

REQUIREMENTS FOR REGISTRATION AT MIFFLIN ELEMENTARY

1. Immunizations must be up-to-date. See Student Handbook for required immunizations. Handbook is posted on the school website.
2. Birth Certificate
3. Social Security Number
4. Custody Papers (if applicable)
 - a. Custody papers must be signed by a judge. The State laws of Ohio require completed paperwork. We will not accept custody papers that have not been signed by a judge (custodial parent must live in Madison Township).
5. Acceptable Proof of Residency
 - a. A current utility bill such as cable, phone, gas or electric, or lease/purchase agreement in the residential parent's name.
6. Legal Residency Affidavit
 - a. If you are living with family or friends, you are required to have a notarized residency affidavit returned to Mifflin Elementary before enrollment can proceed. Utility bill requirements, as stated above, will apply to the person you are staying with.



Madison Local Schools

Raise Expectations, Increase Achievement, Prepare for Tomorrow ... *Make it Happen!*

PARENTAL CONSENT FOR RECORD RELEASE

PREVIOUS SCHOOL INFORMATION:

Name of Previous School: _____ Phone: _____

Address: _____ Fax#: _____

Student Name: _____ DOB: _____

I am the parent/legal guardian of the above named child and authorize you to release the following records to:

Mifflin Elementary School
441 Reed Road
Mansfield, Ohio 44903

Phone: 419-589-6517
Fax: 419-589-6659

Reason for request: Moved to the Madison Local School District, Mansfield, Ohio (District IRN = 049452)

Specific records/data to be released:

Academic Records	Health Records	Psychological Records
TGRG (K-3) All Diagnostics	Assessment Scores	I.E.P./MFE/other applicable placement forms
RIMP (if applicable)	Grade Cards	School Records from previous school districts
Birth Certificate	Custody Papers	Discipline Records

Date: _____

Parent/Guardian Signature: _____

Print Name of Parent/Guardian: _____

Address: _____

(New address in the Madison Local School District)

Phone: _____

Mifflin Elementary School

DATE OF ENROLLMENT _____

STUDENT ID _____ TEACHER _____ GRADE _____

PUPIL'S NAME _____ BIRTHDATE _____
LAST FIRST MIDDLE

ADDRESS _____ S.S # _____

CITY _____ PHONE _____
ZIP

PLACE OF BIRTH _____
CITY COUNTY STATE

MOTHER'S MAIDEN NAME _____

PUPIL LIVES WITH:

A. _____
LAST FIRST MIDDLE RELATIONSHIP

EMPLOYMENT _____

WORK PHONE _____

B. _____
LAST FIRST MIDDLE RELATIONSHIP

EMPLOYMENT _____

WORK PHONE _____

PARENTS ARE: MARRIED _____ DIVORCED _____ SINGLE _____ WIDOW/WIDOWER _____

CUSTODY PAPERS NEEDED YES _____ NO _____

RACE/ETHNIC ORIGIN: WHITE, NON-HISPANIC _____ BLACK, NON-HISPANIC _____ HISPANIC _____
ASIAN or PACIFIC ISLANDER _____ AMERICAN INDIAN or ALASKAN NATIVE _____ MULTIRACIAL _____

NAME AND ADDRESS OF THE SCHOOL LAST ATTENDED:

SCHOOL _____

ADDRESS _____

HAS STUDENT EVER ATTENDED ANOTHER MADISON SCHOOL ? _____

IF YES, SCHOOL _____

DATES ATTENDED _____

NEED:

- _____ BIRTH CERTIFICATE
- _____ SOCIAL SECURITY #
- _____ IMMUNIZATION RECORD
- _____ CUSTODY PAPERS
- _____ PROOF OF RESIDENCE

STUDENT NAME _____

GRADE _____

DATE _____

FILL OUT BOTH PARTS – (Federal Government Requirement)

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*

Part I – Ethnic Category – Choose One:

- White Black/African American Hispanic/Latino Multi-Racial Asian
 Native Hawaiian or Pacific Islander American Indian or Native Alaskan

Part II – Racial Group – Choose one or more Racial Groups:

(Racial Group Descriptions listed at bottom of page)

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

If ethnicity/race information is not provided by parent/guardian, the school district shall use visual identification and report their best estimate. See below for racial group descriptions.

I choose not to answer one or more of the above categories. I understand the school district will choose the category that best applies based on visual identification.

Student/Parent/Guardian Signature: _____

White –

Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American –

Persons having origins in any of the black racial groups in Africa.

Asian –

Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native –

Persons having origins in any of the original peoples of North and South American (including Central America) who maintain tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander –

Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Multiracial –

Persons having origins in two or more of the above options.

