

**PREBLE SHAWNEE LOCAL SCHOOLS**  
**District IRN # 049288**  
**RECORDS REQUEST**

Camden Primary School  
120 Bloomfield Street  
Camden, Ohio 45311  
937-452-1204 phone  
937-452-3787 fax

West Elkton Intermediate School  
11751 St. Rt. 503 PO Box 97  
West Elkton, Ohio 45070  
937-787-4102 phone  
937-787-3453 fax

Junior / Senior High School  
5495 Somers Gratis Road  
Camden, Ohio 45311  
937-787-3541 phone  
937-787-3664 fax

Previous school attended \_\_\_\_\_

school address \_\_\_\_\_

school phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Please send the following information on:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student name \_\_\_\_\_ birth date \_\_\_\_\_

\_\_\_\_\_ Grades at the time of withdrawal  
Official Transcript with credits earned is requested for High School students  
Please include quarter grades for athletic eligibility

\_\_\_\_\_ Health Records

\_\_\_\_\_ **Psychological Testing ( ETR & IEP )**  
**PLEASE FAX TO JENNIFER TAULBEE @ 937.452.3787**

\_\_\_\_\_ Testing Scores ( OGT STICKER w/ strands / Achievement )  
\_\_\_\_\_ 3rd grade reading guarantee  
\_\_\_\_\_ On Track  
\_\_\_\_\_ NOT on Track If status is not on track, please fax the  
R.I.M.P paper work to Heather Campbell @ 937-452-3787

\_\_\_\_\_ Statewide Student **ID**entifier # \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

This student was previously enrolled in the \_\_\_\_\_ grade of your school.

This student has now enrolled in Preble Shawnee Local School District.

Student's first day of attendance will be \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PREBLE SHAWNEE LOCAL SCHOOL DISTRICT – STUDENT REGISTRATION

Student ID Number Assigned \_\_\_\_\_ (office use only)

Building ( ) Camden Primary Pre -K-3 ( ) West Elkton Intermediate 4-6 ( ) Junior / Senior High 7-12

STUDENT NAME \_\_\_\_\_  
(first) (middle) (last)

STUDENT'S CALLED NAME \_\_\_\_\_

STUDENT SOCIAL SECURITY NUMBER \_\_\_\_\_ ( ) Male ( ) Female

DATE OF BIRTH \_\_\_\_\_ STUDENT'S BIRTH CITY & STATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(No.) (Street) (PO Box) (City) (Zip)

Home Telephone (\_\_\_\_\_) Mother Cell Phone (\_\_\_\_\_) Father Cell Phone (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ARE YOU A LEGAL RESIDENT OF THIS DISTRICT ( ) Yes ( ) No

If NO – What district is your legal residence? \_\_\_\_\_

LAST SCHOOL ATTENDED \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

ADDRESS OF LAST SCHOOL \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

FATHER'S NAME \_\_\_\_\_ EMPLOYED AT \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ EMPLOYED AT \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

STUDENT'S CUSTODIAL INFORMATION. CHECK ALL THAT APPLY:

STUDENT LIVES WITH ( ) mother & father ( ) grandparents ( ) guardian  
( ) mother ( ) father ( ) foster parent ( ) intent to gain custody

MARITAL STATUS ( ) MARRIED ( ) SEPARATED ( ) DIVORCED ( ) SINGLE PARENT  
( ) OTHER - EXPLAIN \_\_\_\_\_

NAME(S) OF THOSE WHO HAVE LEGAL CUSTODY OF THE ABOVE STUDENT:

1. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

A copy of your divorce decree or award of separation, listing custodial status, must be presented and photocopied.

CUSTODY PAPERS ON FILE WITH SCHOOL? ( ) YES ( ) NO

Ethnic Code: ( ) WHITE ( ) BLACK ( ) HISPANIC ( ) ASIAN/PACIFIC ISLANDER ( ) NATIVE INDIAN ( ) MULTI RACIAL

AT PREVIOUS SCHOOL, STUDENT WAS IN: (IF APPLIES, PLEASE CHECK PROGRAM)

( ) LD ( ) DH ( ) ED ( ) SPEECH ( ) HEARING ( ) MD

MEDICAL ALERT \_\_\_\_\_

SIGNATURE OF CUSTODIAL PARENT \_\_\_\_\_ DATE \_\_\_\_\_

I have received the administrative guidelines for enrollment and understand the consequences if not followed. \_\_\_\_\_

