

## New Student Registration

The following criteria **must** be met to enroll in Bristol Local School District:

1. Evidence of residence within the Bristolville School District (utility bill, rental agreement, etc.)
2. Birth certificate and social security card
3. Immunization records
4. Previous report card from prior school
5. Custody papers (if applicable)

## Bristol Local School District – Enrollment Form

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

**FOR OFFICE USE ONLY**

Entry Date \_\_\_/\_\_\_/\_\_\_ Building: EL HS Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ ESIS ID \_\_\_\_\_

List Proof of Residency \_\_\_\_\_ Custody papers on file?  Yes  No  Not Applicable  
*(Utility bill, rent receipt, mortgage agreement, etc)*

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)

\_\_\_\_\_ County \_\_\_\_\_  
(City) (State) (Zip)

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

Birth date: \_\_\_/\_\_\_/\_\_\_ City of Birth: \_\_\_\_\_  
(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 (Mother's Maiden Name \_\_\_\_\_

Divorced  Separated  Never Married

**COPY OF THE COURT DOCUMENT AWARDING 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 \_\_\_\_\_

<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. \_\_\_\_\_

Has your child been retained?    Yes    No   If yes, at what grade level \_\_\_\_\_

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)

Release of Records

Previous School \_\_\_\_\_ District IRN# \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ 1<sup>st</sup> request \_\_\_\_\_ 2<sup>nd</sup> request \_\_\_\_\_

Please fax, email, or mail copies of the following records:

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

**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.**

*If previous school is in the NEOMIN network, please complete an electronic Student Transfer and email records to the Bristol school building marked below:*

Bristol Elementary School  
 1845 Greenville Rd  
 PO Box 260  
 Bristolville OH 44402  
 Phone: 330-889-2700  
 Fax: 330-889-2529  
 Email: melissa.moriarty@bristol.k12.oh.us

Bristol High School  
 1845 Greenville Rd  
 PO Box 260  
 Bristolville OH 44402  
 Phone: 330-889-2621  
 Fax: 330-889-2529  
 Email: deborah.rowles@bristol.k12.oh.us

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: \_\_\_\_\_

## 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**  
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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Bristol Local School District

## Verification of Residency Form

This form is used if the parent/guardian is residing with a friend/relative living in Bristol Local School District. The lessee/property owner must submit:

- two current utility bills (gas, phone, water, electric only) or
- a lease in his/her name for that residence or
- a deed in his/her name for that property

Signature of the lessee/property owner must match the name that appears on submitted documents.

Other documents that must be presented at the time of registration:

- Birth Certificate (or a passport, baptismal or hospital certificate with a raised seal showing the date of birth of the student) and
- in case of a divorce, proof of custody of the student *signed by a Judge* and
- appropriate immunization records
- Proof of a negative tuberculosis test is required *only* if a student is entering the United States from a foreign country.

**It is unlawful to misrepresent or otherwise falsify residence in order to obtain a child's tuition-free admission to the Bristol Local School District. Persons who knowingly falsify this information are subject to payment of tuition (Approximately \$25.00 per day).**

TO BE COMPLETED BY THE PARENT/GUARDIAN (Please print)

Former Address

New Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State Zip

\_\_\_\_\_  
City/State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

_____ Student Name	_____ Birth Date	_____ Bristol School/Grade	_____ Former School
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_____ Student Name	_____ Birth Date	_____ Bristol School/Grade	_____ Former School
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_____ Student Name	_____ Birth Date	_____ Bristol School/Grade	_____ Former School
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_____ Student Name	_____ Birth Date	_____ Bristol School/Grade	_____ Former School
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_____ Parent/Guardian Name	_____ Phone #	_____ Place of Employment	_____ Phone #
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TO BE COMPLETED BY THE LESSEE/PROPERTY OWNER AND PARENT

SIGNED: \_\_\_\_\_  
LESSEE/PROPERTY OWNER SIGNATURE  
(MUST be the same signature as appears on the documents listed above)

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

\_\_\_\_\_  
Please PRINT name signed above

\_\_\_\_\_  
Please PRINT name signed above

SWORN TO AND ASCRIBED IN MY PRESENCE THIS

\_\_\_\_ TH DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

STAMP OR SEAL

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP