



RIVER VIEW LOCAL SCHOOLS REGISTRATION FORM

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education.
It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated.

PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION.



1. STUDENT DATA

Grade student will be entering _____

Has student ever attended River View Local Schools?

Yes ___ No ___ If YES: School _____

Grade(s) Enrolled _____

Student Name (LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE) :

First _____ Middle _____ Last _____ Last Name Suffix (Jr., III, etc) _____

Gender **F** or **M**

County of Residence: _____

Home Phone: Area Code _____ — _____ Unlisted? Yes ___ No ___

Primary Cell phone #: Area Code _____ — _____

Street Address _____

P.O. Box # _____ City _____ Zip _____

PARENT E-MAIL address _____

Is either parent a member of the **Active Duty Military**? Yes ___ No ___ **National Guard**? Yes ___ No ___ **Reserves**? Yes ___ No ___

STUDENT'S BIRTH DATA

Date of Birth: Month _____ Day _____ Year _____ Mother's Maiden Name _____

Birth City _____ State _____ If child was born outside U.S., list country _____

Citizenship of student: ___ USA Other _____ (specify country) Native Language spoken in home: ___ English Other _____ (specify language)

If child was born outside the U.S., how many years has he/she been attending a U.S. school? _____

2. RACIAL / ETHNIC DATA

PLEASE ANSWER BOTH A AND B

A. Is the student Hispanic/Latino?

(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

___ Yes ___ No (go to part B)

B. Is the student: (check all that apply)

___ **American Indian or Alaska Native** (Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)

___ **Asian** (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

___ **Black or African American** (Persons having origins in any of the black racial groups in Africa.)

___ **Native Hawaiian or Pacific Islander** (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

___ **White** (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

(If left blank, ethnicity will be determined by observer identification)

River View School District is mandated by the United States Department of Education, under the No Child Left Behind Act, to collect and report this information for all students who enroll in the school district on or after July 1, 2010.

3. PREVIOUS SCHOOL INFORMATION

A. Does your child have an IEP or 504 plan or has he/she received special education services in the past?

Yes ___ No ___
(If yes, provide a current copy of IEP and ETR)

B. Has your child been identified as gifted? Yes ___ No ___ (If yes, provide a current copy of Gifted Identification)

C. Is student under expulsion from previous school?

Yes ___ No ___

D. School where child was most recently enrolled:

District _____

School _____

School Address _____

Phone # _____

Fax # _____

PLEASE COMPLETE REVERSE SIDE

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PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE **ALL** INFORMATION

Student Name _____ Grade _____

4. FAMILY & CUSTODIAL DATA

- ♦ **Status of Biological Parents:** _____ Parents Married _____ Parents never Married _____ Parents Separated _____ Parents Divorced
_____ Father Deceased _____ Mother Deceased
- ♦ **Who has legal custody of this student?** _____
If a divorce or guardianship situation exists, we must have a certified full copy of the order of decree. This is per State of Ohio Law (ORC 3313.672) and the Missing Children's Act.
- ♦ **Student lives with:** _____ Mother & Father _____ Mother only _____ Mother & Stepfather _____ Father only _____ Father & Stepmother
_____ Foster Parent _____ Host parent _____ Court appointed Guardians/Grandparents _____ Other

INFORMATION for Mother /Guardian/ Foster Parent (circle one)

Name _____
First M.I. Last

Home address _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

Employer _____ Work phone _____

INFORMATION for Father /Guardian/ Foster Parent(circle one)

Name _____
First M.I. Last

Home address _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

Employer _____ Work phone _____

INFORMATION for Step-Mother /Step-Father (circle one)

Name _____
First M.I. Last

Home address _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

Employer _____ Work phone _____

BROTHERS AND SISTERS

Name Age Grade



5. PARENT / GUARDIAN SIGNATURE

I, the undersigned, state that I am the parent or legal guardian of the above named student and that the registration information provided is true and correct.



