

Welcome to London City Schools

380 Elm Street, 2nd Floor - London, Ohio 43140 - Phone: (740) 852-5700 - Fax: (740) 845-3282
www.london.k12.oh.us

Enrollment

Below you will find the necessary information to enroll your child into the London City School District. Please bring all validation documents, your driver's license and the completed enrollment forms to the Central Office during the hours listed below.

Validation Documentation - **MUST HAVE IN YOUR POSSESSION AT THE TIME OF ENROLLMENT**
We do not contact school districts to get this information during the enrollment process

- Parent/Guardian Photo Identification such as a Driver's License
- Child's Birth Certificate
- Proof of Residency - (Example: utility bill, rental agreement or property tax statement)
If you are living with another person or family, a Residence Affidavit will need to be completed and notarized. Please call Kim Crumley at 740-852-5700, ext 2117 for more information.
- Custody Orders, Divorce Decree or Separation Papers
- **Immunization Records** - All grade levels
- **Physical Record** – Must have current physical for Preschool, Kindergarten and 1st grade.

Enrollment Forms Attached (please print)

- Admission Form
- Emergency Form
- Home Language Survey
- Release of Records Form
- Emergency Medical Form
- Transportation Form

Contact and Enrollment Office Location:

- Phone: (740) 852-5700, ext 2111 or ext 2117
- Email: kim.burgert@london.k12.oh.us or kim.crumley@london.k12.oh.us
- The Central Office is located on the 2nd floor of London Elementary School.

Centralized Enrollment Dates and Times:

- During School Year: Monday through Friday. Summer: Closed Fridays.
- Enrollment hours are 9:00 to 11:00 and 1:30 to 3:00

Thank you,

London City Schools Enrollment Office

London City Schools

London Elementary School ~ London Middle School ~ London High School

Enrollment Application



Name: _____
Last First Full Middle Name Called

Date of Birth: _____ Male Female Grade: _____

Address: _____
Street City/State Zip

Home Phone: () Cell Phone: ()

Military Student: Active Duty - Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).
 National Guard - Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard).

Is the student of Hispanic/Latino heritage? Yes No (Please note: If ethnicity is not specified by one or more of the options below, the student will be identified by observation and communicated to parent/guardian prior to designation.)

Ethnic Group(s): A-Asian B-Black/African American I-American Indian/Alaska Native P-Native Hawaiian/Other Pacific Islander W-White

Native Language: _____ Do you use your native language at home? Yes No If not, what language: _____

Birth Place City: _____ Mother's Maiden Name: _____

Has the student ever been enrolled in the London City School District? Yes No If yes, last grade attended: _____

If student is enrolling in Kindergarten, has s/he attended a Preschool Program? Yes No

Must have Name, Address or Telephone Number of the Previous School District: _____
Name of School or District

Street City/State Zip Telephone

In what county does the student currently live? Madison Other: _____

Has the student been in the U.S. for more than three (3) years? Yes No If No, Date Entered U.S. _____

Does your child receive any of the following services? Individual Education Plan (IEP) 504 Plan Gifted Services

ADDITIONAL PARENT/GUARDIAN CONTACT INFORMATION

Father/Guardian: _____ Where Employed: _____

Cell Phone: () _____ Work Phone: () _____

Mother/Guardian: _____ Where Employed: _____

Cell Phone: () _____ Work Phone: () _____

Due to the Missing Child Law (R.C. Sec. 3313.672), a copy of every student's Birth Certificate or other acceptable substitute must be on file. If documentation is not presented within 14 days of enrollment we are required by law to notify our local law enforcement agency. This is for the protection of your child. If this student is court placed into your care, a copy of the court document must accompany this enrollment application.

I certify that the above stated information is correct and further understand that parts of it will be used to retrieve a State Wide Identification Number required by House Bill 282 for my student.

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

Relationship to Student: Mother Father Parents Grandparent *Guardian/Court Placement

***Parent/Guardians - MUST provide Court Documents for all custody issues at the time of enrollment.**

~ For LCS Office Use Only ~

Student SID Number: _____ Grade: _____ PS Teacher: _____

Start Date: _____ Admit From IRN: _____ PS Service: AM PM Itinerant

Non-Resident IRN: _____ OE C/F MRDD DOR IRN: _____

Statement of Custody

STUDENT DATA:

Students Full Name _____
(Last) *(First)* *(Middle)*

Brothers _____ DOB _____ Sisters _____ DOB _____

PARENT DATA:

Student Lives With: (check one)

- Mother & Father – Married (If this box checked finish by signing the bottom of form)
- Father Only Legal Guardian Ward of Court
- Mother & Father – Unmarried Mother & Stepfather
- Mother Only Father & Stepmother

I state that I have Full or Shared custody of said Child for the following reason: (select one below that applies)

I have proof of custody:

- Court order is attached. **(MUST PROVIDE COPY OF COURT ORDER)**

I have no proof of custody:

- Never married. **Father MUST provide court order showing proof of custody to enroll child.**
- I am still married to the Father/Mother of my child. We are separated, but not divorced.
* No custody order exists. **Father has same rights as mother until court determines custody.**
- The Father/Mother of my child is deceased.
- Other: _____

To the best of my knowledge, all of the above information is true. I certify that the name listed on this form is his/her legal name and that I/we have legal custody or are in the process of obtaining legal custody/guardianship. I will notify the school of any changes, which will affect this application and provide documentation to my child's school upon change.

