



## KIRTLAND LOCAL SCHOOL DISTRICT

Kirtland • Kirtland Hills • Waite Hill • Chardon Township  
9252 CHILLICOTHE ROAD, KIRTLAND, OHIO 44094 (440) 256-3360 FAX: (440) 256-3831

*Recognized Nationally and State-Wide for Educational Excellence*

### NEW STUDENT REGISTRATION

**By Appointment Only - Please Call 440-256-3360 x1004**

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

- **Original Birth Certificate**
- **Parent/Guardian Identification**
  - **Ohio Driver's License**
  - **State ID**
- **(If Applicable) Custody Papers-Finalized with court stamp**
  - **Guardianship or Custody**
  - **Divorce Decree**
  - **Grandparent Power of Attorney**
  - **Shared Parenting Plan**
- **Medical Information – MUST BE CURRENT**
  - **Immunization Records**
  - **Physical Form**
- **School Records**
  - **Withdrawal Form/Letter**
  - **State Test Scores/OGT scores for grades 11<sup>th</sup>. 12<sup>th</sup>**
  - **Last report card/final grades**
  - **Transcripts (high school only)**
  - **Any special education records: IEP and ETR/504 plan**

**These items MUST be provided as proof of the parental/legal guardian's residence when a child is enrolled into the Kirtland Local School District.**

**One (1) of the following MUST BE PROVIDED by all Kirtland Residents:**

- **Current signed lease**
- **Mortgage statement**
- **Purchase agreement or settlement statement**

**And**

**Two (2) additional proofs of residency:**

- **A current utility bill showing the name & address of the parent/legal guardian**
- **Income or employment verification**
- **Tax statement**
- **Home, rental or car insurance bill**
- **Verification from bank or other financial institution**

**IN Addition to the Above:**

- **Residency Affidavit**
- **Home Language Survey**

**Please note: If you are residing as a renter, the home owner will also need to prove residency for you.**

**If you move to a new address at any time during your child's enrollment in the District, it is your responsibility to inform school officials of your new address and bring proof of residency to the Registrar's office.**



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**RESIDENCY AND CUSTODY AFFIDAVIT**

*For the purpose of establishing school residence and custody (to be completed by parent or legal guardian).*

THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT:

I, \_\_\_\_\_, certify that I am the custodial parent/legal guardian of  
(Parent's or Legal Guardian's Full Name)

\_\_\_\_\_  
(Student(s) First and Last Name)

And that I have established residency at \_\_\_\_\_  
(Street Number, Name, Apt. #) (City) (State) (Zip Code)

PROPERTY OWNER'S NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

I understand that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on my Kirtland Local School District address and also, that the residence where meals are eaten and where the resident parent sleeps must be this residence.

**PLEASE READ EACH STATEMENT AND THEN PLACE INITIALS TO THE LEFT OF THE STATEMENT**

\_\_\_ I/we certify that the information provided in this document and registration packet is true and NO information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named student(s) in the Kirtland Local School District.

\_\_\_ I/we understand that I/we are responsible for informing school officials of ANY change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the Kirtland Local School District, I will IMMEDIATELY notify the registration department in person with proof of new residency.

\_\_\_ I/we have provided Kirtland Local School District with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the child(ren) being enrolled as per Ohio Revised Code 3312.672. I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).

\_\_\_ I/we acknowledge the student who is being registered has NOT been expelled or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.

\_\_\_ I/we understand that the Kirtland Local School District may use whatever legal means it has at its disposal to verify my residency. I/we waive my/our rights to confidentiality of information relative to my/our residence. This information will be used to confirm or deny my residence in Kirtland, Ohio.

Parent/Legal Guardian/Custodian: \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2 \_\_\_\_\_  
\_\_\_\_\_  
NOTARY PUBLIC WITNESS



# KIRTLAND LOCAL SCHOOL DISTRICT

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## STUDENT ENROLLMENT FORM-Please Print

**\*\*Please provide information exactly as it is found on the Birth Certificate\*\***

Today's Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_ Gender: M/F

Address \_\_\_\_\_

Home Phone# \_\_\_\_\_

Birthplace \_\_\_\_\_ Birth Date \_\_\_\_\_  
(City) (State)

Ethnicity/Race Information: ***Required*** by the U.S. Department of Education

Is the Student of Hispanic/Latino heritage \_\_\_ YES \_\_\_ NO - (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Is the Student Multi-racial? \_\_\_ YES \_\_\_ NO

If multi-racial is **YES**, indicate **TWO** or more Race Categories Below:

- \_\_\_ (W) White - Origins in any of the original peoples of Europe, the Middle East, or North Africa
- \_\_\_ (B) Black or African American - Having origins in any of the black racial groups of Africa
- \_\_\_ (A) Asian - Original peoples of the Far East, Southeast Asia or the Indian subcontinent
- \_\_\_ (I) American Indian or Alaskan Native - Original people of North or South America who maintain tribal affiliation or Community attachment
- \_\_\_ (P) Native Hawaiian/Pacific Islander - Original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

If multi-racial is **NO** indicate **ONE** Race Category Below:

- \_\_\_ (W) White - Origins in any of the original peoples of Europe, the Middle East, or North Africa
- \_\_\_ (B) Black or African American - Having origins in any of the black racial groups of Africa
- \_\_\_ (A) Asian - Original peoples of the Far East, Southeast Asia or the Indian subcontinent
- \_\_\_ (I) American Indian or Alaskan Native - Original people of North or South America who maintain tribal affiliation or Community attachment
- \_\_\_ (P) Native Hawaiian/Pacific Islander - Original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Citizenship Status (Check one): U.S.A. \_\_\_ or other \_\_\_ Country \_\_\_\_\_

Eligible for *special education services*? Y / N Disability \_\_\_\_\_

**ADDITIONAL ADMISSION INFORMATION**

Previous School District Name \_\_\_\_\_  
Previous School District Address \_\_\_\_\_  
# Street State Zip

Reason for Transfer \_\_\_\_\_ Grade Entering \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Are there *custody papers*? Y / N If YES, who has custody? \_\_\_\_\_  
*Foster Child*? Y / N If YES, Names of Foster Parents \_\_\_\_\_

**PARENT/GUARDIAN 1**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_

Is the address for this person the same as the student's? Y / N  
If not, provide full address and home phone # below.  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN 2**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_

Is the address for this person the same as the student's? Y / N  
If not, provide full address and home phone # below.  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Other Than Parent \_\_\_\_\_

**OTHER SIBLINGS LIVING WITH THE STUDENT**

Name	Age	Gender	School Attending	Grade
_____	_____	M / F	_____	_____
_____	_____	M / F	_____	_____
_____	_____	M / F	_____	_____
_____	_____	M / F	_____	_____

I certify that the above information is true.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

**REGISTRATION INFORMATION:** Indicate the date when the following data is received

- \_\_\_\_\_ Copy of residency documentation.
- \_\_\_\_\_ Copy of child's birth certificate.
- \_\_\_\_\_ Copy of child's immunization record.
- \_\_\_\_\_ Copy of past academic records.
- \_\_\_\_\_ Copy of health records.
- \_\_\_\_\_ Copy of special education record (if applicable).
- \_\_\_\_\_ Copy of custody papers (if applicable).

## HOME LANGUAGE SURVEY

DATE: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_  
Family Name First Name Middle I.

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
Month Day Year City State Country

NAME OF PARENT/GUARDIAN \_\_\_\_\_  
Family Name First Name

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**For Parents/Guardians:**

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? \_\_\_\_\_
2. What language does your son/daughter use most frequently at home? \_\_\_\_\_
3. What language do you use most frequently to your son/daughter? \_\_\_\_\_
4. What language do the adults at home most often speak? \_\_\_\_\_
5. How long has your son/daughter attended school in the United States? \_\_\_\_\_

**For School District Personnel:**

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (G-I270), and proceed to assess the student's English language proficiency.

### INITIAL ENGLISH LANGUAGE ASSESSMENT

**Communication skill**

**Proficiency Level**

Listening	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Speaking	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Reading	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Writing	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Comprehension*	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Composite**	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient

\*The Comprehension level is derived from Listening and Reading

\*\*The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension

Assessment instrument(s) used: \_\_\_\_\_

Student is LEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (GI230)

If student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? Yes \_\_\_\_\_ No \_\_\_\_\_

KIRTLAND LOCAL SCHOOLS

HEALTH HISTORY

School:  KES  KMS  KHS

Grade: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Who does this child live with: \_\_\_\_\_

**Family History**

Please list this child's brothers and sisters:

Name	Birth Year	Sex
1.		
2.		
3.		
4.		
5.		

