature

Date

Keystone Local Schools
501 Opportunity Way
LaGrange, OH 44050
440-355-22402 phone
440-355-4465 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)

_____ Attendance Records (If previous school is a "Power School" please include the Truancy/Chronic-OH Report).

_____ 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