Signature _____

Date _____

Home Language Survey

Date: _____ School District: London City SD

Name of Student: _____
Last/Family Name *First* *Middle Initial*

Date of Birth: - - Place of Birth: _____
Month *Day* *Year* *City* *State* *Country*

Name of Parent/Legal Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

For Parents/Legal 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 LCS OFFICE PERSONNEL ONLY ~

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

ENGLISH LANGUAGE ASSESSMENT

| Communication Skill | | | Proficiency Level | | | | | |
|---------------------|--|-----------|-------------------|--------------|--|----------|--|------------|
| Listening: | | Beginning | | Intermediate | | Advanced | | Proficient |
| Speaking: | | Beginning | | Intermediate | | Advanced | | Proficient |
| Reading: | | Beginning | | Intermediate | | Advanced | | Proficient |
| Writing: | | Beginning | | Intermediate | | Advanced | | Proficient |

Assessment instrument(s) used: _____

Student is LEP? YES NO Indicate student's LEP Y/N status in EMIS.

If student has been in U.S. schools for less than three years, is the student eligible for a temporary one-year exemption from the required state tests? *Circle yes or no.*

CITIZENSHIP: Y / N SCIENCE: Y / N MATH: Y / N READING: Y / N WRITING: Y / N

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Parental Release of Records Authorization

STUDENT INFORMATION

Name _____
Last First Middle

Date of Birth _____ Grade _____

PREVIOUS SCHOOL INFORMATION

School _____ County _____

Address _____

City, State & Zip _____

Telephone Number _____

*** Did student receive Special Education Services or on a 504 Plan? Yes No**

PARENTAL RELEASE

I am the parent/legal guardian of the above named student. You are authorized to release the records listed below to:

London Elementary School

380 Elm Street
London, Ohio 43140
Telephone: (740) 845-3272
Fax: (740) 845-3283

London Middle School

270 E Keny Boulevard
London, Ohio 43140
Telephone: (740) 852-5701
Fax: 740-845-1279

London High School

336 Elm Street
London, Ohio 43140
Telephone: (740) 852-5705
Fax: (740) 845-3284

London Board of Education - 380 Elm Street, London, Ohio 43140 – Telephone: (740) 852-5700, Fax: (740) 845-3282
(Used for Summer Enrollment)

Please include the following records:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Attendance Record | <input checked="" type="checkbox"/> Birth Certificate |
| <input checked="" type="checkbox"/> Subjects Taken | <input checked="" type="checkbox"/> Health and Immunization Records |
| <input checked="" type="checkbox"/> Grades and Credits Received | <input checked="" type="checkbox"/> Vision and Hearing Records |
| <input checked="" type="checkbox"/> State Testing Results | <input checked="" type="checkbox"/> Psychological Records (if applicable) |
| <input checked="" type="checkbox"/> Social Security Number | <input checked="" type="checkbox"/> Gifted Records |
| <input checked="" type="checkbox"/> <u>SSID Number</u> | <input checked="" type="checkbox"/> <u>Special Education Records</u> |

Parent/Legal Guardian Signature: _____

~ SCHOOL USE ONLY ~

Admit To IRN: London City SD – 044255

Received from District IRN: _____

Student **Start** Date: _____

SSID Number: _____

Attending: London Elementary School

London Middle School

London High School

Attending as Open Enrollment Student

Attending as Court/Foster Placed Student

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London Elementary School ~ London Middle School ~ London High School

Transportation/Bussing

Student: _____

Address: _____

If a rural address, please give the name of the road and location in relation to some landmark such as road intersections:

Parent/Legal Guardian: _____

Telephone: () - -

Emergency Contact/Telephone: _____ () - -
(Emergency Contact Name) *(Emergency Contact Telephone)*

Special Instructions: _____

~ For Office Use Only ~

| GRADE | SCHOOL ATTENDING | ASSIGNED TO BUS NUMBER & TIME | BUS STOP LOCATION |
|-------|---|-------------------------------|-------------------|
| | <input type="checkbox"/> LES - Grade PK – 5 <input type="checkbox"/> LMS – Grade 6 – 8 <input type="checkbox"/> LHS – Grade 9 – 12 <input type="checkbox"/> - Tolles | Bus Number: | |
| | | Pickup: | |
| | | Drop Off: | |
| | <input type="checkbox"/> No Transportation Needed | | |

Preschool AM - Teacher: _____

Preschool PM - Teacher: _____

Preschool Fairhaven Student

Other Transportation: _____

Student Start Date: _____