Student Health History

LAC 2001

Student's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

1. Has this child ever had a history of any of the following:

Yes	No	
		Heart Murmur
		Allergies
		Asthma
		Appendicitis
		Dizziness/ fainting spells
		Pneumonia
		Rheumatic fever
		Chicken Pox
		Diabetes
		Eating disorder
		Frequent constipation/ diarrhea
		Frequent daytime urination/ bed wetting

Yes	No	
		Frequent urinary tract infection
		Hepatitis
		Rashes
		Scarletina; Scarlet Fever
		Strep Throat
		Seizure Disorder
		Legally Blind
		Severe head injury
		Activity restriction
		Treatment or counseling for nervous/ emotional problems
		Hospitalization
		Surgery

2. Does this child have any disease, impairment, or abnormality of:

Yes	No	
		Digestivesystem
		Heart/ blood vessels
		Brain/ Nervous system
		Bones/ Joints
		Skin

Yes	No	
		Ears/ Hearing
		Eyes/ Vision
		Muscles
		Lungs
		Speech

Other: \_\_\_\_\_

3. Does this child:

Yes	No	
		Wear glasses
		Wear contact lenses
		Wear hearing aides

Yes	No	
		Wear dental device
		Have ear tubes

4. Please give details (if any) for any areas marked "yes" above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Is this child taking medication at this time? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please list medication(s) and reasons for taking: \_\_\_\_\_  
 \_\_\_\_\_

6. Has this child seen a dentist? \_\_\_\_\_ Are there dental problems? \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Signature of parent/ guardian: \_\_\_\_\_



# HOME LANGUAGE SURVEY

DATE: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_  
Family Name First Name Middle I.

DATE OF BIRTH      /      /      PLACE OF BIRTH: \_\_\_\_\_  
Month Day Year City State Country

NAME OF PARENT/GUARDIAN \_\_\_\_\_  
Family Name First Name

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**For Parents/Guardians:**

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? \_\_\_\_\_
2. What language does your son/daughter use most frequently at home? \_\_\_\_\_
3. What language do you use most frequently to your son/daughter? \_\_\_\_\_
4. What language do the adults at home most often speak? \_\_\_\_\_
5. How long has your son/daughter attended school in the United States? \_\_\_\_\_

**For School District Personnel:**

STOP

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (G-I270), and proceed to assess the student's English language proficiency.

## INITIAL ENGLISH LANGUAGE ASSESSMENT

Communication skill

Proficiency Level

Listening	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Speaking	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Reading	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Writing	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Comprehension*	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Composite**	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient

\*The Comprehension level is derived from Listening and Reading

\*\*The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension

Assessment instrument(s) used: \_\_\_\_\_

Student is LEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (GI230)

If student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? Yes \_\_\_\_\_ No \_\_\_\_\_

**Preble Shawnee Local Schools**  
**Emergency Early Dismissal Information Form**

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher's name \_\_\_\_\_

In the event that school needs to be dismissed early, please use this form to identify where and with whom you wish your child be released. Early dismissal may result from mechanical failure, utility failure, inclement weather and other factors. Early dismissal can occur at any time during the year. It is important that the school and parents work together to ensure your child gets home safely. In the event of an emergency early dismissal, my child is to: ( number by priority )

\_\_\_\_\_ Ride the bus or walk home as usual.

\_\_\_\_\_ Ride the bus home with \_\_\_\_\_

\_\_\_\_\_ Walk home with \_\_\_\_\_

\_\_\_\_\_ My child may be released to any of the following people:  
( no later than ½ hour after dismissal )

a) \_\_\_\_\_ phone \_\_\_\_\_

b) \_\_\_\_\_ phone \_\_\_\_\_

c) \_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_\_ I will pick up my child at the school within ½ hour after dismissal.

In an effort to communicate to parents that school has been dismissed early, we will announce the dismissal over TV and radio. Refer to the student handbook for a listing of stations. Phone access is limited at the school and is not an option to inform parents of an early dismissal. Phones must stay open for emergency calls.

**Return this form to school with your child as soon as possible. Copies will be made for the office, the teacher, and a copy will be sent back home to you.**

\_\_\_\_\_  
Parent / Guardian's signature

\_\_\_\_\_  
date

\_\_\_\_\_ office copy  
\_\_\_\_\_ student copy  
\_\_\_\_\_ teacher copy