

# Bristol Local School District: Student Enrollment Form.

Copies of the following documents are required upon enrollment: birth certificate, social security card, immunization records, proof of residency and custody papers

<b>FOR OFFICE USE ONLY</b>				
Entry Date ____/____/____	Building: EL HS	Grade _____	Homeroom _____	ESIS ID _____
List Proof of Residency _____ <i>(Utility bill, rent receipt, mortgage agreement, etc)</i>		Custody papers on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Ethnicity: H W B A I P M				

## Demographic Information

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Legal First Name) (Middle Name) (Legal Last Name)

Student's Address \_\_\_\_\_ Apt. # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip) County \_\_\_\_\_

Home Phone: \_\_\_\_\_  Unlisted Cell Phone: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_  
(Month) (Day) (Year) (City) (State)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female

Is English your child's first language:  Yes  No

If not, what is your child's first language: \_\_\_\_\_

## Parental /Guardian Information

Natural Father \_\_\_\_\_  Deceased Place of Employment \_\_\_\_\_

Residential Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Natural Mother \_\_\_\_\_  Deceased Place of Employment \_\_\_\_\_

Residential Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Parents are:  Married  Divorced  Separated  Never Married

**COPY OF THE COURT DOCUMENT AWARDED CUSTODY WITH A JUDGE'S SIGNATURE IS REQUIRED.**

*If parents are divorced or separated, complete the following:*

Name of Custodial Parent \_\_\_\_\_ Has the custodial parent remarried?  Yes  No

If so, name of step-parent \_\_\_\_\_

Does non-residential or non-custodial parent want copies of school correspondence?  Yes  No

*If student is not living with either natural parent, complete the following:*

Name of person the student is living with \_\_\_\_\_ Relationship \_\_\_\_\_

Was placement made by Court Order?  Yes  No Case # \_\_\_\_\_

Placing Agency \_\_\_\_\_ Phone: \_\_\_\_\_ Caseworker \_\_\_\_\_

**Bristol Local School District: Student Enrollment Form.**

<u>Brothers/Sisters</u> (list first/last name)	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Student Information**

Mark problems your child may have that are related to health and/or school.

Eyesight    Hearing    Speech    Heart    Abnormal Fears    Diabetes  
 Allergies (list): \_\_\_\_\_ Life-Threatening?  Yes  No    Other \_\_\_\_\_

Does your child have a 504 plan?    Yes  No   If yes, do you have a copy?    Yes  No

Does your child have a current Individualized Education Plan (IEP)?    Yes  No

If no, was your child in the process of a multi-factored evaluation?    Yes  No

If yes, do you have a copy of the multi-factored evaluation?    Yes  No

If your child has an IEP, what is your child's disability? \_\_\_\_\_

Has your child received any other services? (Title I, Speech, Physical Therapy, etc.)

Please list services currently receiving: \_\_\_\_\_

**Previous School**

Name of Last School Attended \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did your child previously attend Bristol Local School?    Yes  No   School \_\_\_\_\_ Yr. \_\_\_\_\_

List previous Headstart, day care or pre-school (Gr. K/1 enrollment only) \_\_\_\_\_

**Open Enrollment Applicants:**

Name of home school district \_\_\_\_\_

Have you enrolled in your home school district?  Yes    No

Have you completed an Open Enrollment application to Bristol Local School?  Yes    No

**Signature**

I verify that all information above is accurate and that my child fulfills all the requirements for attending the Bristol Local School District.

\_\_\_\_\_  
(Parent/Legal Guardian signature)

\_\_\_\_\_  
(Date)

**Bristol Local School District: Student Enrollment Form.**  
**ETHNICITY QUESTIONNAIRE**

Student Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Per United States Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two part question found below.*

**Part 1: ETHNICITY**

Is the student **Hispanic/Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) \_\_\_\_ Yes \_\_\_\_ No

**Regardless of whether your answer is Yes or No to Part 1, you must also select 1 or more racial groups in Part 2.**

**Part 2: RACIAL GROUP**

Is the student from one or more of the following racial groups (check all that apply):

\_\_\_\_ **(W) White**

People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_ **(B) Black or African American**

Persons having origins in any of the black racial groups in Africa.