EMERGENCY MEDICAL FORM - School Year 2016-2017

Mifflin Elementary School, 441 Reed Road, Mansfield, Ohio 44903 - 419-589-6517

Student Information: *Please keep school advised of address and phone number changes.*

Student Name: _____ Date of Birth: _____ Grade: _____
Address: _____ Phone: _____

Facts about your child's medical history to which the school and/or a physician should be alerted: (example: medical conditions, physical impairments, food allergies, other allergies, medications (including purpose and dosage), and any other pertinent information:

***** CONTACT INFORMATION *****

*Only those listed on this form are authorized to pick up this student. Student will not be released to anyone not showing photo identification. If needed, additional contact information may be added on the **back of this page.***

Parent/Guardian Child Lives With:

Name: _____
Relationship: _____
Address: _____
Cell# _____ Home# _____
Email: _____
Place of Employment: _____
Work#: _____

Name: _____
Relationship: _____
Address: _____
Cell# _____ Home# _____
Email: _____
Place of Employment: _____
Work#: _____

Alternate Contacts

Name: _____
Relationship: _____
Address: _____
Cell# _____ Home# _____

Name: _____
Relationship: _____
Address: _____
Cell# _____ Home# _____

Medical Consent: The following physicians have consent to treat your child in case of emergency:

Doctor: _____
Dentist: _____
Medical Specialist: _____
Preferred Hospital: _____

Phone Number: _____
Phone Number: _____
Phone Number: _____
Phone Number: _____

Consent/Refusal - This must be completed – Please check one of the following & sign below:


In the event reasonable attempts to contact me have been unsuccessful, **I HEREBY GIVE CONSENT** for the (1) administration of any treatment deemed necessary by the above named physicians for dentist, and (2) the transfer of child to any hospital reasonably accessible.

Note: This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I DO NOT GIVE CONSENT for emergency medical treatment of my child. In the event of an illness or injury requiring emergency treatment, I request that the school authorities take the following action.

Parent/Guardian Signature: _____

Date: _____

Turn Over 

Please list Additional Contact Information Below – Only those listed on this form are authorized to pick up this student. Student will not be released to anyone not showing photo identification.

Alternate Contact

Name: _____
Relationship: _____
Address: _____
Cell#: _____
Home#: _____

Alternate Contact

Name: _____
Relationship: _____
Address: _____
Cell: _____
Home#: _____

Alternate Contact

Name: _____
Relationship: _____
Address: _____
Cell#: _____
Home#: _____

Alternate Contact

Name: _____
Relationship: _____
Address: _____
Cell: _____
Home#: _____

EMERGENCY CLOSING PROCEDURES

Emergency conditions cannot always be predicted; however, to ensure that emergency closings are handled in a calm, efficient and safe manner, we must have the following information on file in our office.

PLEASE NOTE: The best way to stay informed about what is happening at school is to receive REMIND messages from your building principal.

Should school unexpectedly need to be released early, my child _____ is:

_____ To go home as usual

_____ To follow these special arrangements

(Please be specific, listing names and phone numbers)

We ask that you discuss these plans with your children in order that they may also be familiar with your emergency plans.

Parent/Custodian

Date

Should there be a need for any changes in your school emergency procedure plans, you will need to contact the school for a new form. Let's all work together in order to ensure the safety of our students.

Madison Local School District Home Language Survey

As required by Federal Law, this form must be completed for all students at the time of enrollment.
(Title VI Compliance Issues 9/91)

Name of School _____ Grade _____ Student Number _____ Date Today _____

Student Name _____ Last _____ First _____ M. _____ Social Security Number _____

Address _____ Phone Number () - _____

Number Street City Zip Code
Sex _____ Date of Birth / / _____ Place of Birth City/State/Country
M - F M D Y

1. What language did your child speak when first learning to talk? _____
2. List all languages spoken in the home. Circle language used most frequently when speaking to your child.

3. Circle people in your home who speak a language other than English.
Father Mother Grandmother Grandfather Aunt Uncle Cousins Caregiver None
4. List language(s) the child speaks in the home:

5. List language(s) the child responds to in the home.

(If English is the only language in the home- go to question 10.)

6. What is the parent's native language? mother _____ father _____
7. Which parent speaks English? mother _____ father _____ both _____
8. Which parent reads English? mother _____ father _____ both _____
9. Is an interpreter needed? yes _____ no _____
10. Circle your child's dietary needs: No Restrictions Vegetarian No Pork Products
List Food Allergies _____

Print the following:

11. Father's Name _____ Mother's Name _____
List Brothers (Step) _____ List Sisters (Step) _____

Name	Birth Date	School	Name	Birth Date	School

12. List all schools student attended in U.S. Use back of page if necessary

Name of School	Year	Grade	Location City & State	Days Enrolled

For Office Only - Date Enrolled in _____ District _____

This completed form is to be placed in the student's accum. folder and remain there until graduation; if language(s) other than American English is listed, please send a copy of the completed form, plus registration form, passport/birth certificate, names and addresses of all schools attended in U.S. to Pupil Services Attn. ESL

