

BUCKEYE VALLEY LOCAL SCHOOL DISTRICT - ENROLLMENT CHECKLIST
 Welcome to Buckeye Valley Local Schools!

REQUIRED PAPERWORK – students will not be enrolled until all documents are received

- ___ 1. **COMPLETED ENROLLMENT FORM** – print from BV website or call Central Office
- ___ 2. **AUTHORITY FOR DATE OF BIRTH**– an ORIGINAL copy of one of the following
 _____ Birth Certificate _____ Baptismal Certificate
 _____ Passport
- ___ 3. **PROOF OF RESIDENCY** – please choose one of the options below for your residency:
- ___ **A. OWNER OR RENTER** – you either own or rent a home in the Buckeye Valley District. If you do not
 please see item B or C
- | | |
|---|-------------------------------|
| _____ Mortgage payment coupon (current month) | _____ Tax Bill (current year) |
| _____ Rental Contract | _____ Settlement Statement |
| _____ Lease Agreement | _____ Voter Registration card |
| _____ Deed | |
- NO UTILITY BILLS ACCEPTED**
- ___ **B. GUEST OF OWNER** – if you are living with a homeowner we require the following:
 _____ Notarized Residency Affidavit (2 pages)
 _____ Proof of Residency – one item from the list in A. above for the home owner.
- ___ **C. GUEST OF RENTER** – if you are living with a home renter, we require the following:
 _____ A new signed lease with the occupants of the rental listed
 OR
 _____ A copy of the original lease with an addendum that lists all the current occupants of the rental. The
 addendum must have the Landlord's signature.
- ___ 4. **COURT PAPERWORK** – paperwork regarding custody and/or guardianship
- _____ Custody/Guardianship – We must be provided official court paperwork that dictates the custody arrangement/parental rights
 of the student(s). Any court changes must be submitted to the school immediately.
- _____ Temporary Guardianship – If you are a temporary guardian of a student, you must complete the Statement of Guardianship
 form prior to enrollment. In the event that you seek and are granted legal guardianship, we must have the official court papers
 within sixty (60) days of enrollment.
- ___ 5. **IMMUNIZATION RECORDS** – Please provide a copy of your child's most recent immunization records signed by the physician.
- OPTIONAL FORM(S)
- ___ 6. **FREE/REDUCED MEALS APPLICATION** – Please either provide the incomes of every person in the household or your TANF
 identification number.
- ___ 7. **MEDICAL FORMS** – If your child requires special medical authorization, please find the rules and forms on the nurses site on the
 Buckeye Valley website: www.buckeyevalley.k12.oh.us
- ___ 8. **TRANSPORTATION FORM** – must be completed if your child will be riding the school bus

**If your student has an IEP/ETR, we will need the most recent copies of them to provide to
 the schools. If you have a high school student, please provide the most recent copy of
 their transcript.**

BUCKEYE VALLEY LOCAL SCHOOL DISTRICT
PUPIL ENROLLMENT FORM

STUDENT INFORMATION

Name: _____ Male ___ Female
Last First Middle

Address: _____
#Road/Street PO Box # City State Zip

Telephone: _____ Date of Birth: _____ City of Birth: _____

Authority for Date of Birth: _____ Birth Certificate _____ Baptismal Certificate
_____ Passport

School District of Residency: _____

Proof of Residency: _____ Mortgage Payment Coupon _____ Rental Contract
_____ Residency Affidavit _____ Lease Agreement
_____ Deed _____ Tax Bill
_____ Settlement Statement _____ Voter Reg. Card

WE CANNOT ACCEPT UTILITY BILLS

Anticipated date of entrance into BV Schools: _____ Current Grade Level: _____

ETHNICITY and RACE (please complete one in each. A AND B.)

