



# Welcome to FAIRFIELD CITY SCHOOLS

**SIGNATURE REQUIRED AT BOTTOM OF PAGE 2**  
**Please complete ALL sections**

Office Use Only:

Student ID:

Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Building \_\_\_\_\_ AM / PM

HLS  IEP  Session Change Requested

Transportation Form Attached Intake \_\_\_\_\_

Preschool Evaluation Only Entry \_\_\_\_\_

### Student Information

Please print. Provide legal names.

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

Entering Grade Level \_\_\_\_\_ Gender (check one):  Male  Female

Home Address \_\_\_\_\_ Apartment/Lot/Unit Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ (check one):  Cell  Home

### Student Birthplace

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

Student Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/date/year)

Is the student Hispanic or Latino?  No  Yes

Race/Ethnic Code (check all that apply)  Black/African-American  White/Caucasian  Asian  
 American Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander

### Enrollment Reasons (Check One)

- From Ohio public district or charter/community school
- From home school in Ohio
- From out of state
- From out of country
- From nonpublic school in Ohio

Previous School District attended:

\_\_\_\_\_  
School Name City State

First time in Ohio public school due to age

### Has this student previously attended Fairfield City Schools?

No  Yes (If yes, grade level and year at withdrawal)

Grade \_\_\_\_\_ School Year \_\_\_\_\_

### If not a Fairfield resident, select reason for enrollment:

- Open Enrollment
- Out of District – Foster placement
- Other \_\_\_\_\_

Is this student presently under expulsion or suspension?  Yes  No

For High School Students - school year student began 9<sup>th</sup> grade \_\_\_\_\_

### Special Services

- Yes  No My child has an IEP or is currently receiving Special Service(s).
- Yes  No My child is currently on a 504.
- Yes  No My child has been identified as gifted or has received gifted services by a previous school district.

**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this survey. 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.

<b>Student Name:</b> <i>(First Name and Last Name)</i>	<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> / /
<p><b>Communication Preferences</b> 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.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>
<p><b>Language Background</b> 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.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>
<p><b>Prior Education</b> 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.</p>	<p>5. In what country was your child born? _____</p> <p>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? _____</p> <p>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</p>
<p><b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.</p>	
<p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____</p>	

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>



**Status of Birth/Adoptive Parents**

Married/Both in Home     Married/Separated     Never Married\*     Divorced\*

Mother Deceased     Father Deceased

*\*If divorced or never-married father, we require current legal documentation related to the children.*

**Contact Information**

**Student Resides with (Legal Guardian):** *(check all that apply)*

Mother     Father     Foster Parent\*     Guardian\*     Grandparent/Power of Attorney\*

Other\* \_\_\_\_\_ *\*If student is placed with a legal guardian/foster parent or residing with a grandparent, legal documents that identify placement must be provided.*

**Contact Information for:**

Mother     Father     Guardian     Caseworker

Grandparent     Stepparent     Foster Parent

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

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

Address same as student

**Contact Information for:**

Mother     Father     Guardian     Caseworker

Grandparent     Stepparent     Foster Parent

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

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

Address same as student

**Contact Information for:**

Mother     Father     Guardian     Caseworker

Grandparent     Stepparent     Foster Parent

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

Zip Code \_\_\_\_\_

**Contact Information for:**

Mother     Father     Guardian     Caseworker

Grandparent     Stepparent     Foster Parent

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

Zip Code \_\_\_\_\_

*I, the undersigned, do hereby state and declare under penalty of falsification\* that I am the parent or legal guardian of the above-named student and that this registration information is true and correct. I understand that any inaccurate information provided may result in a change of grade level, a change of class, or an immediate transfer or withdrawal from this school.*

*\*Falsification under Ohio Revised Code 2921.13 is a misdemeanor of the first degree punishable by a maximum of (6) months imprisonment and/or a fine of \$1,000.*

Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (month/date/year)

**Statement of Residency**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent/Guardian**

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

I affirm that I am the homeowner/leaseholder of the residence listed above, where the above-named student resides:

Yes

No -- Please answer the following questions.

**\*Homeowner/Leaseholder must complete the box below.**

Is student's current address a temporary living arrangement?  Yes  No

If yes, is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No

If yes, where is the student living now?

