

Date \_\_\_\_\_

**United Local Schools  
New Student Enrollment**

**Please Print:**

Student's Name \_\_\_\_\_  
(Include Middle Name)

Date Of Birth \_\_\_\_\_

Please Check Ethnic Background: \_\_\_\_\_ Hispanic/Latino, \_\_\_\_\_ White, \_\_\_\_\_ B-Black or African American,  
\_\_\_\_\_ Asian, \_\_\_\_\_ American Indian/Alaskan Native,  
\_\_\_\_\_ Pacific Islander,

Please Circle: M F Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

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

Cell Phone Number \_\_\_\_\_

Last School Attended \_\_\_\_\_

Have you withdrawn your child from their previous school?

Yes \_\_\_\_\_ No \_\_\_\_\_

Last Date Attended: \_\_\_\_\_

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***For School Use Only***

United Bus Number \_\_\_\_\_

Pickup Location \_\_\_\_\_

Pickup Time \_\_\_\_\_

Date Attendance Will Begin \_\_\_\_\_

**Please share information with the offices indicated:**

☐ Office (Elem., Jr./Sr. High) ☐ EMIS Coordinator ☐ Transportation ☐ Supt. Office (Open Enroll)

☐ Guidance Office ☐ Nurse's Office ☐ Cafeteria

**UNITED LOCAL SCHOOLS  
PARENTAL CONSENT FOR RELEASE OF RECORDS  
(STUDENT ENROLLMENT)**

Elementary Office - Phone (330) 223- 8001

Fax (330) 223-2363

Jr./High Office - Phone (330) 223-7102

Fax (330) 223-2682

To: \_\_\_\_\_  
(Name of School District)

You are authorized to release all records to:

	UNITED LOCAL ELEMENTARY SCHOOL (K-6)
	UNITED JR. HIGH GUIDANCE SCHOOL (7-9)
	UNITED HIGH SCHOOL GUIDANCE OFFICE (10-12)

For \_\_\_\_\_  
(Name of Student)

Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_.

	STUDENT MOVED INTO THE DISTRICT
	STUDENT IS ATTENDING UNITED LOCAL AS AN OPEN ENROLLMENT STUDENT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

Please send records to:

United High School, 8143 State Route 9, Hanoverton, OH 44423, Attn: Lynn Linsley

or

United Jr. High School, 8143 State Route 9, Hanoverton, OH 44423, Attn: Cathi Friend

or

United Elementary School, 8143 State Route 9, Hanoverton, OH 44423, Attn: Ed Ridgeway

**UNITED LOCAL SCHOOLS NEW STUDENT PARENT/GUARDIAN  
ENROLLMENT CHECKLIST**

Student Name (s) \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

**Please provide the following:**

1. Official Birth Certificate (raised seal) \_\_\_\_\_
2. Proof of custody, most recent court order (if applicable) \_\_\_\_\_
3. Immunization records \_\_\_\_\_
4. Two (2) proofs of residency e.g. a drivers license,  
voter registration, utility bill, rental or purchase  
agreement, etc. \_\_\_\_\_
5. Student's Social Security card \_\_\_\_\_

**Please complete and return the following:**

1. Enrollment Form \_\_\_\_\_
2. Consent for Release of Records \_\_\_\_\_
3. Record of Custodial Change \_\_\_\_\_
4. Health History \_\_\_\_\_
5. **Notarized** Residency Affidavit and Rental Affidavit  
(if unable to provide 2 proofs of residence)

**Parent/ Guardian:**

**We cannot enroll** your child at United Local Schools until you have completed **all** the enclosed forms and can bring all required items. Make sure all forms are completed, signed, and notarized (if needed). You **MUST CALL** the school to make an appointment to enroll your child.

