



- Enrollment/Re-enrollment  
 Information Update Only

# Akron Public Schools

## Student Enrollment Form

Office Use Only

Student ID \_\_\_\_\_  
 Primary Homeroom \_\_\_\_\_  
 Effective Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### o. Office Use Only

#### eSchoolPlus Data Entry

- Registration  Emergency  
 Birth Parents  Immunizations

#### Required Student Documentation

- Proof of Custody  Proof of Residency  
 Birth Certificate  Proof of Immunizations

#### Funding and State Reporting Information

- IRN \_\_\_\_\_ OVER \_\_\_\_\_  Records Rq  
 RESC \_\_\_\_\_ CRD \_\_\_\_\_  Tuition

### 1. Student Enrollment Situations (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Birth parents are married   | <input type="checkbox"/> Student is taking special classes    | <input type="checkbox"/> Student resides in a shelter or transitional housing program    |
| <input type="checkbox"/> Birth parents are divorced  | <input type="checkbox"/> Student is receiving ESL services    | <input type="checkbox"/> Student resides in a hotel or motel                             |
| <input type="checkbox"/> Birth parents are legally separated                                     | <input type="checkbox"/> Student is being tutored             | <input type="checkbox"/> Student resides in a car/trailer/motor home on private property |
| <input type="checkbox"/> Birth parents were never married  | <input type="checkbox"/> Student has an IEP, MFE, ETR, or 504 | <input type="checkbox"/> Student resides in a place not designed for normal residence    |
| <input type="checkbox"/> Birth mother is deceased  | <input type="checkbox"/> Birth father is deceased             | <input type="checkbox"/> Student not living with ANY parent or legal guardian            |
| <input type="checkbox"/> Student is in legal custody of a child protection agency (ex. CSB)      |   | <input type="checkbox"/> Student and student's family are living with another family     |
| <input type="checkbox"/> Student does not live within the boundaries of the Akron Public Schools |   |  |

**If you have checked any of the above boxes, please STOP and see office staff to ensure you have been given the correct form to complete**

### 2. Student Demographics

a. Full Legal Name on BC	First	Middle	Last
b. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	c. Birth Date	d. Student SSN (optional)
f. Ethnicity	<input type="checkbox"/> YES, my child is of Hispanic/Latino ethnicity <input type="checkbox"/> NO, my child is <b>NOT</b> of Hispanic/Latino ethnicity	g. Race (check all that apply)	e. Grade
h. Home Language	What language is primarily spoken at student's home?	i. Native Language	What language was first spoken at the onset of speech?
j. Birth City	k. Birth State/Province US/CA		l. Birth Country

### 3. Enrollment Information

a. Last School Attended	From where is your student transferring?	If selection in (a) has a * next to it, please complete below		
	<input type="checkbox"/> My student is not transferring (updating information only) <input type="checkbox"/> My student holds a diploma or certificate of completion* <input type="checkbox"/> Another state/country* <input type="checkbox"/> An Ohio nonpublic (private/parochial) school*	<input type="checkbox"/> Home schooling <input type="checkbox"/> Enrolling in school for first time because of age <input type="checkbox"/> Another APS school* <input type="checkbox"/> Another Ohio public school*	b. School Name	c. City

### 4. Student Contact Information (dated proof of residency required)

a. Home Address	b. Apt	c. City	d. State	e. Zip
<input type="checkbox"/> Check this box if you DO NOT want student information mailed to the above address. If checked, continue to (f), otherwise skip next line to (k).				
f. Mailing Address	g. Apt	h. City	i. State	j. Zip
k. First Phone to Contact	l. All-Call Phone*	m. Student Email		

**\* All-Call is Akron Public Schools' system that will automatically call you to notify of school information (closings, events, absences, etc.) If the All-Call Phone is a cell phone, you may also receive urgent messages by texting JOIN to 56360.**

### 5. Primary Adult Living With Student

a. Last Name	b. First Name	c. Guardian	<input type="checkbox"/> YES, this person is a legal guardian <input type="checkbox"/> NO, this person is <b>NOT</b> a legal guardian
d. Relationship	<input type="checkbox"/> Birth Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Other (please specify below) <input type="checkbox"/> Birth Father <input type="checkbox"/> Grandfather	e. Email Address	
f. Home Phone	g. Cell Phone	h. Work Phone	

