

<i>Office Use Only</i>
ID#
School
Grade

# Norwood City School District

## Enrollment Form 2011-2012 School Year



Student Name: \_\_\_\_\_ Gender: Male Female  
(Last) (First) (Middle) (circle one)

Student Home Address: \_\_\_\_\_  
(Address/Apt.) (City) (State) (Zip Code)

Student Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(optional)

Date of Birth: \_\_\_\_\_ Last grade level completed: \_\_\_\_\_  
(Month) (Day) (Year)

Has the child ever participated in Special Education or had an IEP?  Yes  No

Has the child ever been enrolled in a Norwood school or preschool?  Yes  No

If yes please indicate: Grade: \_\_\_\_\_ School Attended: \_\_\_\_\_

If transferring to Norwood, what is the **NAME, DISTRICT** and **PHONE NUMBER** of the last school attended?  
 \_\_\_\_\_  
(School Name) (School District) (Phone)

Is your child of Hispanic/Latino origin?  Yes  No

**Student's Race - circle one or more to indicate what your child considers himself/herself to be.**

- W-White B-Black or African American A-Asian  
 P-Native Hawaiian or Other Pacific Islander I-American Indian or Alaskan Native

Native Language (spoken at onset of speech) \_\_\_\_\_ Home Language \_\_\_\_\_

**Father's Name** \_\_\_\_\_ \*If applicable, custody status \_\_\_\_\_  
(Last) (First) (Middle)  
 C-Custody  
 J-Joint Custody  
 P-Custody Pending  
 N-No Custody

Father's Marital Status \_\_\_\_\_ M-Married D-Divorced  
 S-Separated U-Single  
 Student lives with father  Yes  No P-Deceased W-Widower

**Mother's Name** \_\_\_\_\_ \*If applicable, custody status \_\_\_\_\_  
(Last) (First) (Middle)  
 C-Custody  
 J-Joint Custody  
 P-Custody Pending  
 N-No Custody

Mother's Marital Status \_\_\_\_\_ M-Married D-Divorced  
 S-Separated U-Single  
 Student lives with mother  Yes  No P-Deceased W-Widow

If parents listed above do not have custody, please indicate legal guardian \_\_\_\_\_  
(Last) (First) (Middle)

Is the student in a foster or court placement?  Yes  No

Other children living in household:

Name _____	School _____
Name _____	School _____
Name _____	School _____

Name of person completing this form \_\_\_\_\_

Relationship to student \_\_\_\_\_ Parent/Guardian email: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

It is the parent's / guardian's responsibility to inform the child's school of changes in the information contained in this form. **INACCURATE OR INCOMPLETE** information may result in your child being withdrawn from Norwood City Schools. \*Proof of custody, proof of residency, child's immunization record and birth certificate must be submitted at the time of enrollment. If the custody of your child should change, court documents must be provided to your child's school.  
 1/28/10

# Emergency Medical Authorization Form O.R.C.3313.712 2011-2012 School Year

The purpose of this form is to enable parents/guardians to authorize the provision of emergency medical treatment for a child who becomes ill or injured while under school authority when parents or guardians cannot be reached.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

## Emergency Contacts

List in order how contacts are to be made in the event of an emergency, discipline, attendance, etc. Parents please include yourself in the list of the emergency contacts. (Include work phone)

### Parent/Guardian

### 2nd Contact

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Address \_\_\_\_\_  
Daytime/Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Address \_\_\_\_\_  
Daytime/Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_

### 3rd Contact

### 4th Contact

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Address \_\_\_\_\_  
Daytime/Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Address \_\_\_\_\_  
Daytime/Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_

## 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 \_\_\_\_\_ Insurance \_\_\_\_\_

*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 doctor or by another licensed physician or dentist (providing the designated physician or dentist is not available); 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 dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.*

*Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:* \_\_\_\_\_

This info may be shared with school personnel if it is pertinent to my child's health and safety, educational progress, and/or behavioral management.

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

### Part II to Not Grant Consent

**I DO NOT GIVE CONSENT** for emergency medical treatment for my child. In the event of illness, or in the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

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

## Norwood City School District Permission for Field Trips

The purpose of this form is to secure permission from parents so that their child/children may participate in Board of Education field trips. This permission will be for the entire school year. The classroom teacher will be responsible for notifying the parents prior to all field trips. I grant permission for my child \_\_\_\_\_ to go on field trips under the supervision of a Norwood School professional staff member. Parents will be notified prior to all field trips during the 2011/12 school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 2/15/11