

Items that Parent/Guardian must provide to the school district:

(The District reserves the right to obtain additional documentation to verify birth, custody, and proof of residence)

- Original/Certified Birth Certificate, Passport or Birth Record (**no other documents are acceptable**)
- Custody/Adoption papers if applicable (appointing custody, residential parent, etc.)
- Immunization Records
- Parent/Guardian **must** provide government issued I.D.
- Proof of Residence (**DP&L, Vectren or Water bill, not more than 60 days old – No other bills are acceptable**)
 - A rental/lease agreement can be used for initial registration; however, a utility bill must be provided to the student's school within 45 days from the student's first day of school. The lease must be signed by the parent/guardian **and** the person or company renting the property.
 - A Residence Affidavit is required if the student meets any of the following criteria:
 - Student is 18 years of age or older and is living with someone, other than parent/guardian, within the district.
 - Student (less than 18 years of age) and parent/guardian are living with a family member or friend who resides within the district.
 - A Superintendent Agreement form is required if any of the following criteria applies:
 - Parent/Guardian is in the process of building, purchasing or renting a home and is not physically residing at the address until after the registration process; a signed purchase contract or lease is **still required** and must show the approximate move in date.

**** Note:** Both the Residency Affidavit and Superintendent Agreement form require approval prior to registration. Please contact the Central Registration Office at 937-458-2400 opt. 0, if either situation applies to you.

Items requested for student placement: *Failure to provide the items listed below will delay the registration process.*

- For students entering 7th or 8th grade:
 - Copy of standardized testing scores and most recent report card

Note: After initial registration, you will need to make an appointment with a guidance counselor in order to create the student's schedule.

- For students entering High School:
 - Copy of transcript and most recent test scores

Note: After initial registration, you will need to make an appointment with a guidance counselor in order to create the student's schedule.

An appointment is needed for registration, in which a parent or guardian must be present. Please visit <https://registration.beavercreek.k12.oh.us> to schedule your appointment. If you have questions, please contact Susan Groves in the Central Registration office at 937-458-2400 Opt. 0. Thank you for your cooperation!

Beavercreek City Schools Student Registration Form

Office Use Only:

ID #: _____ Building: _____

Reg. Date: _____ Code: _____

Pre-Registration: _____ YES _____ NO

Student's Legal Name as Listed on Birth Certificate/Passport:

Last

First

Middle

Suffix

Preferred Name: _____ Date of Birth: _____ Birth Place: _____

Grade: _____ Gender: ___ Male ___ Female

Physical Address: _____

County of Residence: Greene Montgomery Other _____

Mailing Address: Same as Physical

If not: _____

Indicate Your Living Arrangements: _____ Permanent Residence
_____ Temporary Residence (Please Explain): _____

Home/Cell Phone: _____ Unlisted: ___ Yes ___ No

Will this student be riding the bus: ___ Yes: If yes: ___ Before School ___ After School ___ Daycare _____
___ No: If no: ___ Walker ___ Drop Off

Is the student of Hispanic/Latino origin, regardless of race? ___ Yes ___ No

Race (select at least one): ___ Asian ___ American Indian/Alaska Native
___ Black/African American ___ Native Hawaiian/Other Pacific Islander ___ White

Native Language: _____ Home Language: _____
(First language spoken by student) (The primary language spoken by student)

Custody/Residential Status:

Has child been adopted? ___ Yes ___ No

Status of biological parents: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Never Married

If divorced, who has legal custody? ___ Mother ___ Father ___ Shared – If shared, who is residential parent? _____

Note: Court documentation is required to register a student if parents have been divorced, separated, if child was adopted, placed in foster care, etc. Failure to provide this information will delay the registration process.

School Information:

Name of Last School Attended: _____

Location of Last School: _____
City State Country

Has the student previously enrolled in Beavercreek City Schools? ___ Yes ___ No

If yes, what year did they withdraw? _____

Has the student ever been enrolled in any other Ohio School District? ___ Yes ___ No

If yes, name of last Ohio District attended: _____

Has the student ever participated in the Ohio Help Me Grow Program? ___ Yes ___ No

Is the student currently expelled or suspended? ___ Yes ___ No

If student is in the legal custody of someone other than natural or adoptive parents please complete the following:

Not Applicable: _____

Address of natural parent/guardian at the time of the custody transfer: _____

Date of Custody Transfer: _____

School District of Residence at time of custody: _____

Name of person or agency with custody: _____

Address of person or agency with custody: _____

Phone Number: _____

Foster Care Educational Stability Questions:

Did the agency discuss foster care educational stability with the school of origin? ___ Yes ___ No

If yes, who was the school of origin contact: _____

Reason student did not remain at school of origin: _____

Office Use Only:

Proof of Birth: ___ Birth Cert ___ Passport ___ Birth Record ___ Re-Enroll

Intradistrict Transfer: ___ No ___ Yes If yes, transferring from what school: _____