Signature of

Parent/Legal Guardian **X** _____

Date: **X** _____

STUDENT'S LAST NAME

FIRST

MI

SEX

DATE OF BIRTH

DATE OF LAST PHYSICAL EXAM: _____ by Dr. _____

DATE OF LAST DENTAL EXAM: _____ by Dr. _____

I. STUDENT HEALTH CONDITIONS:

☐ NO medical conditions

☐ YES, child has the following conditions:

Abnormal spinal curvature (scoliosis, etc.)

Allergies or hay fever (list below in section III)

Asthma

ADD/ADHD

Autism

Behavior concerns

Birth or congenital malformation

Bone/muscle/joint problems

Blood problems

Bowel/bladder problems

Cancer, Type _____

Cystic Fibrosis

Depression

Diabetes

Ear problem/hearing difficulty

Emotional Concerns

Headaches (frequent)

Heart Problems

Hemophilia

Hepatitis

Juvenile arthritis

Lead Poisoning

Menstrual problems

Neuromuscular disorder

Seizure disorder

Sickle Cell disease

Skin conditions

Speech problems

Traumatic brain injury

Vision problems (glasses, contacts)

Other _____

Other _____

Other _____

Please explain any conditions above or any reasons for hospitalizations:

II. VISION AND HEARING

When was last eye exam done by eye doctor? (approximate date or "never") _____ Wears glasses/contacts _____?

Please answer Yes or No: _____ Frequent ear infections? _____ If yes, were tubes placed? _____ Are tubes still in place? _____ Is there a hearing loss?

III. Allergies Please indicates any allergies child may have.

☐ NO KNOWN ALLERGIES

NOTE: Special Forms Required for Medications that must be administered at school.

Allergy type	Reaction	Treatment/Recommended Actions/School Restrictions
<input type="checkbox"/> Bee/Insect (type)		
<input type="checkbox"/> Food (list)		
<input type="checkbox"/> Medication (name)		
<input type="checkbox"/> Other (list)		

IV. MEDICATIONS Please list any prescription and over the counter medications that child takes on a regular basis

NOTE: Special Forms Required for Medications that must be administered at school.

Medication and dose	Time	Reason

V: Do any health and/or medical conditions require school restriction, modifications, and/or intervention? ☐ Yes ☐ No If YES, please explain.

VI: Does the student require any special procedures and or treatments for their health condition? ☐ Yes ☐ No If YES, please explain.

VII: Please indicate any other information about child's health or development that you think would be helpful for the school to know.

FORM COMPLETED BY: _____

RELATIONSHIP TO STUDENT: _____

DATE: _____



OFFICE OF THE SCHOOL NURSE

River View Local School District

26546 SR 60 N – WARSAW, OH 43844-9725

PHONE: (740) 824-3523 ext: 1305

FAX: (740) 824-5241

e-mail: kayla.davis@rvbears.org

To assure that your child has a healthy start in school, a dental check-up is **encouraged**. When your child has this check-up, please have the examiner complete this form and return it to school.

STUDENT _____ DATE OF BIRTH _____
Last first middle initial

DATE OF EXAM: _____

The following services have been performed:

____ Examination
____ Radiographics
____ Oral Prophylaxis ____ Fluoride

Treatment

____ Sealants
____ Restorations

The following oral hygiene instruction was provided:

____ Tooth brushing
____ Flossing
____ Diet counseling reflecting relation of diet to
dental health
____ Home/school use of fluoride

The following statements apply:

____ All necessary services have been performed.
____ No restorative services are required at this time.
____ Further treatment is indicated.
____ Future appointments have been arranged.

Comments: _____

Office Name and Stamp Here
(or complete information below)



Signature of Examining Dentist

Date

Printed Name of Dentist

Telephone Number

FAX

Street Address

City

State

Zip Code

Recommended but not required

Ohio Department of Health Eye Specialist Report

School Screening Information

Child's Name	Date of Referral
School	Grade
Reason for referral (test failed or type of symptom) Evaluation prior to school entry	
School Screening visual acuity without glasses with glasses R _____ L _____ R _____ L _____	

