
Centerville City Schools Student Enrollment Center

111 Virginia Avenue
Centerville, Ohio 45458
937-433-8841 Fax 937-438-6057

**AN APPOINTMENT IS REQUIRED TO COMPLETE THE ENROLLMENT PROCESS.
PLEASE CALL THE CENTRAL ENROLLMENT OFFICE AT 937-433-8841 TO SCHEDULE AN APPOINTMENT.**

ALL OF THE FOLLOWING ITEMS MUST BE PRESENTED/COMPLETED AT THE TIME OF REGISTRATION.

1. Driver's license or state issued photo identification of individual enrolling student
2. Student's certified birth certificate
3. Completed Student Enrollment Form including:
Attachment A – Student Disciplinary Status
Attachment B – Special Education/504 Plan Form
Attachment C – Understanding Residency Requirements
Attachment D – Second Language Information
4. **Proof of Residency**
 - Mortgage papers, property tax bill, copy of deed, or documentation from the Montgomery County Auditor's website (www.mcreatestate.org) ;
 - Current signed lease with landlord's name, address and telephone number;
 - House under construction or purchase agreement;
 - Residency Affidavit (if living with another person or subleasing)
5. **Proof of Custody**
 - Complete copy of custody papers in cases of legal separation or divorce, the parent who is enrolling student must present a court ordered custody agreement which indicates the parent enrolling the student is the residential custodian.
 - Complete copy of court order in the event of a student being court placed with a non-parent. (foster placement, relative placement, etc.)
6. **Student's most recent grade card and/or Individual Educational Plan (IEP)**
7. **Immunization record** (Dates student's immunizations were administered)
8. **Centerville City Schools Emergency Medical Authorization Form**
9. **Centerville City Schools Computer User Agreement Form**
10. **Centerville City Schools Transportation Form**
11. **Centerville City Schools Official Records Request**
12. **Athletics**

If your child is interested in participating in any athletic activity during the school year, please contact the Athletic Department at 937-439-3516 after enrollment is completed for the paperwork/information your student will need in order to participate.

STUDENT ENROLLMENT FORM

SCHOOL USE ONLY	STUDENT ID _____	ENROLLMENT DATE _____
	BUILDING _____	FAMILY/POD/UNIT _____

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education

PLEASE PRINT – Parent/Guardian should complete all information:

STUDENT DATA

NAME _____ GENDER: M / F
Last First Middle

GRADE _____ CITY OF BIRTH _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ TRANSFER FROM _____
School City/State

ETHNIC INFORMATION (required by Federal law): Are you Hispanic/Latino: _____ Yes _____ No

Select one or more races from the following five racial groups:

_____ American Indian/Alaska Native _____ Asian _____ Black/African American
_____ Native Hawaiian/Other Pacific Islander _____ White

NATIVE LANGUAGE (IF OTHER THAN ENGLISH) _____

HAS YOUR CHILD ATTENDED SCHOOL IN THE UNITED STATES FOR LESS THAN THREE (3) YEARS? Y / N

FAMILY EMAIL ADDRESS _____

ADDRESS: House # _____ Apt. # _____ Street _____
City _____ Zip _____

HOME PHONE NUMBER _____ Unlisted? (Y/N) PARENT'S CELL NUMBER _____

PARENTAL STATUS	RESIDENCY
<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased: <input type="checkbox"/> Mother <input type="checkbox"/> Father	STUDENT LIVES WITH (check one): <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Foster Parent** <input type="checkbox"/> Guardian/Grandparent <input type="checkbox"/> Host Family <input type="checkbox"/> 18 years old, lives apart from parent and is self Supporting

FAMILY DATA

PARENT/GUARDIAN #1 _____ RELATIONSHIP TO STUDENT _____

EMPLOYER _____

WORK PHONE _____ EXT _____ CELL PHONE _____

E-MAIL ADDRESS _____

PARENT/GUARDIAN #2 _____ RELATIONSHIP TO STUDENT _____

EMPLOYER _____

WORK PHONE _____ EXT _____ CELL PHONE _____

E-MAIL ADDRESS _____

SIBLINGS ATTENDING CENTERVILLE SCHOOLS:

NAME	DOB	SCHOOL/GRADE
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACTS NOT LISTED UNDER FAMILY DATA

EMERGENCY CONTACT 1: _____
 Name Relation Phone Cell

EMERGENCY CONTACT 2: _____
 Name Relation Phone Cell

EMERGENCY CONTACT 3: _____
 Name Relation Phone Cell

STUDENT'S DOCTOR _____ Phone _____

TRANSFER FROM _____
 School City/State

PLEASE CHECK THE STATEMENT THAT BEST DEFINES THE STUDENT'S MOST RECENT ENTRY INTO THE CENTERVILLE CITY SCHOOLS:

- 1 - Student transferred from Home Schooling in Ohio
- 2 - Student transferred from out of state/out of country
- 3 - Student transferred from a nonpublic school in Ohio
- 4 - Student enrolling for first time in Ohio public school/ community school because of age (Preschool/Kindergarten)
- 5 - Not enrolled in an Ohio public district or community school since 2003 for reason other than listed above
- 6 - Transferred from another Ohio public/community school
- 7 - Previously enrolled in this school district
- 9 - Student previously enrolled in preschool program

RE-ENTRY: Has this student ever attended a Centerville City School? Yes No

If yes, which school building? _____

SCHOOL SERVICES

Has this student been in any special programs in school? Yes No

If yes, what program? _____

Does the student have a current: **IEP** Yes No **504 Plan** Yes No

Has the student received Special Education Services in the past? Yes No

I CERTIFY THAT THE INFORMATION PROVIDED TO THE BEST OF MY KNOWLEDGE IS TRUE. All registration information is subject to review by the Student Services Department. If false or misleading information is given regarding residency, back tuition may be assessed and student withdrawn from school. It is the responsibility of the parent/guardian to notify the building principal upon a change of address or living conditions. Failure to comply could lead to tuition charges, school records withheld and/or athletic eligibility voided.

SIGNATURE _____ DATE _____

ATTACHMENT A

CENTERVILLE CITY SCHOOLS

Student Disciplinary Status

Dear Parents and Students,

Ohio House Bill 64, in effect since September 1994, clearly states that a student currently under an expulsion order from another school district may not register in a new district until the expulsion expires.

Therefore, please answer the following question:

Is the student currently under an expulsion order from any other school district?

YES _____

NO _____

If yes, name of School District _____

Student Name: _____

Date of Birth: _____

As parent/legal guardian of this student, you have my permission to obtain all information regarding disciplinary status to confirm the student's responses above.

Parent/Guardian Signature: _____

Date: _____

**Failure to provide accurate information could result in immediate dismissal from
Centerville City Schools**

ATTACHMENT B

CENTERVILLE CITY SCHOOLS

Special Education/504 Plan Form

Student Name: _____

Date of Birth: _____

_____ Student is **NOT** currently receiving special education services.
If checked, you do not have to complete the rest of the form—just sign at the bottom.

_____ Student **IS** currently receiving special education services and being served on an IEP
(Individualized Education Plan).
If checked, please fill out the rest of the form and sign at the bottom.

_____ Student **IS** currently on a 504 Plan.

_____ I have provided a current copy of the IEP.

_____ I do not have a current copy of the IEP.

_____ I have provided a copy of the Multifactorial Evaluation (MFE).

_____ I do not have a current copy of the MFE.

_____ I have provided a 504 Plan statement.

_____ I have signed the record release form giving my permission to release Special
Education or 504 Plan information to the Centerville City Schools' Student Services
Department.

Parent/Guardian Signature

Date

ATTACHMENT C

CENTERVILLE CITY SCHOOLS

Understanding Residency Requirements

- The schools of the Centerville City School District shall be tuition free to all school residents between five and twenty-one.
- A student is considered a resident if he/she resides with a parent or parents or person or governmental agency with legal custody whose place of residence is within the boundaries of the District.
- A legal residence is one where the parents/guardians and children engage in major family life activities such as eating, sleeping, receiving mail, voting, etc.
- A student, at least 18 but not 22 years of age, who resides in the district, lives apart from his/her parents and who supports himself/herself by his/her own labor is eligible for entrance.
- A child may attend the district as a resident for a period not to exceed sixty days on the sworn statement of an adult resident of the district that he/she has initiated legal proceedings for custody. A copy of the application form and a copy of the form listing the date and time of the hearing must be presented.