Motel or Hotel

Homeless Shelter

Doubled up with family or friend

Unaccompanied Youth

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/date/year)

(Must be signed in the presence of a Fairfield City School District Official)

**Please list all persons living in home:**

Name Sex Age Relationship to child

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

Name Sex Age Relationship to child

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

**\*Homeowner/Leaseholder (if other than Parent/Guardian)**

Homeowner/Leaseholder Name \_\_\_\_\_

I affirm that the Parent/Guardian and Student live with me at the residence listed above.

Phone \_\_\_\_\_

Date Parent/Guardian and student moved to your residence \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/date/year)

Expected Length of Stay \_\_\_\_\_ Reason for Co-Residency \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/date/year)

(Must be signed in the presence of a Fairfield City School District Official)

*I affirm that all information given above is true and correct. I agree that the Fairfield City School District, if they deem necessary, has the right to investigate my residency. I agree to allow the release of rental information to a representative of Fairfield City School District.*

*I further understand and agree that the above-named student may be withdrawn immediately from the Fairfield City School District if it is later determined that the parent(s)/guardian(s) are not legal residents of Fairfield City Schools.*

*A person who knowingly falsifies the above information is committing a misdemeanor of the first degree, punishable by a maximum of (6) months imprisonment and/or a fine of \$1,000. (Ohio Revised Code Section 2921.13)*

I have read and understand the above: Parent/Guardian Initials \_\_\_\_\_ Homeowner Initials \_\_\_\_\_

FOR OFFICE USE ONLY:

\_\_\_\_\_  
**Fairfield City School District Official Signature**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# FAIRFIELD CITY SCHOOL DISTRICT HEALTH HISTORY FORM

**(Both sides of this form to be completed by parent or guardian.)**

Child's Full Name \_\_\_\_\_  
Last
First
Middle

Male  Female  Birthdate \_\_\_\_\_

**Health Conditions:** Please check any of the following that your child currently has or has had in the past.

- |   |   |
|---|---|
| <input type="checkbox"/> Abnormal Spine Curvature (Scoliosis, etc.)<br><input type="checkbox"/> ADD/ADHD<br><input type="checkbox"/> Allergies of Hay Fever<br><input type="checkbox"/> Anemia<br><input type="checkbox"/> Arthritis<br><input type="checkbox"/> Asthma/Wheezing<br><input type="checkbox"/> Behavior Problems<br><input type="checkbox"/> Birth/Congenital Malformation<br><input type="checkbox"/> Cancer, type _____<br><input type="checkbox"/> Chickenpox, date _____<br><input type="checkbox"/> Chronic Diarrhea or Constipation<br><input type="checkbox"/> Cystic Fibrosis<br><input type="checkbox"/> Depression<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Eczema<br><input type="checkbox"/> Emotional Disorders<br><input type="checkbox"/> Frequent Headaches<br><input type="checkbox"/> Heart Disease, type _____ | <input type="checkbox"/> Hepatitis<br><input type="checkbox"/> Kidney Disease, type _____<br><input type="checkbox"/> Measles<br><input type="checkbox"/> Meningitis or Encephalitis<br><input type="checkbox"/> Migraine Headaches<br><input type="checkbox"/> Mumps<br><input type="checkbox"/> Nervous twitches/tics<br><input type="checkbox"/> Rheumatic Fever<br><input type="checkbox"/> Seizures or Epilepsy<br><input type="checkbox"/> Sickle Cell Disease<br><input type="checkbox"/> Stool Soiling<br><input type="checkbox"/> Substance Abuse (alcohol/drugs)<br><input type="checkbox"/> Suicide Attempt<br><input type="checkbox"/> Toothaches/dental problems<br><input type="checkbox"/> Tuberculosis (TB)<br><input type="checkbox"/> Urinary Tract Infections<br><input type="checkbox"/> Urinary accidents (night/day)<br><input type="checkbox"/> Other Chronic Health Problem |
|---|---|

Explain checked items \_\_\_\_\_

**Any condition that would prevent full participation in educational programs (including physical education) requires physician documentation/orders before modifications can be considered. See your School Nurse for further information.**

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

Medication/Drugs _____	Treatment _____
Foods/Plants/Animals/Other _____	Treatment _____
Bee Stings/Insect Bites _____	Treatment _____

**If your child requires medication for treatment of an allergic reaction during the school day, see your School Nurse for further information.**

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

	<u>Date(s)</u>	<u>Hospitalized</u>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Vision and Hearing** (Check all that apply)

- Frequent Ear Infections (3 or more per year)  
 Hearing loss – Circle one: Right / Left / Both  
 P.E. Tubes (Date placed \_\_\_\_\_ Still in place? Yes  No   
 Last Hearing Exam \_\_\_\_\_  
 Vision Problems  
 Wears Glasses  Wears Contacts Reason \_\_\_\_\_  
 Last Vision Exam \_\_\_\_\_

**Additional Information:**

Does your child see the doctor for a chronic medical condition? Yes  No

If yes, please complete the following:

What is the medical condition? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

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

When did your child last see the doctor for this condition? \_\_\_\_\_

**If your child requires any medication during the school day (prescription or over the counter), see your School Nurse. There are forms that must be completed for medication to be dispensed during school hours.**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ Doctor/Clinic (if different from above) \_\_\_\_\_

Date of last dental exam \_\_\_\_\_ Dentist/Clinic (if different from above) \_\_\_\_\_

Immunizations received at \_\_\_\_\_

This child is usually: Very Active  Normally Active  Passive

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

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. \_\_\_\_\_

Has your child ever been evaluated for:

- Speech/Language Impairment
- OT/PT (Occupational or Physical Therapy)
- LD/SLD (Learning Disability/Specific Learning Disability)
- CD (Cognitive Disability)
- MD (Multiple Disabilities)
- ED (Emotional Disabilities)

Other household members:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Form completed by \_\_\_\_\_

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

**I (do/do not) give my permission for the School Nurse to share this confidential information as needed for the benefit of my child's health and educational needs, except for the following conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Phone

# Fairfield City School District

## School Record Request

IRN: 046102

### Student Information:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print parent/guardian name clearly: \_\_\_\_\_

Name and address of school releasing records:

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

Phone number of school releasing records:

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

Fax: \_\_\_\_\_

**TO BE COMPLETED BY PREVIOUS OHIO SCHOOL DISTRICT**

School District \_\_\_\_\_ School Name \_\_\_\_\_

District IRN # \_\_\_\_\_ Last day the student attended your district \_\_\_\_\_

Please release all appropriate past and present academic, discipline, medical, confidential and special education records (including psychological information, diagnostic summaries, IEP, etc.) on the student named above.

**Records should be sent to the school address indicated below.**

### Release Records To:

**Fairfield Central Elementary**  
5054 Dixie Hwy.  
Fairfield, OH 45014  
Phone: 513-829-7979  
Fax: 513-829-7830

**Fairfield Compass Elementary**  
8801 Holden Blvd.  
Fairfield, OH 45014  
Phone: 513-858-8700  
Fax: 513-858-8699

**Fairfield East Elementary**  
6711 Morris Rd.  
Hamilton, OH 45011  
Phone: 513-737-5000  
Fax: 513-737-5225

**Fairfield North Elementary**  
6116 Morris Rd.  
Hamilton, OH 45011  
Phone: 513-868-0070  
Fax: 513-868-3621

**Fairfield South Elementary**  
5460 Bibury Rd.  
Fairfield, OH 45014  
Phone: 513-829-3078  
Fax: 513-829-8350

**Fairfield West Elementary**  
4700 River Rd.  
Fairfield, OH 45014  
Phone: 513-868-3021  
Fax: 513-868-3624

**Fairfield Creekside Middle**  
1111 Nilles Rd.  
Fairfield, OH 45014  
Phone: 513-829-4433  
Fax: 513-829-6480

**Fairfield Crossroads Middle**  
255 Donald Dr.  
Fairfield, OH 45014  
Phone: 513-829-4504  
Fax: 513-829-7447

**Fairfield Freshman School**  
8790 N. Gilmore Rd.  
Fairfield, OH 45014  
Phone: 513-829-8300 Fax:  
513-829-4733

*Office use only:*

**Anticipated start date with Fairfield City Schools:**

\_\_\_\_\_

**Fairfield High School**  
8800 Holden Blvd.  
Fairfield, OH 45014  
Phone: 513-942-2999  
Fax: 513-942-3288