

## **DANBURY LOCAL SCHOOL DISTRICT**

9451 E. Harbor Road

Marblehead, OH 43440

Telephone: 419-798-5185 Fax: 419-798-2260

## **REGISTRATION PACKET**

Complete and return the entire registration packet to Danbury Local School's central office. Please bring your child's **original** birth certificate, immunization records, 2 documents for proof of residency and custody papers (if applicable) at the time of registration. *No student will be enrolled without proper documentation.*

If you have questions, please feel free to call 419-798-5185.

# DANBURY LOCAL SCHOOL DISTRICT REGISTRATION FORM

(Please Print)

Date \_\_\_\_\_ Student's Current Grade \_\_\_\_\_

Child's name exactly as it appears on birth certificate including the full middle name:

\_\_\_\_\_  
First Middle Last

City and State that child was born in \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Sex: Male Female

How do you want your child's name to appear in the classroom on papers, name tags, labels, etc.

(Example: Billy in place of William) \_\_\_\_\_

Child's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_  
(Do not list step-parent) (Do not list step-parent)

Father's address \_\_\_\_\_ Mother's address \_\_\_\_\_

Father's telephone # Home \_\_\_\_\_ Mother's telephone # Home \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent's Marital Status:  Never married  Married  Separated  Divorced

Do you have custody papers?  Yes  No  Custody in Process

Parent/Guardian Name(s) with whom the child lives \_\_\_\_\_  
*First and last names (Do not list stepparents)*

Address (If different than above): \_\_\_\_\_

Parents/Guardian Relationship with whom the child lives (Please check one)

\_\_\_\_\_ - Parents \_\_\_\_\_ - Grandparents \_\_\_\_\_ - Guardian

\_\_\_\_\_ - **Mother** (if student is living with mother only) \_\_\_\_\_ - **Father** (if student is living with father only)

\_\_\_\_\_ - **Court** (if student has been placed by the court)

**Please choose one of the following:**

- A – Active Duty – Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
- B – Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)
- C – Student is a dependent of a member of the Military Reserve
- Not Applicable (Not a Military Student)

**Ethnicity:**

Is the student of Hispanic/Latino heritage? Y N

**Please circle EACH that apply:**

- A-Asian                      B-Black/African American                      I-American Indian or Alaskan Native  
P- Native Hawaiian-Pacific Islander                      W –White

Child's native language \_\_\_\_\_ Parent's native language \_\_\_\_\_

Is there another language spoken in the home? Yes No (If yes, what is the language) \_\_\_\_\_

Has your child ever been retained?     Yes     No

**Has your child been served by any of the following Programs?**

- Special Education                       Yes     No  
Speech and Hearing                       Yes     No  
Talented and Gifted                       Yes     No  
Guidance and Counseling                       Yes     No  
Title I Reading                       Yes     No

If yes, please explain: \_\_\_\_\_

Is there a stepparent (a person to whom you are married) that your child lives with at the child's address?                      Yes                       No

If yes, what is the stepparent's name? \_\_\_\_\_

May we contact you by e-mail? Yes                       No

If yes, what is your e-mail address: \_\_\_\_\_



DANBURY LOCAL SCHOOL DISTRICT  
**EMERGENCY MEDICAL AUTHORIZATION FORM**

PLEASE PRINT – USE INK

**STUDENT INFORMATION**

TODAY'S DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CURRENT GRADE/HOMEROOM \_\_\_\_\_ BUS # AM \_\_\_\_\_ PM \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PRIMARY HOME PHONE NUMBER \_\_\_\_\_ STUDENT'S CELL NUMBER \_\_\_\_\_

**CONTACT/RESIDENCY INFORMATION**

If there is a custody order allocating parental rights and responsibilities, or if the student is placed with a legal guardian, legal documents which declare placement must be provided to the school. Please include a certified copy of the court order and any future changes in custody.

STUDENT LIVES WITH:     Mother and Father     Mother Only     Father Only

Legal Guardian     Mother & Step Father     Father & Step Mother

**MOTHER'S INFORMATION**

Residential/Parent/Legal Guardian     YES     NO

Name: \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Do you wish to receive school correspondence via email? (if yes):

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

**FATHER'S INFORMATION**

Residential/Parent/Legal Guardian     YES     NO

Name: \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Do you wish to receive school correspondence via email? (if yes):

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

**LEGAL GUARDIAN INFORMATION  
OTHER THAN PARENTS**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Do you wish to receive school correspondence via email ? (if yes):

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

**EMERGENCY CONTACTS**

Please list 3 people (locally) we may call in the event of an emergency if the parent/guardian cannot be reached. These emergency contacts also have your permission to pick up your child during the school day. List in order of priority.