I understand that if my child attends Centerville City Schools while not being eligible to do so tuition free, I will be responsible for tuition at a rate set by the Treasurer of the Centerville City Schools according to law, plus administrative costs, court costs, and any attorney fees incurred in the collection of these sums and that the student will immediately be withdrawn from the Centerville City School District.

I have read and understand the above statements.

Name: _____ Signature: _____

Date: _____

ATTACHMENT D

CENTERVILLE CITY SCHOOLS

Home Language Survey

Student's Last Name _____ First _____ Middle _____

Date of Birth _____ Place of Birth: City _____ State _____ Country _____

Date first enrolled in any U.S. school _____

Please answer the following questions:

1. What language(s) did your child learn to speak when he/she first learned to talk?

2. What language does your child use most frequently at home?

3. What language do the parents speak most frequently to the child?

If you want to write more about one of the questions above, please use this space:

Name: _____ Signature: _____

Date: _____

STUDENT NAME _____
(Please print) Last First (ID #)

Centerville City Schools

EMERGENCY MEDICAL AUTHORIZATION FORM

(Ohio Revised Code 3313.712)

Date of Birth _____ Home Phone _____
School _____ Address _____
School Year _____ Grade _____ City _____ Zip _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

Residential Parent or Guardian

Mother's Name _____ Daytime Phone _____ Cell _____
Father's Name _____ Daytime Phone _____ Cell _____
Emergency 1. _____ Daytime Phone _____ Cell _____
Contacts: 2. _____ Daytime Phone _____ Cell _____
3. _____ Daytime Phone _____ Cell _____

Please identify any health concerns that school personnel should be aware of:

Allergies: No _____ Yes _____ Specify _____
Epi-pen: No _____ Yes _____ *If yes, Epi-pen Authorization Form must be completed.*
Asthma: No _____ Yes _____ *If yes, Inhaler Authorization Form must be completed.*
Seizures: No _____ Yes _____ Emergency seizure medications? _____
Name of medications _____

Diabetes No _____ Yes _____ Emergency diabetic medications? _____
Name of medications _____

Does your student take any medication regularly? ___ No ___ Yes Specify _____
Name of medication, amount taken, how often _____

Will your student take medication at school? ___ No ___ Yes *If yes, Permission to Dispense Medication Form must be completed.*

Are there any other medical conditions that school personnel should be aware of? _____

PART I OR II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital/Emergency Room Phone _____

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 doctors, or, in the event the designated 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 opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian _____ Date _____

PART II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of 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/Guardian _____ Date _____

Student User Agreement *

2017-2018 School Year**

Directions: The Acceptable Use Policy can be found at <http://www.centerville.k12.oh.us/aup>. Please review and sign this form in the appropriate section and return to your building office. Only students who return forms in the spring will have immediate computer and network access upon return in the fall.

Part I: Student User Agreement

As a user of the Centerville City School District computer network, I understand and agree to follow the rules for computer use found in the student handbook and Student Acceptable Use Policy viewed online at <http://www.centerville.k12.oh.us/aup>. I understand that I can lose the privilege of using school computing equipment and accessing the school network if I do not follow these rules. If there is a question about the meaning of a policy or rule, I understand that it is my responsibility to ask a staff member for clarification.

Student Signature _____ Age _____

Part II: Parent Permission Form

As the parent or legal guardian of the student signing above, I have read and understand the rules for computer use in the student handbook and Student Acceptable Use Policy as written online at <http://www.centerville.k12.oh.us/aup>. I grant permission for my son or daughter or ward to access networked computer resources, including those available via the Internet, subject to this policy.

Parent/Guardian Signature _____ Date _____

Name of Student _____

School _____ Grade _____

Home Address _____

Part III: Refusal to Grant Permission

I **do not** grant permission for my son or daughter or ward to access networked computer resources, including those available via the Internet. I understand that this includes access to the IMC on-line catalog as well as other instructional software that is used for teaching and learning.