A. Ethnicity (choose one)

B. Race (choose one or more, regardless of ethnicity)

_____ Hispanic/Latino
_____ Not Hispanic/Latino

_____ American Indian or Alaskan Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or other Pacific Islander
_____ White

PREVIOUS SCHOOL DISTRICT INFORMATION

Previous School District and school: _____
School address and phone: _____
Dates attended: _____ Teacher Name: _____

PARENT/GUARDIAN INFORMATION

Person with whom student is residing: _____ Both parents _____ Mother/Stepfather
_____ Father/Stepmother _____ Father only
_____ Mother only _____ Guardian
_____ Grandparent _____ Other

Check any that apply: Mother deceased Father deceased
 Parents separated Parents divorced

***Please note that if there is any custody arrangement/court order we require the official stamped court paperwork on file. Court paperwork provided with this packet: Yes No N/A

Father: _____
Address: _____
City, State, Zip _____
Employer: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Mother: _____
Address: _____
City, State, Zip _____
Employer: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Please list below any step-parent or other guardian who is allowed to pick-up your student:

Stepfather/Guardian: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Stepmother/Guardian: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

***Legal Guardians must fill out the "Statement of Guardianship" form. If you are self-supporting, you must fill out the "18 Year Old Self-Supporting" form.

Please list below any siblings who attend BV Schools:

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

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

LANGUAGE

Has your child been identified as an English Language Learner (ELL)? _____
What language did your child learn when he or she first began to talk? _____
What language does your child use at home? _____
What language do you use when speaking to your child? _____
What language is most often spoken by the adults at home? _____
Does anyone in your home read English? _____

Country of Birth: _____

Year entered US Schools: _____

Immigrant Youth? _____

OTHER INFORMATION

Has your child ever been enrolled in Buckeye Valley schools? _____ If yes, when: _____
What building did they attend? _____

Has your child ever been suspended or expelled from another school? _____ Yes _____ No

STUDENT SERVICES

Does your child have a current IEP? _____ Yes _____ No

Does your child have a current 504 Plan? _____ Yes _____ No

Is your child identified as gifted? _____ Yes _____ No

SIGNATURE

I CERTIFY ON THIS DATE THAT THE INFORMATION IS CORRECT AND COMPLETE AND THAT I AM THE CUSTODIAL PARENT. I UNDERSTAND THAT ANY CHANGES IN THE ABOVE INFORMATION MUST BE REPORTED TO THE SCHOOL OFFICE. I FURTHER UNDERSTAND THAT FALSIFYING THIS INFORMATION COULD RESULT IN THE IMMEDIATE REMOVAL OF MY CHILD FROM THE BUCKEYE VALLEY LOCAL SCHOOL DISTRICT.

Signature

Date

Enrolling Secretary Signature

Date

Office Use Only

Res _____ Imm _____

BC _____ CPwk _____

New IRN: _____ Old IRN: _____

Other: _____



Affidavit for Families Residing with Friends or Relatives

To be completed by the Homeowner/Renter:

I, _____, certify that I am the owner/renter of the dwelling located at:

Address

City, State Zip

I, _____, further certify that the following persons actually reside at this property, and to the best of my knowledge are not maintaining a separate residence elsewhere. I realize that should any of my statements be false, I may be liable for any penalties that the law provides under the criminal code.

Parent/Guardian and Children's Names:

I am aware that the Buckeye Valley Local School District may use legal means to verify my residence.

Signature of Owner/Renter

Printed Name of Owner/Renter

Home Phone

Cell Phone

Sworn to before me and signed in my presence this _____ day of _____, 20____.

Notary Public

Office Initials:



Affidavit for Families Residing with Friends or Relatives

To be completed by the Parent/Guardian:

I, _____, being duly sworn, certify that I am the parent/guardian of the following children:

Student Names	School
_____	_____
_____	_____
_____	_____
_____	_____

My contact phone is: _____

Home Phone	Work Phone	Cell Phone
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I certify that I and the above-named children have established "legal residency" (where the family eats, sleeps, receives their mail and where the parent(s) are registered to vote) on a seven-days-a-week basis at the property located at:

Address: _____

and are not maintaining a separate residency elsewhere. I am aware that the Buckeye Valley Local School District may require additional documentation to verify our residency.