**United Elementary (K-6) 330-223-8001**  
**United Jr./Sr. High (7-12) 330-223-7102**

**LEAVING A MESSAGE DOES NOT  
SECURE AN APPOINTMENT!**

**Please answer the following:**

1. Is your child under a current IEP? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Is your child under a current 504 Plan? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Does your child have a Gifted Identification? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Do you speak English as the primary language in your home? YES \_\_\_\_\_ NO \_\_\_\_\_

**UNITED LOCAL SCHOOLS  
8143 STATE ROUTE 9  
HANOVERTON, OHIO 44423**

**RECORD OF CUSTODIAL CHANGE**

*This form must be completed for each student and returned to the school district.*

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**Part I.** Enrollment information to be completed by Parent/Guardian, or Representative from Agency of Custody as part of the enrollment process:

Has the custody of \_\_\_\_\_ ever been altered since the child's birth?  
(divorce, foster, living with grandparent, etc.)

\_\_\_\_ No      If **No**, please sign this form\*. **Do NOT complete Part II. Go to part III.**  
\_\_\_\_ Yes      If **Yes**, complete Part II, and sign this form\*.

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**Part II. PLEASE ENSURE THAT THE SCHOOL HAS A COPY OF THE MOST RECENT CUSTODY CHANGE ON FILE.** Enrollment Information to be completed by Parent/Guardian, or Representative from Agency of Custody if there has ever been a change of custody:

Pupil's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

Current Address: \_\_\_\_\_ Current Grade \_\_\_\_\_

Custody Status Pending? \_\_\_\_ Yes \_\_\_\_ No    Date of Altered Custody \_\_\_\_\_

Does your child receive Special Education Services? \_\_\_\_ Yes \_\_\_\_ No

Parent/Guardian or Agency address at time of custody alteration \_\_\_\_\_

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**Part III.** I hereby certify that the information contained on this form is complete and accurate. I understand That incorrect information regarding custody and residence will result in a violation of Section 3313.64 of the Ohio Revised Code. Such a violation result in a tuition charge in excess of \$40.00 per day while the child was enrolled in the United Local Schools.

\_\_\_\_\_  
\* Signature of Parent/Guardian or Agency Representative

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Custody Papers, identifying the school district responsible for tuition, are due 60 calendar days fro the date of enrollment.  
Enrollment Date \_\_\_\_\_

Custody Papers are due on \_\_\_\_\_ or the student's enrollment will be terminated.

Custody Papers received (date): \_\_\_\_\_

School District responsible for tuition per court entry: \_\_\_\_\_

pc: Student File  
EMIS Coordinator  
Treasurer  
Special Education Coordinator (if applicable)

**UNITED LOCAL SCHOOL DISTRICT  
HEALTH HISTORY**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

**MEDICAL HISTORY**

Has your child ever had any of the following:

\_\_\_\_\_ Chickenpox If yes, date \_\_\_\_\_

\_\_\_\_\_ High Fevers/Febrile Seizures

\_\_\_\_\_ Pneumonia

\_\_\_\_\_ Fractures of any Bones

\_\_\_\_\_ Scarlet Fever

\_\_\_\_\_ Meningitis (viral or bacterial)

\_\_\_\_\_ Strep Throat

\_\_\_\_\_ Severe Head Injury

\_\_\_\_\_ Rheumatic Fever

\_\_\_\_\_ Whooping Cough

\_\_\_\_\_ Polio

\_\_\_\_\_ Diphtheria

Does your have or has your child had:

\_\_\_\_\_ Asthma

\_\_\_\_\_ Hay Fever

\_\_\_\_\_ Frequent Ear Infections

\_\_\_\_\_ Hearing Problems

\_\_\_\_\_ Seizures

\_\_\_\_\_ Kidney Problems

\_\_\_\_\_ Heart Problems

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Bladder or Kidney Problems

\_\_\_\_\_ Vision Problems

**ALLERGIES TO: \_\_\_\_\_ FOOD \_\_\_\_\_ MEDICINE \_\_\_\_\_ BEE STING**

IF YES, PLEASE SPECIFY TYPE OR REACTION AND TREATMENT  
NEEDED \_\_\_\_\_

Please note any other serious illness, operation, or injury and age incurred:

\_\_\_\_\_  
\_\_\_\_\_

Is your child on any medication? If yes, please list medicine and dosage

\_\_\_\_\_

**AGENCIES**

Has your child received any services from any Health, Developmental or Counseling Agency? If yes, please list the agency and the service provided.