**1. Name:** \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**2. Name:** \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**3. Name:** \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Student's Name \_\_\_\_\_

List all health concerns or problems: \_\_\_\_\_

List all allergies and any special precautions or treatments for these allergies: \_\_\_\_\_

List all medications currently being administered to the child: \_\_\_\_\_

Please list siblings who attend Danbury \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

**ORC 3313.712**

(A) Annually the board of education of each city, exempted village, local and joint vocational school district shall, before the first day of October, provide to the parent or legal guardian of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent or legal guardian, either as part of any registration form which is in use in the district or as a separate form, an identical copy of the form contained in division (B) of this section. When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district to which the pupil is transferred. Upon request of his parent or legal guardian, authorities of the school in which the pupil is enrolled may permit the parent or legal guardian to make changes in a previously filed form, or to file a new form. If a parent or legal guardian does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child. Even if a parent or legal guardian gives written consent for emergency medical treatment, when a pupil becomes ill or injured and requires medical treatment while under school authority, or while engaged in an extracurricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent or legal guardian before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment. Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section. B) The emergency medical authorization form provided for in Division (A) of this section is as follows:

**Part I or Part II must be completed. DO NOT COMPLETE BOTH PARTS**

**PART I: TO GRANT CONSENT**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  No Preference

Dentist \_\_\_\_\_ Phone \_\_\_\_\_  No Preference

Hospital \_\_\_\_\_ Phone \_\_\_\_\_  No Preference

In the event reasonable attempts to contact me have been unsuccessful. I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**By signing this, I also give permission to school personnel to share my child's health/medical concerns (past/present) with school personnel on an "as needed to know" basis, unless I notify the school nurse in writing that I do not want it shared.**

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

**PART II: REFUSAL TO CONSENT – Do not complete if you have completed PART I**

I do **NOT** give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

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

**REPRODUCTION OF STUDENT PHOTOGRAPHS, VIDEO, AND LIKENESS**

At times Danbury Local Schools reproduce photos, video, and likenesses of students for the benefit of the community. Some examples may be: calendar, newsletter, website, live audio and recordings, and television broadcasts. This would include interactive and web-based learning broadcasts sponsored by the district with sites outside the school district. Danbury Local Schools does not distribute the reproduction of student photos, video, and likenesses to any other entity, unless expressly approved by a parent or guardian.

If you **DO NOT** wish to authorize the reproduction of your child's photo, video or likeness please initial here \_\_\_\_\_

# DANBURY LOCAL SCHOOLS

## CUSTODY STATEMENT

**This statement is in regards to my child who is a student at Danbury Local Schools.**

\_\_\_\_\_ Child lives with both parents listed on birth certificate, custody is not applicable. We are married\_\_\_\_\_ We are not married\_\_\_\_\_

\_\_\_\_\_ Parents are divorced, we have custody papers.

\_\_\_\_\_ No father is listed on the birth certificate.

\_\_\_\_\_ I am the child's mother and was not married at the time of the child's birth so custody is not applicable.

\_\_\_\_\_ I am the child's father and I have custody papers.

\_\_\_\_\_ My spouse and I are *not* living together, but there has been no legal action started that could result in custody being awarded to the other spouse.

\_\_\_\_\_ Separation (divorce, dissolution, etc.) action has been started, but no final decree has been rendered. *I will bring in a copy of the papers once they are complete.*

\_\_\_\_\_ Child does not live with either parent. I am the child's legal guardian and I have custody papers.

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

Student's Name (please print)\_\_\_\_\_

Date \_\_\_\_\_

# DANBURY LOCAL SCHOOL DISTRICT

**IRN 048934**

9451 EAST HARBOR ROAD  
MARBLEHEAD, OH 43440

PHONE: 419-798-5185 \* FAX: 419-798-2260

[www.danburyschools.org](http://www.danburyschools.org)

## AUTHORIZATION FOR RECORD RELEASE

Note to Parent/Guardian:

Most organizations require written permission from parents or guardians before they will release student records to other schools. To facilitate your child's entry into Danbury Local School District, please complete this form and we will send it to your child's previous school for his/her records. This authorization will become part of your child's permanent record in accordance with the Family Educational Rights and Privacy Act, Individuals with Disabilities in Education Act (IDEA), and the Board of Education's Student Records Policy.

Student's **Full Name**: \_\_\_\_\_

Student's **Date of Birth**: \_\_\_\_\_ **Current Grade Level**: \_\_\_\_\_

**Previous School Attended**: \_\_\_\_\_

**Street Address**: \_\_\_\_\_

**City, State, Zip Code**: \_\_\_\_\_

**Previous School Phone Number**: \_\_\_\_\_ **Fax**: \_\_\_\_\_

**If student was Open Enrolled at previous school - Name of Previous District of Residence**: \_\_\_\_\_

.....

I hereby authorize your organization, noted above, to furnish the Danbury Local School District with all student records including court documentation, official transcripts, test records, medical records, reference, Individual Education Plan (IEP), Evaluation Team Report (ETR), Section 504 Accommodation Plan, and /or psychological reports. Ohio Revised Code, Section 3313.642, state that only grades and credits may be withheld for nonpayment of fees and charges. All other records must be sent to the requesting school district, particularly a cumulative record of proficiency and/or achievement tests. It is understood that this information will be used in a confidential and professional manner.

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

\_\_\_\_\_  
Date of Request

### FOR OFFICE USE ONLY:

Student has MOVED TO Danbury Local School District as of: \_\_\_\_\_

Student is OPEN ENROLLING to Danbury Local School District as of: \_\_\_\_\_

Student is COURT PLACED to Danbury Local School District as of: \_\_\_\_\_

**Please send records to:** Danbury Local School District  
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