\_\_\_\_ **(A) Asian**

Persons having origins in any of the original peoples of the Far East, Southeast Asia, or The Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_ **(I) American Indian or Alaskan Native**

Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

\_\_\_\_ **(P) Native Hawaiian or Other Pacific Islander**

Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_ **PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP**

I (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE**

School District's determination of child's ethnicity based on observation:

\_\_\_\_ Hispanic/Latino      \_\_\_\_ White      \_\_\_\_ Black or African American

\_\_\_\_ Asian      \_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child's ethnicity (please print) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bristol Local School (IRN#050112)  
Request for Release of Pupil Records



\_\_\_\_\_  
Previous School

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
1<sup>st</sup> request

\_\_\_\_\_  
2<sup>nd</sup> request

Please release the following records for the student(s) listed below:

- Birth Certificate
- SSID# (State Student ID)
- Custody Documents (if applicable)
- Immunization/Health/Screening records
- Attendance records
- Grade to date of withdraw
- Official Transcript
- Standardized Test Scores
- IEP/ETR/504
- Gifted Identification
- On Track/Not On Track data

**Please Note: If you do not release special education records from your office, please make a copy of this release form and forward to the appropriate office.**

Your District IRN# \_\_\_\_\_

Fax, mail, or email records to the school listed below:

Bristol Elementary School  
1845 Greenville Rd  
PO Box 260  
Bristolville OH 44402  
Phone: 330-889-2700  
Fax: 330-889-2529  
Email: [melissa.moriarty@neomin.org](mailto:melissa.moriarty@neomin.org)

Bristol High School  
1845 Greenville Rd  
PO Box 260  
Bristolville OH 44402  
Phone: 330-889-2621  
Fax: 330-889-2529  
Email: [deborah.rowles@neomin.org](mailto:deborah.rowles@neomin.org)

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
New Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Assistant (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

First day of school at Bristol will be \_\_\_\_\_ Reason for change of schools: \_\_\_\_\_

## **Student Transportation Change Request**

All students are bused to designated stops which are their home addresses except for the cluster stop in Farmington Village at the Township Park.

1. However, should you have a need for a “long-term” change - you may request such. The request will be approved only after reviewing seat availability and the location of the stop for route driving time.
2. All changes have to be for the same consistent locations.
3. Based on seating availability, it is possible to request a pick-up on one bus route and a drop-off on another provided there are seats available and it is the same every day.
4. There will be no “temporary bus passes” or a “day pass” issued to go to/from school on a different bus than assigned nor to a different stop on the everyday route. **If students need to go someplace different before or after school, parents are to make their own transportation arrangements.**
5. Only one address change per student per school year will be granted based on seating availability.
6. You must allow for two (2) school days for your request to be reviewed before a decision will be rendered.

### **Quick Check**

1. All changes are based on seating availability and route time. Only yearly bus passes will be issued.
2. All changes have to be at the same consistent stop.
3. All requests will have to be signed and sent in two (2) school days in advance.
4. No daily or temporary short-term bus passes will be granted.
5. Only one permanent change per year will be considered.

**BRISTOL LOCAL SCHOOL**  
1845 Greenville Rd, PO Box 260 ~ Bristolville OH 44402  
330-889-3882 ~ Fax 330-889-2529

**TRANSPORTATION REQUEST**

Date: \_\_\_\_\_

Student Name \_\_\_\_\_ Gender: M / F Grade \_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Physical Directions of Address \_\_\_\_\_

Date Pick-up will begin \_\_\_\_\_

Parent/Guardian Signature

Office Use Only:

Bus Driver \_\_\_\_\_ Bus Number \_\_\_\_\_

Time of Pick-up \_\_\_\_\_

Date Notice Received \_\_\_\_\_ Date Notice Given to Driver \_\_\_\_\_

Comments \_\_\_\_\_