I realize that should any of the above statements be false, I am liable for any penalties that the law provides under the criminal code. Further the affiant will be billed (and prosecuted in court, if necessary) to collect all back tuition, which may be due.

Guardian	Date
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Sworn to before me and signed in my presence this _____ day of _____, 20____.

Notary Public

Office Initials:



BUCKEYE VALLEY LOCAL SCHOOL DISTRICT

APPLICATION FOR PARENTS ENROLLING STUDENTS, BASED UPON THE PURCHASE OF A HOUSE OR COMPLETION OF BUILDING A HOUSE.

Non-resident families who will be moving into the Buckeye Valley Local School District are asked to complete the following application. The information will be reviewed by the Superintendent or the Superintendent's designee and a determination will be made regarding attendance. Students from families building or buying a home in the district who are waiting for possession and are non-residents will have ninety (90) calendar days from the date of enrollment to establish residency in the Buckeye Valley Local School District.

In order to be considered for enrollment, the following documentation must be provided:
(Ohio Revised Code 3313.64)

- _____ 1. A sworn statement (notarized document) revealing the location of the house being built, or the house being purchased, date of occupancy and intent to reside there.
- _____ 2. Provide one of the following in addition to the above.
 - _____ a. A statement from the builder confirming that a new house is being built for the parents with a projected completion date, at the location indicated in the parent's statement.
 - _____ b. A statement from the real estate broker or bank officer confirming that the parent has a contract to purchase the house, when possession is to take place, and the house is located as indicated in parent statement.

Student Name: _____

Grade: _____ Current attendance building: _____

Parent/Guardian: _____

Current Address: _____
Street City State Zip

Future Address: _____
Street City State Zip

Possession Date: _____ If building, date construction began: _____

I have read and agree to the conditions listed above for the possible enrollment of my child in the Buckeye Valley Local School District. Appropriate documents have been provided. Furthermore, I understand the time lines for which I have to establish residency. Transportation of my child to and from school is my responsibility until such time as we reside within the district boundaries.

Signature of Parent/Guardian

Date

Superintendent/Designee Signature

Date

Approved until Date _____

(End of 90 cal. days)



BUCKEYE VALLEY LOCAL SCHOOLS PARENT REQUIRED SIGNATURES

Student Last Name: _____ **Grade** _____ **Student First Name:** _____

Student Handbook Signatures

I have read and reviewed the Student Handbook and Code of Conduct with my student.

Date: _____ Signature of Parent/Guardian _____ Signature of Student _____

I have read and reviewed the Transportation Handbook with my student.

Date: _____ Signature of Parent/Guardian _____ Signature of Student _____

Internet Acceptable Use Policy

I have read and agree to the Internet Acceptable Use Policy and Photo Consent Policy. I understand and will following the guidelines as outlined in the Policy. I also understand that not following these guidelines may result in the loss of network and computer access, school disciplinary action and or legal action.

Date: _____ Signature of Student _____

Parent/Guardian:

As parent/Guardian of the above user, I have read the guidelines for acceptable use for the Buckeye Valley Local School district. I understand that these resources are to be used for educational purposes. I hereby give permission for my student to access the internet.

Date: _____ Signature of Parent/Guardian _____

Field Trip Permission

I hereby give permission for my child to participate in school sponsored class or organizational field trips during the current school year. I understand that all field trips will be organized and led by a school staff member, and that advance notice will be sent home to parents before any trip. Student may not participate in field trips without a signed field trip permission form and current emergency medical form.

Date: _____ Signature of Parent/Guardian _____

Photo Consent Signature

I have read and agree to the Photo Consent Policy. I understand I am granting permission for my student's image, photography or work to be used during the current school year.

Date: _____ Signature of Parent _____

Buckeye Valley Local School District Application Process for Peer Role Model in the Buckeye Valley Early Learning Program

The Buckeye Valley Early Learning Program consists of both morning and afternoon sessions. Enrollment is open to children of district residents. The district's preschool program is primarily designed for children with disabilities; however, typically developing children who enjoy a well-rounded, developmentally appropriate preschool class also may enroll to serve as peer role models for the students with disabilities.