**Prenatal History**

Did the mother have any unusual physical or emotional illness during this pregnancy?  
Yes  No  If yes, please explain: \_\_\_\_\_

How old was the mother when this infant was born? \_\_\_\_\_

Was this infant born: Full term  Early  Late

What was this infant's birth weight? \_\_\_\_\_

Did the infant have any sickness or problems while in the nursery  
Yes  No  If yes, please explain \_\_\_\_\_

**Developmental History**

Please give the approximate age at which this child:

1. Walked alone \_\_\_\_\_

2. Spoke in sentences \_\_\_\_\_

3. Dressed self \_\_\_\_\_

4. Toilet trained \_\_\_\_\_

How does this child's development compare to other children, such as brothers and sisters or playmates? About the same:  Slower:  Faster:

This child is usually: Very active:  Normally active:  Inactive:

Do you have any concerns about how your child gets along with others? \_\_\_\_\_

**Allergies - Please list and describe allergies or reactions to:**

Medicines/ drugs: \_\_\_\_\_

Foods/ plants: \_\_\_\_\_

Animals/ other: \_\_\_\_\_

RECOMMENDED TREATMENT if allergy is severe: \_\_\_\_\_

**Health Conditions - Please check any that this child has had:**

- |  |   |
|--|---|
| <input type="checkbox"/> Abnormal spinal curvature (scoliosis)             | <input type="checkbox"/> Rheumatic fever                      |
| <input type="checkbox"/> Allergies or hay fever                            | <input type="checkbox"/> Cystic fibrosis                      |
| <input type="checkbox"/> Kidney disease, type: _____                       | <input type="checkbox"/> Seizures or epilepsy                 |
| <input type="checkbox"/> Anemia  | <input type="checkbox"/> Diabetes                             |
| <input type="checkbox"/> Measles ("old fashioned" or "10-day")             | <input type="checkbox"/> Sickle cell disease                  |
| <input type="checkbox"/> Arthritis   | <input type="checkbox"/> Eczema                               |
| <input type="checkbox"/> Meningitis or encephalitis                        | <input type="checkbox"/> Skin rashes (frequent)               |
| <input type="checkbox"/> Asthma or wheezing                                | <input type="checkbox"/> Emotional problems                   |
| <input type="checkbox"/> Multiple ear infections (3 or more)               | <input type="checkbox"/> Stool soiling                        |
| <input type="checkbox"/> Behavior problems                                 | <input type="checkbox"/> Eye problems, poor vision (glasses?) |
| <input type="checkbox"/> Mumps   | <input type="checkbox"/> Substance abuse (alcohol, drugs)     |
| <input type="checkbox"/> Birth/ congenital malformation: _____             | <input type="checkbox"/> Frequent headaches                   |
| <input type="checkbox"/> Near-drowning or near-suffocation                 | <input type="checkbox"/> Suicide attempts                     |
| <input type="checkbox"/> Birth mark: _____                                 | <input type="checkbox"/> Frequent skin infections             |
| <input type="checkbox"/> Nervous twitches or tics                          | <input type="checkbox"/> Throat infections (frequent)         |
| <input type="checkbox"/> Cancer, type: _____                               | <input type="checkbox"/> Frequent sore throat infections      |
| <input type="checkbox"/> Poisoning   | <input type="checkbox"/> Toothaches or dental infections      |
| <input type="checkbox"/> Chicken pox                                       | <input type="checkbox"/> Heart disease, Type: _____           |
| <input type="checkbox"/> Poor hearing                                      | <input type="checkbox"/> Urinary tract infections             |
| <input type="checkbox"/> Chronic diarrhea or constipation                  | <input type="checkbox"/> Hepatitis                            |
| <input type="checkbox"/> Pregnancy   | <input type="checkbox"/> Wetting (daytime/ night)             |
| <input type="checkbox"/> Concerns about relationship with siblings/friends |   |

**Injuries and Illnesses - Please list any severe injuries or illnesses:**

Injury / Illness	Age of Child	Hospitalized?

Does this child always wear seatbelts in cars? Yes  No

**Medications**

What medications are given daily? \_\_\_\_\_

What medications are given frequently, but not daily? \_\_\_\_\_

**Additional Information**

Do you have any concerns about how your child gets along with others? \_\_\_\_\_

Do you have other comments or concerns about this child's health, development, behavior, family or home life that you would like the school to be aware of? If yes, explain briefly: \_\_\_\_\_

Completed by: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Ohio School Health Record Physician's Report

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male  Female  Age \_\_\_\_\_ Date: \_\_\_\_\_

Height: \_\_\_\_\_ ( %) Weight: \_\_\_\_\_ ( %) Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

### SCREENING TESTS

#### VISION

DATE DONE: \_\_\_\_\_

Distance Acuity:	R _____	L _____	
Music Balance:	Pass _____	Fail _____	Not Done _____
Farsightedness:	Pass _____	Fail _____	Not Done _____
Color:	Pass _____	Fail _____	Not Done _____
Child wears glasses:	Yes _____	No _____	
Tested with glasses:	Yes _____	No _____	
Referral made:	Yes _____	No _____	

#### HEARING

DATE DONE: \_\_\_\_\_

Audiometric thresholds:

R- Ear	Pass _____	Fail _____	Not Done _____
L- Ear	Pass _____	Fail _____	Not Done _____

Other Tests (specify) \_\_\_\_\_

Child wears hearing aid:	Yes _____	No _____
Tested with hearing aid:	Yes _____	No _____
Referral made:	Yes _____	No _____

#### SPEECH AND LANGUAGE

Speech assessment: Done  Not done

Child has no discernible speech problem:

Child has possible problem with:

Disorders (check):	Articulation: <input type="checkbox"/>	Rhythm: <input type="checkbox"/>	Voice: <input type="checkbox"/>
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Speech evaluation recommended: Yes \_\_\_\_\_ No \_\_\_\_\_

#### LABORATORY TESTS

Hematocrit / Hemoglobin  Urine protein  Urine Blood  Urine glucose  Other: \_\_\_\_\_

#### PHYSICAL EXAMINATION

Date Examined \_\_\_\_\_

Essentially Normal \_\_\_\_\_

Abnormalities as follows:

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Is this child able to participate fully in the following?

- A. Classroom and academic activities      Yes \_\_\_      No \_\_\_
- B. Physical education classes              Yes \_\_\_      No \_\_\_
- C. Competitive athletics                      Yes \_\_\_      No \_\_\_
- D. Contact and collision sports              Yes \_\_\_      No \_\_\_

If limitations are advised, please specify those limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this child has any physical, developmental or behavioral problems, how can the school assist with special programs, placement or attention? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Assessment**

Problem List	Recommendation for School Management
1.	1.
2.	2.
3.	3.

**PLEASE PRINT OR STAMP**

Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Ohio School Health Record  
Dentist's Report

Child's Name: \_\_\_\_\_

The following services have been performed:

- Examination
- Diagnosis
- Radiographs
- Oral prophylaxis
- Prescription for fluoride supplements
- Topical application of fluoride

The following oral hygiene instruction was provided:

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

The following statements are applicable:

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Print or Stamp**

Dentist's name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Dentist's signature: \_\_\_\_\_

Date signed: \_\_\_\_\_



**KIRTLAND ELEMENTARY SCHOOL  
9140 CHILlicothe ROAD  
KIRTLAND, OH 44094**

**The following student has enrolled at Kirtland Elementary School**

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**Name of Student** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Present Grade** \_\_\_\_\_

**New Address of Student** \_\_\_\_\_

**Please send the items checked below.**

- Official Transcripts/Records**
- Attendance data**
- Proficiency Test Results**
- Health data and/or medical reports**
- IEP's/504's**

**This release goes to:**

---

**Name of Former School** \_\_\_\_\_

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Please send records to:**

**Kirtland Elementary School  
9140 Chillicothe Road  
Kirtland, OH 44094  
440-256-3344  
Fax-440-256-1045**

**I authorize the release of the above requested records to the Kirtland Elementary School.**

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



**KIRTLAND MIDDLE SCHOOL  
9152 CHILICOTHE ROAD  
KIRTLAND, OH 44094**

**The following student has enrolled at Kirtland Middle School**

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<b>Name of Student</b>	<b>Date of Birth</b>	<b>Present Grade</b>
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**New Address of Student** \_\_\_\_\_

**Please send the items checked below.**

- Academic grades**
- Attendance data**
- Group Administered achievement and/or aptitude test scores**
- Health data and/or medical reports**
- Psychological reports**
- Individually administered achievement tests**
- IEP's**
- Speech, language and/or hearing evaluations**

**This release goes to:**

---

**Name of Former School**

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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Phone Number</b>	<b>Fax Number</b>
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**Please send records to:**

**Kirtland Middle School  
9152 Chillicothe Road  
Kirtland, OH 44094  
440-256-3358  
Fax-440-256-3928**

**I authorize the release of the above requested records to the Kirtland Middle School.**

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**Parent/Guardian Signature**



**KIRTLAND HIGH SCHOOL  
9150 CHILICOTHE ROAD  
KIRTLAND, OH 44094**

**The following student has enrolled at Kirtland High School**

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**Name of Student** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Present Grade** \_\_\_\_\_

**New Address of Student** \_\_\_\_\_

**Please send the items checked below.**

- Official Transcripts**
- Attendance data**
- Proficiency Test Results**
- Career Portfolio**
- Health data and/or medical reports**
- IEP's**

**This release goes to:**

---

**Name of Former School** \_\_\_\_\_

---

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Please send records to:**

**Kirtland High School  
Guidance Department  
9150 Chillicothe Road  
Kirtland, OH 44094  
440-256-3366  
Fax-440-256-1042**

**I authorize the release of the above requested records to the Kirtland High School.**

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