Parent/Guardian Signature _____ Date _____

Name of Student _____

School _____ Grade _____

PART IV: G Suite for Education Opt Out

Check this box if you choose to Opt Out of the G Suite for Education account. Checking this box means your student **will not** get this account that students and teachers use for technology projects and assignments. Learn more about the G Suite for Education accounts on the back of this form.

* The district is required to keep a signed copy of its Student User Agreement for each user of the Ohio Education Computer Network (OECN).

** Student User Agreements are in effect from August, 2017 through July, 2018.

G Suite for Education

Centerville City Schools is a G Suite for Education district. Students and staff have the advantage of online file storage and productivity and collaboration tools that can be accessed from school or home. Your student's G Suite for Education account will be introduced by their classroom teacher(s). Many classroom instructors are excited to implement Chromebooks and Google Apps into their instruction. A Chromebook is a wireless computer that starts quickly, has long battery life and is easy to manage and integrates well with the G Suite for Education accounts.



Each student will be assigned a user account in the form of an email address. Students in grades 6-12 will be able to utilize this address for communication with their teacher and their peers. Students will not be able to receive or send messages to anyone outside the centerville.k12.oh.us/centerville.school domains.

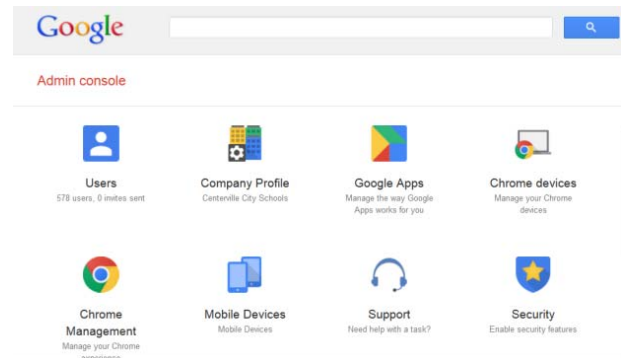
Students in grades 2-5 will have an account in the form of an email address also. However, this is not a functional email address and cannot be used to send or receive email communication. It only provides a unique login ID for each student under the centerville.school domain at this grade level.

*Example student account ID/Email: janedoe27@centerville.school

*The abbreviated graduation year is included to ensure unique IDs for students in the district that have the same name.

Students can access their Google Drive account at <http://drive.google.com>. Students can access their files from home or school, eliminating the need to use flash drives to move files to and from school. Students can also access their Google Drive account from any computer, tablet, or phone.

G Suite for Education is an enterprise account that provides the district with a management console to manage services the users have access to. G Suite for Education accounts are different than normal Google user accounts and provide the district with tools to enable/disable features as they see appropriate and manage student and teacher accounts. Our students only have access to Drive and Classroom, which is an online productivity suite (Word Processing, Spreadsheets, Presentations, and Forms) for classroom projects and assignments. Calendar and Email will also be available for Grades 6 thru 12 students only.



Other services that Google offers are disabled with our Centerville G Suite for Education accounts. Services like Google Sites, Blogger, Picasa, Youtube, Google Groups, Google Talk/Hangouts, Google +, AdWords, AdSense, etc. are all **disabled** by default for students who use our district accounts. There are no ads in G Suite for Education. Students can only share documents with other Centerville G Suite for Education accounts in our centerville.k12.oh.us/centerville.school domains.

If there are questions about G Suite for Education and its implementation at Centerville City Schools please contact Shannon Morgan at shannon.morgan@centerville.k12.oh.us

Centerville City Schools Transportation Information

Welcome to Centerville City Schools. The Transportation Department is made up of 2 supervisors, 4 secretaries, 4 bus mechanics, and close to 150 bus drivers and aides. We operate 120 buses and over 600 individual bus routes every day. Please go to the Centerville City Schools Transportation Department webpage for more information.

When students register and are added to our database, it may take 48 to 72 hours before transportation information is available. This time is required to route your student(s) and notify the necessary personnel.

Transportation information is available from the Home Access Center (HAC) at <https://hac.centerville.k12.oh.us>

If you have never accessed the HAC, use the Register link to create your account. This link can be found in the Login box. In order for this process to work, we must have a valid email address on record for you. You also will need to confirm the parent or guardian(s) name and the zip code we have on file. If you have trouble completing the registration process, please send an email to hac@centerville.k12.oh.us

Thank you and again welcome to Centerville City Schools!