Each preschool classroom has a licensed/certified Pre-Kindergarten Teacher (Intervention Specialist) and trained teacher assistants. Classrooms have a maximum of 16 students, eight of whom have identified disabilities and 8 who are typically developing peers.

The Buckeye Valley Early Learning Program is organized to facilitate children's development in the following five domains: Social-Emotional development, Approaches Towards Learning, Physical Well Being and Motor development, Cognition and General Knowledge, and Language and Literacy development. Curriculum is aligned to the State of Ohio's Early Learning and Development Standards.

Parents of typically developing peers must provide transportation to and from school. Typically developing peers must be 3 years old by August 1st, and possess age appropriate communication, play and socialization skills. Additionally, typically developing peers must be completely toilet trained by the first day of school.

Monthly tuition is charged for typically developing peers at a rate of \$160 per month. Payments are due on the 1st of each month to the building secretary.

Buckeye Valley Early Learning Program is a four-day a week program (Monday-Thursday) located at East and West Elementary. Morning session hours are 9:00AM-11:30AM. Afternoon session hours are 1:00PM-3:30PM.

Peer applications are accepted throughout the school year.

Parents of typically developing preschoolers who are interested in enrolling their child as a peer role model must complete an application as well as enrollment paperwork for the Buckeye Valley Local School District Early Learning Program. Parents may pick up an application at East or West Elementary or applications may be found online at buckeyevalley.k12.oh.us under the "Enroll at BV" tab. Completed applications may be returned to Peggy Linstedt at Buckeye Valley Middle School, 683 Coover Rd., Delaware, Ohio, 43015 or Mary Barr at Buckeye Valley Administration office, 679 Coover Rd., Delaware, Ohio, 43015.

Application for Buckeye Valley Early Learning Program

Child's Name: _____ Gender: _____

Date of Birth: _____

Parent(s) Name: _____

Address: _____

City, Zip Code: _____

Home Phone: _____ Work Phone: _____

Email address: _____

Parent's Native Language: _____ Child's Native Language: _____

Session Preference: _____ A.M. _____ P.M.

_____ My child will attend as a peer role model.

_____ My child has special needs.

Parent Signature: _____ Date: _____

Buckeye Valley Early Learning Program

Peer Role Model Checklist

Peers serve as models for age appropriate skills for children demonstrating delays in their development. For this reason, it is **critical that peers demonstrate the skills listed below**.
 Directions: Please check beside the criteria that applies to your child.

	Age three by August 1st
	COMPLETELY toilet trained
	Separates easily from parents
	Able to follow rules and routines
	Attends to adult guided activities
	Plays with a variety of toys appropriately
	Is able to play beside and/or with other children while sharing the same bin of toys
	Verbally interacts with peers in play situations
	Speaks in clear English sentences and can comprehend/answer simple questions
	Speech is clear and understandable by unfamiliar adults
	Can follow simple directions and some multiple step directions
	Can work and attend in small group for at least 10 minutes
	Dress self except shoes

Buckeye Valley Local Schools

Child Medical Statement

Childs' Name _____ Date of Birth _____

Height _____ Weight _____

Limitations or health condition (including allergies, medications, dietary restrictions)

Immunizations	Please circle one	
	Complete for age	Yes
In Process	Yes	No

Exempt from Immunizations	Please circle one	
	Religious conviction	Yes
Health concern	Yes	No
Other:		

This child has been examined and is in suitable condition to participate in group care

Signature of examining Physician/ Physicians Assistant or Advanced Practice Nurse (circle one)	Date of exam
Address :	
Phone:	

Required for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program			Reason not completed (Check which applies)		
Assessments/Screenings	Completed Please circle one		Date Completed	Health professional decision	Examples: religious conviction, insurance coverage, other
	Yes	No			
Vision	Yes	No			
Hearing	Yes	No			
Dental	Yes	No			
Lead	Yes	No			
Hemoglobin	Yes	No			