

Office Use Only
Student ID _____
School _____
Grade _____

# Norwood City School District

## Enrollment Form 2009-2010 School Year



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

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

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

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

**Has your child ever participated in Special Education classes?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Is student in a foster or court placement?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Has your child ever been enrolled in a Norwood school or preschool before?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If yes**      **Grade** \_\_\_\_\_      **School** \_\_\_\_\_

If transferring to Norwood, what is the **NAME, DISTRICT** and **PHONE NUMBER** of the last school attended?

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
(School Name) (School District) (Phone)

**Please circle**

W-White (Non-Hispanic)    B-Black (Non-Hispanic)    I-Indian American or Alaskan Nativ    A-Asian/Pacific Islander    H-Hispanic    M-Multiracial

Native Language \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **\*If applicable, custody status** \_\_\_\_\_  
(Last) (First) (Middle) C-Custody

Father's Marital Status \_\_\_\_\_ M-Married      D-Divorced      J-Joint Custody  
S-Separated      U-Single      P-Custody Pending

Student lives with father      Yes      No      P-Deceased      W-Widower      N-No Custody

**Mother's Name** \_\_\_\_\_ **\*If applicable, custody status** \_\_\_\_\_  
(Last) (First) (Middle) C-Custody

Mother's Marital Status \_\_\_\_\_ M-Married      D-Divorced      J-Joint Custody  
S-Separated      U-Single      P-Custody Pending

Student lives with mother      Yes      No      P-Deceased      W-Widow      N-No Custody

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

Other children living in household

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

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

Relationship to student \_\_\_\_\_

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 **INACCURATE OR INCOMPLETE** information may result in your child being withdrawn from Norwood City Schools.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 and child's immunization record 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.

# Emergency Medical Authorization Form O.R.C.3313.712 2009-2010 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 \_\_\_\_\_

## 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

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 information 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: \_\_\_\_\_  
Address: \_\_\_\_\_

### 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: \_\_\_\_\_  
Address: \_\_\_\_\_

## 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 a school year. The classroom teacher will be responsible for notifying the parents prior to all field trips.

Permission is granted to \_\_\_\_\_ 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 applicable 2009/10 school year.

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