\_\_\_\_\_

Is your child currently attending this agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

STATE OF OHIO )  
COUNTY OF \_\_\_\_\_ ) ss:

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

STATE OF OHIO \_\_\_\_\_ )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

I, the undersigned landlord, being first duly sworn on oath, depose and say that the information set forth in this affidavit is true as I verily believe. I understand that knowingly providing any false information in this document is a violation of Ohio Revised Code Section 2921.02(A)(6) which is a first degree misdemeanor punishable by a prison term of six months and/or a fine of up to \$1000.

\_\_\_\_\_  
Landlord

STATE OF \_\_\_\_\_ )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

Personally appeared before me, \_\_\_\_\_, the above landlord, to me known to be the person described in and who executed the foregoing or within instrument, and acknowledged to me that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC

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

\_\_\_\_\_

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



STUDENT ID # \_\_\_\_\_

DATE \_\_\_\_\_

**UNITED LOCAL SCHOOLS ANNUAL ENROLLMENT OR REGISTRATION SCHOOL YEAR 20\_\_ - \_\_\_\_**

STUDENT'S LEGAL NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ PHONE \_\_\_\_\_

Last

First (as shown on birth cert.)

Middle (underline if known by middle name)

GRADE LEVEL \_\_\_\_\_ STUDENT'S SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_

ADDRESS (NUMBER AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ BIRTH PLACE \_\_\_\_\_ PRIMARY LANGUAGE SPOKEN AT HOME \_\_\_\_\_

Month Day Year

City

State

(Due to reporting requirement changes from the United States Department of Education, ONE of the following questions must be answered)

Is the student of Hispanic/Latino\* heritage? Y\_\_ N\_\_ If yes, check all that apply.... White\_\_, Black or African American\_\_, Asian \_\_, American Indian or Alaskan Native\_\_, Pacific Islander\_\_

If no, and student is of one race, check only one.... White\_\_, Black or African American\_\_, Asian \_\_, American Indian or Alaskan Native\_\_, Pacific Islander\_\_

If no, and student is multi-racial, check all that apply.... White\_\_, Black or African American\_\_, Asian \_\_, American Indian or Alaskan Native\_\_, Pacific Islander\_\_

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

IF PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP, PLEASE SIGN

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NEW STUDENT: Has your child ever attended United Schools? Yes \_\_\_\_ No \_\_\_\_ If yes, which building (Elem, Jr. High, High) \_\_\_\_\_

Has this child received services provided by United Schools (Speech, Title 1, etc.) Yes \_\_\_\_ No \_\_\_\_

LAST SCHOOL ATTENDED \_\_\_\_\_ STREET ADDRESS (of school) \_\_\_\_\_

PRESCHOOL (Grade K-2 enrollees only) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

KINDERGARTEN (check one) HALF DAY \_\_\_\_ FULL DAY \_\_\_\_

**PARENT OR GUARDIAN (PLEASE CHECK THE BOX (ES) WITH WHOM THE CHILD RESIDES**

☐ BIOLOGICAL FATHER'S NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ HOME PHONE (If different from above) \_\_\_\_\_

☐ BIOLOGICAL MOTHER'S NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
 MOTHER'S MAIDEN NAME \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ HOME PHONE (If different from above) \_\_\_\_\_

☐ STEP PARENT \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ HOME PHONE (If different from above) \_\_\_\_\_

☐ LEGAL GUARDIAN \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ HOME PHONE (If different from above) \_\_\_\_\_

**BIOLOGICAL PARENTAL STATUS (Check One)** ☐ Married ☐ Never Married ☐ Separated ☐ Divorced ☐ Mother Deceased ☐ Father Deceased

**CUSTODY (if applicable)** ☐ Shared Parenting ☐ Mother ☐ Father ☐ Grandparents ☐ Guardian ☐ Other

Has the custody of this student ever changed during his/her lifetime? ☐ Yes ☐ No

If yes, also complete the “**Record of Custodial Change**” form.