Eye Specialist

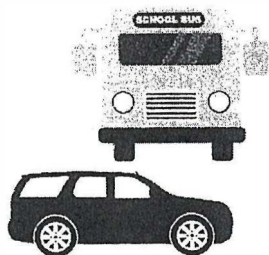
Distance Visual Acuity	without correction	with current prescription	with new prescription
	R _____ L _____	R _____ L _____	R _____ L _____
Summary of vision problems and diagnosis _____ _____ _____			
Recommendations _____ _____ _____			
Additional instructions for teacher _____ _____ _____			
Is further treatment necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify		I wish to see the child again. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	

Please return form to

From

Kayla Davis, RN	Eye Specialist		
River View Local Schools	Address		
26546 State Route 60 Warsaw, OH 43844	City	State	ZIP
FAX: 740-824-5241	Date		

This form is intended for the sole use of the intended recipient and may contain privileged, sensitive, or protected health information. If you are not the intended recipient, be advised that the unauthorized use, disclosure, copying, distribution or action taken in reliance on the contents of this communication is prohibited.



SCHOOL TRANSPORTATION FORM

River View Local School District

This form is used to set up transportation arrangements for new students or students with a change in transportation needs. Please fill out one form for each student attending River View.

Parent/Guardian Name: _____ Student Name: _____

Building: _____ Phone Number: _____

Part 1. Parent Transport Waiver:

Are you transporting your child to and from school every day?

Yes ☐ No ☐ STOP HERE if "YES" (and review your building's pick up/drop off procedures)
or CONTINUE TO PART 2 if "NO"

Part 2. AM Procedures:

How will your child get to school in the morning?

- ☐ I will be transporting my child to school in the morning every day.
- ☐ My child will ride school transportation from his/her residence to school.
Siblings (if applicable): _____
- ☐ My child will need an alternate pick up location (subject to approval by the transportation department) Siblings (if applicable): _____

Part 3. PM Procedures:

How will your child go home from school in the afternoon?

- ☐ I will be transporting my child home from school in the afternoon every day.
- ☐ My child will ride school transportation from school to his/her residence every day.
Siblings (if applicable): _____
- ☐ My child will need an alternate drop off location (subject to approval by the transportation department) Siblings (if applicable): _____

****If your child needs alternative transportation arrangements, the transportation department will contact you. The transportation department will make final approval of special transportation plans and get information back to families and the school buildings in a timely manner.**

Parent/Guardian Signature: _____ Date: _____

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. 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 these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____	
Communication Preferences 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.		1. In what language(s) would your family prefer to communicate with the school? _____	
Language Background 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.		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? _____	
Prior Education Responses about your child's birth country and 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.		5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year	
Additional Information Please share additional information to help us understand your child's language experiences and educational background.			
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____	

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.html>



Name of school or school district



Student Information Questionnaire McKinney-Vento Eligibility River View Local School District

This form is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C.11435. This form helps **determine the services the student is eligible to receive.**

Student Name: _____ Parent/Guardian Name: _____

School: _____ Date of Birth: _____ Grade: _____ Gender: _____

Is the student's current address a temporary living arrangement due to loss of housing or economic hardship?

YES ☐ If "YES," please **COMPLETE THE FORM** below and return to the school office

NO ☐ If "NO," please **STOP HERE** and return this form to the school office

Which of the situations below apply to the student?

- ☐ Student is sharing a residence with one or more families because of economic hardship.
- ☐ Student is living in a motel or hotel.
- ☐ Student is living in a shelter (domestic violence, emergency, or transitional housing units).
- ☐ Student is living in a car, park, campground, or public place
- ☐ Student is living in a place without adequate facilities (not designed for heat, electricity, water).
- ☐ Student is seeking enrollment without an accompanying parent (not in foster care).

Names and ages of siblings:

Parent/Guardian Signature: _____ Date: _____

Note for Parents/Guardians:

- Please notify the school if your living status changes.
- If a false claim is made about your living situation, enrollment may be affected.
- Please call the River View Local School District Homeless Liaison if you need assistance or have any questions concerning this form at 740-829-2334 ext 1401 (Mr. Renner).

School Administrators: Please, only return those forms indicating a temporary residence to "District Homeless Liaison" at the District Office. Thank you.