The Centerville Transportation Department

Centerville City Schools (New Students)

Centerville City Schools takes great pride in transporting over 9,000 students to 14 public and 16 private schools. The Transportation Department is consistently routing new students as well as making changes to bus routes.

We would appreciate your assistance in the efforts to establish more effective routes. If you would indicate below what the plan is for your student(s) transportation needs it would assist greatly in providing efficient bus routes.

Today's Date_____

School _____ School Year_____

Student Name_____ ID_____ Grade _____

Address _____ Phone_____

_____ Bus Rider (any time)

_____ Bus Rider AM only

_____ Bus Rider PM only

_____ Parents transporting both ways or personal transportation

Parents Printed Name:_____ Parent Signature:_____

This information is to help establish more effective bus routes. If your student's transportation needs would change at any time, please call the Transportation Office at 937-885-7776 and we would be glad to place your student on the bus route.

Please return this information to your student(s) school of attendance by way of one of the following:

- Fax
- US Mail
- Hand Delivery to the School Office

Thank you for your help in this matter.

Centerville City Schools

Central Registration

Official School Records Request

Central Office
Attn: Tom Castleman
111 Virginia Avenue
Centerville, OH 45458
937-433-8841 Fax: 937-438-6057

Primary Village North
Attn: Barbi Brown
6450 Marshall Road
Centerville OH 45459
937-438-6062
Fax: 937-438-6076

Cline Elementary School
Attn: Amy Patel
99 Virginia Avenue
Centerville OH 45458
937-435-1315
Fax: 937-435-3893

Driscoll Elementary School
Attn: Kim Myszka
5767 Marshall Road
Dayton OH 45429
937-434-0562
Fax: 937-434-0393

Primary Village South
Attn: Jane Croskey
8388 Paragon Road
Centerville OH 45458
937-312-1273
Fax: 937-312-1274

John Hole Elementary School
Attn: Paula Schoeffler
180 West Whipp Road
Dayton OH 45459
937-434-0725
Fax: 937-434-0557

Normandy Elementary School
Attn: Jan Dorsak
401 Normandy Ridge Road
Dayton OH 45459
937-434-0917
Fax: 937-434-0953

Stingley Elementary School
Attn: Kara Dierker
95 Linden Drive
Centerville OH 45459
937-434-1054
Fax: 937-438-6049

Weller Elementary School
Attn: Marianne Rapp
9600 Sheehan Road
Centerville OH 45459
937-885-3237
Fax: 937-885-5092

Magsig Middle School
Attn: Dawn Elliott
192 West Franklin Street
Centerville OH 45458
937-439-0965
Fax: 937-433-5256

Tower Heights Middle School
Attn: Monica Benbow
195 Johanna Drive
Centerville OH 45459
937-434-0383
Fax: 937-434-3033

Watts Middle School
Attn: Jennifer Deaton
7056 McEwen Road
Dayton OH 45459
937-434-0370
Fax: 937-434-2907

Centerville High School
Attn: Debbie Round
500 E. Franklin Street
Centerville OH 45459
937-439-3500
Fax: 937-439-3574

Please release all appropriate past and present academic, required state testing, Preschool assessments (ECO, ASQ, Early Learning Assessment), Kindergarten screening Information, KRA score sheet, Reading Improvement Monitoring Plan (RIMP), discipline, medical, health, confidential and special education records (including psychological information, diagnostic summaries, ETRs, IEPs, 504 Plans, etc.) on the student named below. Records should be sent to the location indicated above.

Student's Name _____ Date of Birth _____ Grade _____

Parent/Guardian Signature _____ Date _____

NAME AND ADDRESS OF SCHOOL RELEASING RECORDS:

Three horizontal lines for school name and address.

Phone _____ Fax _____

Records received by this release will not be transferred to any other third party by Centerville City Schools without the written consent of the parent, legal guardian, or legal age student.

FOR OFFICE USE ONLY

Table with 5 columns: Request, Date, By, Fax, Mail. Rows for 1st, 2nd, 3rd requests.