Are custody / adoption papers included: ___ N/A ___ Yes ___ No ___ Pending

Other Forms Included: ___ N/A ___ Res. Affidavit ___ Following a Parent ___ Superintendent's Agreement

Person Reviewing/Accepting This Form: _____

Parent/Guardian Information

Primary Contact (circle one: Father, Mother, Guardian)

Name: _____
Address: _____

Home Phone: _____ Unlisted: Yes No
Mobile: _____ Work: _____
Email: _____
Employer: _____
Occupation: _____

Secondary Contact (circle one: Father, Mother, Guardian)

Name: _____
Address: _____

Home Phone: _____ Unlisted: Yes No
Mobile: _____ Work: _____
Email: _____
Employer: _____
Occupation: _____

Is one or more parent/guardian currently serving in the U.S. Military?: Yes No

If yes, Status: Active Duty Reserves National Guard

Branch of Service: Air Force Army Coast Guard Marines Navy

Step Parent Information (if applicable):

Step Father's Name: _____
Address: _____
Email: _____

Contact Number: _____ (Home, Mobile, Work)
City/State/Zip: _____
Employer: _____

Step Mother's Name: _____
Address: _____
Email: _____

Contact Number: _____ (Home, Mobile, Work)
City/State/Zip: _____
Employer: _____

Local Emergency Contact:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Relationship to student: _____
Contact Number: _____ (Home, Mobile, Work, Pager)

Medical Information:

Physician's Name: _____ Phone Number: _____

List all students attending Beaver Creek City Schools who should have the same contact information listed on this sheet:

Name: _____	Grade: _____	School: _____
Name: _____	Grade: _____	School: _____
Name: _____	Grade: _____	School: _____

Note: If the information listed on this sheet can be used for multiple students and you are registering all of the students at once, only one of these forms needs to be completed. Our office will make all copies needed for each student's file.

Beavercreek City Schools – IRN # 047241 - Records Request

Please mail / fax records directly to the designated building. Thank you.

- | | | |
|---|--|--|
| <input type="checkbox"/> Beavercreek High School (Grades 10th-12th)
2660 Dayton-Xenia Road
Beavercreek, OH 45434
Attn: Michelle Bellomy
Ph: 937-458-2470 / Fax: 937-429-7623
Michelle.Bellomy@beavercreek.k12.oh.us | <input type="checkbox"/> Ferguson Hall (Grade 9 ONLY)
2680 Dayton-Xenia Road
Beavercreek, OH 45434
Attn: Sherrie Pepera
Ph: 937-458-2345 / Fax: 937-458-2396
Sherrie.Pepera@beavercreek.k12.oh.us | <input type="checkbox"/> Ankeney Middle School
4085 Shakertown Road
Beavercreek, OH 45430
Attn: Cami Bradley
Ph: 937-458-2501 / Fax: 937-429-7685
Carmella.Bradley@beavercreek.k12.oh.us |
| <input type="checkbox"/> Coy Middle School
1786 Dayton-Xenia Road
Xenia, OH 45385
Attn: April Vanderpool
Ph: 937-429-7577, Ext. 3500 / Fax: 937-429-7686
April.Vanderpool@beavercreek.k12.oh.us | <input type="checkbox"/> Fairbrook Elementary
260 N. Fairfield Road
Beavercreek, OH 45430
Attn: Cathay Youngs
Ph: 937-429-7616, Ext. 2492 / Fax: 937-429-7687
Cathay.Youngs@beavercreek.k12.oh.us | <input type="checkbox"/> Main Elementary
2942 Dayton-Xenia Road
Beavercreek, OH 45434
Attn: Leslie Reed
Ph: 937-429-7588 / Fax: 937-429-7688
Leslie.Reed@beavercreek.k12.oh.us |
| <input type="checkbox"/> Parkwood Elementary
1791 Wilene Drive
Beavercreek, OH 45432
Attn: Vicki Keivel
Ph: 937-429-7604, Ext. 6500 / Fax: 937-429-7684
Vicki.Keivel@beavercreek.k12.oh.us | <input type="checkbox"/> Shaw Elementary
3560 Kemp Road
Beavercreek, OH 45431
Attn: Karen Frantz
Ph: 937-429-7610, Ext. 7500 / Fax: 937-429-7690
Karen.Frantz@beavercreek.k12.oh.us | <input type="checkbox"/> Trebein Elementary
1728 Dayton-Xenia Road
Xenia, OH 45385
Attn: Rachel Weidner
Ph: 937-458-2300 / Fax: 937-458-2395
Rachel.Weidner@beavercreek.k12.oh.us |
| <input type="checkbox"/> Valley Elementary
3601 Jonathon Drive
Beavercreek, OH 45434
Attn: Tracy Craig
Ph: 937-429-7597, Ext. 5500 / Fax: 937-429-7691
Tracy.Craig@beavercreek.k12.oh.us | <input type="checkbox"/> **Pupil Services Department/Special Education
3040 Kemp Road
Beavercreek, OH 45431
Attn: Peggy Mangan
Ph: 937-458-2424 / Fax: 937-458-2432
**IF POSSIBLE, PLEASE E-MAIL RECORDS TO:
 Peggy.Mangan@beavercreek.k12.oh.us | <input type="checkbox"/> Central Registration
3040 Kemp Road
Beavercreek, OH 45431
Attn: Susan Groves
Ph: 937-458-2399 / Fax: 937-458-2541
Susan.Groves@beavercreek.k12.oh.us |

Please release all appropriate past and present academic, required state testing, discipline, medical, confidential and special education records (including psychological information, diagnostic summaries, IEP's, etc.) on the student named below.

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____

Parent/Guardian Signature: _____ **Date:** _____

Name and address of school releasing records:

Phone: _____

****Please NOTE:** If the above mentioned student attended grades Kindergarten through Third in Ohio, please send a copy of the Third Grade Reading Guarantee Diagnostic On Track/Not On Track results; along with the Ohio Reading Improvement and Monitoring Plan, if student is not on track. Thank you.

Office Use Only:			
Date Sent: _____	Enrollment Date: _____	Sent By: _____	Copy to: _____
_____ Res. Rm	_____ IEP/504	_____ PT	_____ OT _____ SP _____ RM _____ RR _____ GTP

** _____ Ohio Diagnostic's On Track/Not On Track – Ohio Reading Improvement and Monitoring Plan (Kg – 3 rd grades ONLY)			

Student Placement Information

Office Use Only:

ID #: _____

Building: _____

Scheduled Start Date: _____

Student's Name: _____

Age: _____ Gender: _____ Grade: _____

To assist in making the best possible placement for your child, please provide detailed answers to the following questions.

Please list the characteristics that best describe:

Your child's personality:

What are your child's interests?

How does your child learn best? ___ Visual (seeing) ___ Auditory (listening) ___ Kinesthetic (hands on) ___ Combination (various methods)

In your opinion, what are important characteristics for your child's teacher to have?

Special Services:

Is the student receiving any of the following?

___ Resource Room

___ Remedial Math

___ IEP/ETR/504

___ Physical Therapy

___ Speech

___ Gifted/Talented Program

___ Remedial Reading

___ Occupational Therapy

___ ESL (English as a Second Language)

My signature below certifies that the information provided within this packet is true and accurate to the best of my knowledge.

 **Parent/Guardian Signature:** _____ **Date:** _____



Medical Information Sheet

Student Name: _____

School Building: _____ Grade: _____

Does your child have a medical condition? _____ No _____ Yes

If yes, please check the appropriate box below.

- Diabetes
- Seizure Disorder
- Gastrointestinal Tube Feeding
- Urethral Catheterization
- Severe Allergy
- A Central Line or Port for IV Access
- A Trach
- Immune System is compromised (i.e., having chemotherapy or has had a transplant)
- Chronic Health Conditions that may require nursing procedures or knowledge
- Other _____

Additional information you would like to share: _____

Signature: _____ Date: _____

Phone: _____

Most Direct Daytime Number

Beavercreek City Schools
HOME LANGUAGE SURVEY

IMM: _____ Y _____ N

Student ID: _____

Date: _____ School: _____

Name of Student: _____

Date of Birth: _____/_____/_____ Grade: _____ Sex: M _____ F _____
Month Day Year

Place of Birth: _____
City State Country

When did your child first enter a school in the US? (Include Pre-school if applicable) Month: _____ Year: _____ Grade _____

How many years has your child attended school in the US? (Grades K-12 ONLY) Number of years _____

1. What language did your child speak when he/she first learned to talk? _____
2. What language does your child use most often at home? _____
3. What language do you use most often with your child? _____
4. What language do the adults most often speak at home? _____
5. Is an interpreter needed? (For Parents) YES NO
6. Is English the only language spoken in your home? YES NO

*If the answer to any of the first four questions above is a language other than English, proceed to assess the student's English language proficiency.

Name of Parent/Guardian: _____
Family Name First Name

Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

FOR SCHOOL DISTRICT PERSONNEL ONLY Evaluator's Initials: _____

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 and proceed to assess the student's English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT

	Level 1 Beginning	Level 2 Early Intermediate	Level 3 Intermediate	Level 4 Early Advanced	Level 5 Advanced
Listening					
Speaking					
Reading					
Writing					
Comprehension					
Composite					

Is the student LEP? YES _____ NO _____

If the student has been in U.S. schools (Grade K-12 ONLY) for less than three years, is the student eligible for extended accommodations for statewide academic assessments? YES _____ NO _____

Please send copies of this completed form to :
 _____ Pupil Services _____ ESL Coordinator _____ Building ESL Teacher