Westerly Elementary School

Registration Forms & Requirements

If you currently live in Bay Village or have recently moved to Bay Village and your child will be in the 3rd or 4th grade it will be necessary to register your child at Westerly Elementary School.

Forms to be completed:

Pupil Registration Form

Proof of Residency Affidavit

Home Language survey

Request for Records

Student Health Concern Alert Form

Ohio School Health History Form

*Documentation that is **REQUIRED** to register*:

Birth Certificate, original copy

Custody Papers (if applicable)

Proof of Residency (see Residence Affidavit for acceptable forms)

IEP and MFE if special services are required

Immunization (shot) records (Immunization Requirements)

Please print the following forms, complete in full and return to Westerly School

** if registering mid-year please also complete this Emergency Medical Form

School

Grade

Date Entered

BAY VILLAGE CITY SCHOOLS

PUPIL REGISTRATION FORM

Please print legibly

Last Name | First Name | Middle

Address | Home Phone

Date of Birth | City of Birth | Birth Cert Received

Native/Primary Language | Social Security # | M/F

ETHNICITY ___ No, Not Hispanic/Latino ___ Yes, Hispanic/Latino

This question is about ethnicity, not race. Regardless of what you selected above, please continue to answer the following by marking one or more choices *to indicate what you consider your student's race to be. Per a change in government definitions, Hispanic is not considered a race, it is an ethnicity and therefore, an actual race must be marked.*

___ White
___ Black/African American
___ Asian
___ American Indian or Alaskan Native
Native Hawaiian or Pacific Islander

LIVING WITH ___ Mother ___ Father ___ Guardian ___ Step-Parent Other:

LEGAL CUSTODY ___ Mother ___ Father ___ Foster Other: Received

PARENT/GUARDIAN INFORMATION

Father

Address | Phone

Employer | Phone

Cell Phone | Email

Mother | Maiden Name

Address | Phone

Employer | Phone

Cell Phone | Email

PREVIOUS SCHOOL

Address of Previous School

Does the child have a 504 Plan? ___ Yes ___ No SSID (Office only)

Does the child have an IEP? ___ Yes ___ No

If yes, list year of last evaluation ___

Do you have a copy of the IEP? ___ Yes ___ No

Revised 4/2011

CUSTODY AND RESIDENCE AFFIDAVIT

Bay Village City School District

Complete Part A, (B, C or D), and E (*Please Print*)

To meet our legal responsibility and to be fiscally responsible the Bay Village City Schools conducts periodic residency verification. Please note: Proof of residency and custody papers (if applicable) must be provided with this document before the student(s) can be enrolled.

Part A:

I, _____, certify that I am the ☐**Owner (complete Parts B and E below)** ☐**Renting (complete Parts C and E below) or** ☐**Living with a Bay Village Resident (complete Parts D and E below)** at the dwelling/apartment located at:
Street Number & Name _____ Apt.# _____
City and Zip Code _____ _____
Date of Occupancy _____

I, _____, certify that I am a full-time resident of the above address located within the Bay Village City School District, and do not maintain a separate primary residence elsewhere. I also certify that I am the parent, legal custodian of _____and have provided school officials with a signed copy of the certified court order granting legal custody and that this is the most recent court order and that there have not been any custodial changes. **If you have not provided the school with a copy of the custody agreement, then you must do so immediately according Ohio Revised Code 3313.64.**

Part B: ☐Yes

If you are the **Owner** of the dwelling, you **will** be required to submit one (2) of the following items listed below:

Tax bill	Insurance policy on dwelling	Paycheck stub with address
Home Mortgage coupon	Gas bill or deposit receipt	Purchase/Construction contract
Water/Sewer bill	Telephone bill	Electric bill

Part C: ☐Yes

If you are the **Tenant/Renter** of the dwelling, a copy of your current *signed lease agreement* is required along with the name of the landlord and one of the above utility bills that is in your name.

Part D: ☐ Yes

If you are only **Residing with** a resident of Bay Village (friend/relative) specify who you are residing with and their relationship to you. Living with:_____ Relationship:_____
Please provide proof of residency from the owner. It is expected that you also provide proof of residency within 30 days showing the Bay Village address as your permanent residence. Acceptable documents are copies of bills or a paycheck stub with address.

Part E:

I, _____, further certify that this above information is true and accurate. I realize that should any of this information be false, I am liable for any penalties which the law provides and that I agree to pay the current tuition cost for each student listed below while illegally attending the Bay Village School District and understand that immediate withdrawal will occur. List below the names of all persons residing with you at the above address: (including yourself)

Adults	Children	Birth Date	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1.) I agree to immediately inform the school if changes in the current residency arrangement and or custody change.
2.) The above information is accurate and not falsified to circumvent the attendance laws of the State of Ohio or the policies of the Bay Village Board of Education requiring legal residency in order to attend the Bay Village City Schools.
3.) I understand that Bay Village city Schools will attempt to verify my residency and investigate questions raised about my residency. Residency by definition is living at a household for at least 60%of the time.
4.) I will promptly provide the school with an updated custody order in the event court action takes place.
5.) I have read this entire document and the information provided by me on this form is true and accurate.

_____ _____ _____
(Signature) **(Date)** **(Phone Number)**

_____
(Please Print Name)

Return this form and supporting documentation to:
Mr. Daryl Stumph, Director of Operations,
Bay Village City Schools, 377 Dover Center Road, Bay Village, OH 44140

HOME LANGUAGE SURVEY

STUDENT INFORMATION: *To be completed by Parent/Guardian*

DATE_____

School_____

Grade_____

Last Name_____ First_____Middle_____Sex_____

Address_____City_____State_____ Zip Code_____

Date of Birth_____Place of Birth (city, state,country)_____

Father/Guardian Last Name_____First Name_____

Mother/Guardian Last Name_____First Name_____

Home Phone_____ Cell Phone_____

Work Phone_____ Email_____

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 with your son/daughter?_____
4. What language do the adults at home most often speak?_____

If the answer to question1-4 is "English", you have completed the form. Otherwise, continue with questions 5-10.

5. What date did your child enter the United States?_____
6. Country of origin_____
7. Has your child attended school in the past? Yes_____ No_____
8. Schools attended **outside** the United States? Include name, address, dates and grade(s)._____

_____

_____

9. Schools attended **in** the United States? Include name, address, dates and grade(s)_____

_____

_____

10. Is there an adult in the home who speaks/reads/writes English? _____

Name

Signature of Parent/Guardian

**If the answer to question 1-4 is not "English", send copy of this form to the Director of Special Services and ESL Tutor.*

8/1/10

WESTERLY SCHOOL
30301 Wolf Road
Bay Village, Ohio 44140

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

Note: When submitted, this authorization will become a part of the student's permanent record in accordance with the Family Educational Rights and Privacy Act, Education For all handicapped Children Act.

Child's Name: _____ Grade: ___ Birth date: _____

Parent/Guardian's Name: _____

Address: _____

City/State/Zip: _____

As the parent or legal guardian of the above named child, I authorize:

_____
Name of School (currently attending)

_____
Address of School

_____
City, State, Zip

To release the records indicated below.

_____ _____
Signature of Parent (required) Date

1. _____ Directory Information
2. _____ Permanent/Cumulative Record
3. _____ Health Record
4. _____IEP, MFE, 505/Special Education
5. _____ Other

The records should be released to:

Westerly School
30301 Wolf Road
Bay Village, Ohio 44140

The reason for the release: _____

FOR SCHOOL USE ONLY

Date Requested:_____ Date Received: _____

Bay Village City Schools

Student Health Concern

Alert Form

Does your child have a health condition that requires attention by district school personnel?

☐ No

☐ Yes (if yes, please state the specifics of your child's medical situation)

_____

_____

_____

_____

_____

_____

_____ _____

Parent/Legal Guardian Signature Date

Grade _____
School _____
Enrolled _____

OHIO SCHOOL HEALTH HISTORY
To be completed by parent or guardian

Child's full name _____
LAST FIRST MIDDLE

☐ Male ☐ Female Birthdate _____

Child's address _____

Father's name _____
Address (if different from child's) _____
Work Phone _____ Home Phone _____
Cell Phone _____
Mother's name _____
Address (if different from child's) _____
Work Phone _____ Home Phone _____
Cell Phone _____

With whom does child live _____
NAME RELATIONSHIP
Who is the child's legal guardian? _____
Please list this child's brothers and sisters:

FAMILY HISTORY

Name	Birth year	Sex	Name	Birth year	Sex
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