Ohio Department of Health • School and Adolescent Health
Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
----------------	--	-------------------------

Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. _____
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:	<input type="checkbox"/> NO medical conditions	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?
 Yes No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?
 Yes No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date / /
-------------------	-------------------------	----------

STUDENT'S AGREEMENT

(Every student, regardless of age, must read and sign below)

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the School District's computer network and the Internet, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

Student Name (PRINT CLEARLY)

Home Phone

Address

Date

Place an "X" in the correct blank
I am 18 or older _____ I am under 18 _____

If I am signing this Policy when I am under 18, I understand that when I turn 18, this Policy will continue to be in full force and effect and agree to abide by this Policy.

Student Signature

PARENT'S OR GUARDIAN'S AGREEMENT

Student Name (PRINT CLEARLY)
(To be read and signed by parents or guardians of students who are under 18)

As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the School District's Acceptable Use and Internet Safety Policy for the student's access to the School District's computer network and the Internet.

I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the Policy.

I am therefore signing this Policy and agree to indemnify and hold harmless the School, the School District and the Data Acquisition Site that provides the opportunity to the School District for computer network and Internet access against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such networks or his or her violation of the foregoing Policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the School setting.

I hereby give permission for my child or ward to use the building-approved account to access the School District's computer network and the internet.

Parent or Guardian Name(s) (PRINT CLEARLY)

Home Phone

Address

Date

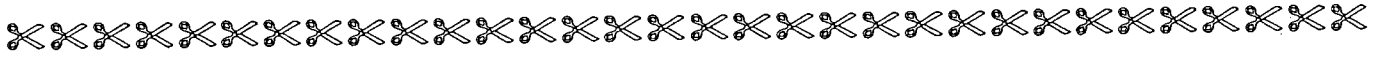
Parent or Guardian Signature(s)

Parent or Guardian Signature(s)

Dear Parents,

Please review the Madison Student Conduct code and the computer acceptable use and Internet safety policy in the attached Parent/Student Handbook.

Sign and return the form below to your child's teacher .



I, _____, am aware of and have discussed the student conduct code and the computer internet policies with my parents and will make it my goal to be a responsible Mifflin Elementary student.

Student Signature

Date

Parent Signature

Date

Student's name

Homeroom

KG ONLY

**MADISON LOCAL SCHOOL DISTRICT
BUS STOP AUTHORIZATION FORM**

It is the intent of the Madison Local-School District to ensure that students who are transported are safely picked up, transported to school and returned to their home's, or other designated drop off points each day.

To assist us in achieving this, we need approval regarding the following:

STUDENT: _____

AM Pick-up Address: _____

PM Drop-off Address: _____

_____ My Son/Daughter **WILL NOT BE RIDING** The Bus

IT IS NECESSARY THAT EACH PRE-SCHOOLER/KINDERGARTNER BE PUT ON THE BUS AND MET ON THE RETURN. A designated responsible persons list should be added to the yellow card you will be given from the school upon registration in August. Any changes or additions to the responsible persons list should be maintained with the school.

In the event there isn't an accompanying sibling or responsible person at the drop-off site when the bus arrives, the child will be taken to the:

Madison Child Care Center 103 Bahl Ave 419-589-7851 or OTHER ASSIGNED LOCATION,

where a designated responsible person will be required to pick up the child. A charge will be assessed after the first time of use of the center.

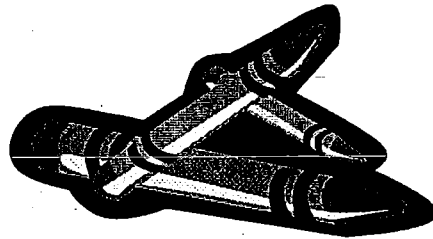
Signature of Parent or Guardian: _____

Address _____

Phone _____ Date _____

This form must be completed and returned before your child will be transported to or from school. In the event that any of this information should change between your child's registration and when school starts, or any time through the school year, please contact the child's school and the Bus Garage @ 419-589-3473 and give them the information immediately. Thank you.

K.G ONLY



Important Kindergarten Information

It is important for us to have certain information concerning your child. Please fill out the information asked for below. Thanks for your help.

Childs name _____

Name your child goes by if different than given name _____

Name of Guardian _____

Address _____

Phone _____ If none please give emergency number _____

Name of brothers and sisters attending Mifflin Elementary

Birthday _____

Any specific Holidays not observed _____

Medical Concerns _____

How will your child usually go home? _____

Bus # _____ Bus garage number: 419-589-3473

Walk home with _____

Picked up by _____

Name of Preschool attended _____