### 6. Secondary Adult Living With Student

a. Last Name	b. First Name	c. Guardian	<input type="checkbox"/> YES, this person is a legal guardian <input type="checkbox"/> NO, this person is <b>NOT</b> a legal guardian
d. Relationship	<input type="checkbox"/> Birth Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Other (please specify below) <input type="checkbox"/> Birth Father <input type="checkbox"/> Grandfather	e. Email Address	
f. Home Phone	g. Cell Phone	h. Work Phone	

(continue to next page – turn over to other side – signature required)

7. Additional Parent / Guardian Information															
<i>Only list birth mother or father name and address if one or both are <b>NOT</b> currently living with the student and are not deceased. If not, skip to (m).</i>															
a. Birth Mother Name				b. Birth Father Name											
c. Birth Mother Address				d. Apt			e. City			f. State			g. Zip		
h. Birth Father Address				i. Apt			j. City			k. State			l. Zip		
m. Child Protection Agency	<i>Is the student in the custody of a child protection agency?</i> <input type="checkbox"/> Yes, as of Date ____ / ____ / ____ <input type="checkbox"/> No						<i>If answer to (m) was "Yes," write name of agency, LSW, and phone number</i>								

8. Emergency Medical Contact Information									
<i>Please list below up to three (3) additional people that may be contacted in the event of a medical emergency and the guardians listed on the previous page are not available. DO NOT RE-LIST the adults from the previous page. NOTE: the school cannot contact these emergency medical contacts unless there is a medical emergency. They may not sign out a student without consent from a guardian at the time of sign out.</i>									
a. Contact 1 Name				b. Contact 1 Relationship					
b. Home Phone	( ) -	c. Cell Phone	( ) -	d. Work Phone	( ) -	x			
e. Contact 2 Name				f. Contact 2 Relationship					
g. Home Phone	( ) -	h. Cell Phone	( ) -	i. Work Phone	( ) -	x			
j. Contact 3 Name				k. Contact 3 Relationship					
l. Home Phone	( ) -	m. Cell Phone	( ) -	n. Work Phone	( ) -	x			

9. Health Provider Information												
a. Physician				b. Phone			c. Dentist			d. Phone		
e. Mental Health Spec.				f. Phone			g. Preferred Hospital					

10. Allergies and Other Medical Conditions (check all that apply)									
<input type="checkbox"/> Allergy – Emergency (Epipen)	<input type="checkbox"/> Bleeding / Blood Disorder	<input type="checkbox"/> Immunocompromised / Malignancies	<input type="checkbox"/> Seizures / Neurologic						
<input type="checkbox"/> Allergy – Food	<input type="checkbox"/> Cardiovascular / Hypertension	<input type="checkbox"/> Other Condition Not Covered Here	<input type="checkbox"/> Vision Problems						
<input type="checkbox"/> Allergy – General	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sickle Cell Disease							
<input type="checkbox"/> Asthma / Respiratory	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Special Medical Procedure							
a. Detailed Information	<i>Please indicate the nature of the condition(s) selected above in this box</i>								
<i>If your child has been determined by a doctor to have a disability or food allergy requiring substitutions to school meals, a note from a doctor must be provided indicating the medical condition and food(s) to be avoided or substituted. For questions, please contact the Office of Child Nutrition at (330) 761-1335.</i>									
b. Current Medications				c. Additional Medical Info					

11. Emergency Situations									
a. Emergency Dismissal	<i>In the event of an emergency dismissal (the closure of school before the regular dismissal time), my child</i> <input type="checkbox"/> Can walk or be sent home on the bus <input type="checkbox"/> Will be picked up as soon as possible <input type="checkbox"/> Must remain until regular dismissal time								
b. Emergency Treatment	<i>Please indicate below whether the school authorities are permitted to provide treatment for your child should (s)he become ill, injured, or in need in of mental health emergency services while under school authority. If consent is given below, in the event reasonable attempts to contact me or other parents (at the above numbers) have been unsuccessful, the student shall [1]be administered any treatment deemed necessary by preferred physician, preferred dentist, or preferred mental health specialist (indicated above), or in the event the designated preferred practitioner is not available, by another licensed physician, dentist, or mental health specialist, and [2] the transfer of the child to the preferred hospital or emergency care facility of any hospital reasonably accessible.</i>  <i>This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before such surgery is performed.</i> <input type="checkbox"/> I DO give my consent for emergency medical, dental, or mental health treatment of my child. <input type="checkbox"/> I DO NOT give my consent for emergency medical, dental, or mental health treatment of my child. I wish school authorities to take no action or to _____								

12. Signature of Parent / Guardian										
(my signature indicates all information provided is accurate to the best of my knowledge)										
x _____							Date	/ /		