PERINATAL HISTORY

Did the mother have any unusual physical or emotional illness during this pregnancy?
☐ Yes ☐ No If yes, explain briefly _____
How old was the mother when this child was born _____
Was this infant born: ☐ full term ☐ early ☐ late What was the infant's birth weight? _____
Did the infant have any sickness or problems while in the nursery? ☐ Yes ☐ No
If yes, explain briefly _____

DEVELOPMENTAL HISTORY

Please give the approximate age at which this child:
walked alone _____ was toilet trained _____spoke in sentences _____ dressed self _____
How does this child's development compare to other children, such as his or her brothers/sisters or playmates? ☐ about the same ☐ slower ☐ faster

I. **HEALTH CONDITIONS**: Please check any that this child has or had:

- ☐ Abnormal spinal curvature (scolisosis, etc.)
- ☐ Allergies or hayfever
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma or wheezing
- ☐ Bedwetting at night
- ☐ Behavior problem
- ☐ Birth or congenital malformation
- ☐ Cancer, type _____
- ☐ Chicken pox
- ☐ Chronic diarrhea or constipation
- ☐ Concern about relationships
- ☐ Cystic fibrosis
- ☐ Diabetes
- ☐ Eczema
- ☐ Emotional problems
- ☐ Eye problems, poor vision
- ☐ Fainting
- ☐ Frequent fevers
- ☐ Frequent headaches
- ☐ Frequent skin infections
- ☐ Frequent sore throat/infections
- ☐ Heart Disease, type _____
- ☐ Hepatitis
- ☐ Indigestion
- ☐ Kidney disease, type _____
- ☐ Measles (old fashioned, 10 day)
- ☐ Meningitis or encephalitis
- ☐ Multiple ear infections (3 or more)
- ☐ Mumps
- ☐ Nail Biting
- ☐ Near drowning or suffocation
- ☐ Nervous twitches or tics
- ☐ Nightmares
- ☐ Nose bleeding
- ☐ Overtired or lacking pep
- ☐ Poisoning
- ☐ Poor hearing
- ☐ Rheumatic fever
- ☐ Seizures or epilepsy
- ☐ Sickle cell disease
- ☐ Serious blows to head
- ☐ Sinus trouble
- ☐ Stool soiling
- ☐ Substance abuse (birth)
- ☐ Suicide attempts
- ☐ Stomachaches
- ☐ Toothaches/dental infections
- ☐ Urinary tract infections
- ☐ Vomiting
- ☐ Wetting during day
- ☐ Loss of consciousness

II. **ALLERGIES** – PLEASE LIST AND DESCRIBE ALLERGIES OR REACTIONS TO:

Medicines/drugs: _____

Foods/plants/animals/other _____

Recommended treatment if allergy is severe _____

III. **INJURIES AND ILLNESSES** – PLEASE LIST

Type	Age	Hospitalized

Does this child always wear seatbelts in the car? ☐ Yes ☐ No

IV. **HEARING ASSESMENT**

Has this child ever had any ear/hearing examination or treatment? ☐ Yes ☐ No
If yes, when _____ by whom _____ results _____
Do you suspect any hearing problems? ☐ Yes ☐ No

CHECK THOSE THAT APPLY:
☐ Seems to have difficulty hearing
☐ Turns up TV louder than anyone in family
☐ Seems to favor one ear over other
☐ Jumps or appears to be more startled than others if there is a sudden noise
☐ Seems to hear you if you talk in whisper
☐ Makes you talk loudly or repeat frequently
☐ Becomes confused in following more than two verbal directions at a time
☐ Has difficulty remembering things for a long time
☐ Has difficulty remembering things for a short time

V. **VISUAL ASSESSMENT**:

Has your child ever had a vision examination? ☐ Yes ☐ No
If yes, when _____ by whom _____ results _____
Do you suspect any vision problems? ☐ Yes ☐ No

CHECK THOSE THAT APPLY:
☐ Seems to have difficulty seeing small lines or pictures
☐ Seems to have a problem seeing things far away
☐ Squints
☐ Has eyes that turn in
☐ Has eyes that turn out
☐ Sits very close to TV
☐ Rubs eyes a lot
☐ Turns head as to use primarily one eye
☐ Lowers on side of head when looking at others

VI. **ADDITIONAL INFORMATION**:

What medications are given daily? _____
What medications are given frequently, but not daily? _____
Child is usually: ☐ very active ☐ normally active ☐ rather inactive
Do you have concerns about how your child gets along with other children? ☐ Yes ☐ No
If yes, explain briefly _____
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