**Other children in your family enrolled in the United Schools:**

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Is this enrollee currently under expulsion from another school? Yes \_\_\_\_\_ No \_\_\_\_\_ Suspension? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your children eligible for the medical card? Yes \_\_\_\_\_ No \_\_\_\_\_

**I hereby certify that the information contained on this enrollment blank is complete and accurate. I understand that incorrect information regarding custody and residence will result in a violation of Section 3313.64 of the Ohio Revised Code and will, by law, result in the following:**

**Immediate withdrawal of student (s) from school and a tuition assessment at the current daily rate from the date of enrollment. The rate will be in excess of \$40.00 per day as calculated by the State Department of Education.**

**Section 3316.64 also provides for the recovery of attorney’s fees in civil action regarding residency.**

\_\_\_\_\_  
**Custodial Parent’s Signature**

\_\_\_\_\_  
**Date Signed**

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**FOR SCHOOL USE ONLY**

Teacher \_\_\_\_\_ Room \_\_\_\_\_ Bus Number \_\_\_\_\_ Drive \_\_\_\_\_ Birth Certificate \_\_\_\_\_

Immunization Record \_\_\_\_\_ Proof of Residency (utility bills, etc.) \_\_\_\_\_ Custody Papers \_\_\_\_\_

Ohio Driver’s License ID # \_\_\_\_\_ Special Education Program (if applicable) \_\_\_\_\_

**FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD’S ETHNICITY AND RACIAL GROUP ABOVE**

School District’s determination of child’s ethnicity based on observation:

☐ Hispanic/Latino ☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child’s ethnicity (please print) \_\_\_\_\_

Employee Signature; \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

~ IMPORTANT NOTICE~  
**Out Of State Enrollment/Student Not Residing With Parents  
Or Pending Change Of Custody**

**Summary of Board Policy 604 – “Tuition policy when student resides with person other than the natural or adoptive parent”**

The United Local School District recognizes that in certain situations a student will reside within the bounds of the School District with a person other than the student’s natural or adoptive parent. It is the intent of the United Local School District to recoup as much tuition as possible, from whatever viable and legal source, for students who attend the United Local Schools, but whose parents do not reside within the United Local School District boundaries.

To that end, it shall be the policy of the United Local School District, in the event that a student attempts to enroll in the district and is in the permanent or legal custody of a person other than the student’s parents, to seek payment of the tuition for said student from either:

1. The district in which the child’s parent resided at the time a court removed the child from the home or any time a court vested legal or permanent custody of the child in the person or government agency, whichever occurred first; or
2. If the parent’s residence at the time a court removed the child from home or placed the child in the legal or permanent custody of the person or government agency is unknown, tuition shall be sought from the district in which the child resided at the time the child was removed from home or placed in legal or permanent custody, whichever occurred first; or
3. If a school district cannot be established under Ohio Revised Code, tuition shall be paid by the district determined by the court at the time it vests custody of the child in the person or government agency; or
4. **If an out of state district refuses to pay tuition to the United Local School District, the child’s parent(s)/guardian(s) from the previous out of state district will be responsible for tuition payment to the United Schools. Upon initial enrollment, at tuition payment is due for at least one semester’s education before a student will be permitted to attend class. All future tuition payments are also due before the first day of classes in each subsequent semester. Failure to pay tuition will result in the withdrawal of the said student from the United Local School District.**

**Pending change of custody**, the superintendent or the principal shall require the permanent or legal custodian of an enrolled student, or student to be enrolled, of the United Local School District, to sign an affidavit or other sworn statement relating to the student’s change of custody stating that proceedings to obtain permanent or legal custody of the student will commence within sixty (60) days of the date of the student’s enrollment. The permanent or legal custodian will provide copies of any relevant documentation supporting the change in custody [e.g. a court docket number and date of custody hearing]. **If a change of custody has not been established within the 60 day time frame, the child may be withdrawn from the United Local School District.**