THE GENESIS SCHOOL
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ALL ITEMS ON THE ENROLLMENT CHECKLIST MUST BE TURNED IN WITH THE APPLICATION IN ORDER TO COMPLETE ENROLLMENT

CONTACT THE ADMISSIONS OFFICE IF YOU HAVE QUESTIONS REGARDING ENROLLMENT PAPERWORK: 216-834-9244.

☐**Original Birth Certificate**
- Original Copy
- Passport
- I-94 CARD; Permanent Resident Visa, or Green Card

☐**Parent/ Guardian Identification**
- Ohio Driver's License or State ID
- Social Worker ID

☐ **Immunization/Shot Record**
- Stamped copy from physician / Copy from previous school or signed

☐**Proof of Residency** *(Please submit **two** of the following with custodial parent's name listed.)*

Residency information provided must be within 30 days of student enrollment date.

- **Current** utility bill (gas, electric, water, sewer)
- A copy of your **current** lease
- Mortgage Deed
- Section 8 document

If living with a Family member
- Affidavit of Residency (must be notarized and accompanied by a copy of utility or lease)

☐**Medical Information**
- Immunization Records
- Physical Form & Dental ***(Kindergarten students only)***

☐**Proof of Custody (if applicable)**
- Guardianship/Custody Documentation
- Divorce Decree/ Shared Parenting Agreement
- Grandparent power of attorney/Caretaker Affidavit

☐**School Records (if applicable)**
- Transcripts
- Most Recent OAA Scores ***(3rd and 4th graders)***
- IEP/ETR
- 504 Plan

OFFICE USE ONLY

DATE ___/___/___

☐**Withdrawal Slip**
☐**State Testing Information**
☐**Last Report Card/Current grades**
☐**Home Schooling Documentation**
☐**Supporting Documents**
☐**IEP/504**

STAFF INITIAL _____

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Registration Packet for Student Enrollment
Please complete all sections

Today's Date:_____ **How did you hear about us?** _____

STUDENT NAME:

_____
First Name Middle Name Last Name

GENDER: ☐Male ☐Female **BIRTH DATE:** _____ / _____ / _____

GRADE STUDENT WILL BE ENTERING: (K☐) (1 ☐) (2 ☐) (3 ☐) (4 ☐) (5 ☐) (6☐) (7 ☐) (8 ☐)

STUDENT HOME ADDRESS: _____
Number Street City Zip

BIRTHPLACE: _____
City State

RESIDENT SCHOOL DISTRICT: _____

Is this student Hispanic/Latino? ☐ Not Hispanic/Latino ☐ Hispanic/Latino

Is this student multiracial? ☐Not multi-racial ☐Multi-racial

Ethnicity (check all that apply):
☐ American Indian or Alaskan Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Other Pacific Isl. ☐ White

CITIZENSHIP:
☐US Citizen ☐Immigrant ☐Dual National ☐Non-resident Alien ☐Resident Alien ☐Other:_____

PREVIOUS SCHOOL ATTENDED (Include preschool and home schooling if applicable)**:**

Grade Level	Name of School	City	State

Does the student have a 504 Plan? ☐Yes ☐No If yes, please describe services: _____

Does the student have an IEP? ☐Yes ☐No If yes, indicate date the IEP was signed: _____

Has the student ever received Title I services? ☐Yes ☐No.

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Mother: ☐Residential ☐Non-Residential

☐Single ☐Married ☐Divorced ☐Separated ☐Remarried ☐Deceased

NAME: _____
Last Name First Name Maiden Name

HOME ADDRESS: _____
Number Street City State Zip Code

WORKPLACE: _____ **Preferred Email:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **MOBILE:** _____

Father: ☐Residential ☐Non-Residential

NAME: _____
Last Name First Name

HOME ADDRESS: _____
Number Street City State Zip Code

WORKPLACE: _____ **Preferred Email:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **MOBILE:** _____

STUDENT LIVES WITH: *(check all that apply)*

☐Mother ☐Father ☐Step-Parent ☐Guardian/Foster Parent(s) ☐Grandparent(s) ☐Aunt/Uncle
☐Other (please explain):_____

LEGAL CUSTODY: (**Please attach any court documents that specify guardianship/custody, if other than mother**)

(check all that apply)

☐Mother ☐Father ☐Foster Parent ☐Guardian ☐Dept. of Child and Family Services
☐Other (please explain):_____

☐**Legal Guardian** ☐**Step Parent** ☐**Co-parent** ☐**Other** _____

NAME: _____
Last Name First Name

HOME ADDRESS: _____
Number Street City State Zip Code

WORKPLACE: _____ **Preferred Email:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **MOBILE:** _____

SOCIAL WORKER (If Applicable):_____

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Is there a court order restricting any individual from having contact with the student? ☐YES ☐NO
If yes, who: _____

PLEASE LIST ALL OTHER CHILDREN WHO LIVE AT THE HOME ADDRESS:

NAME	GRADE	DATE OF BIRTH	GENDER	RELATIONSHIP TO STUDENT

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STUDENT MEDICAL HISTORY

Please provide all of the information requested below.

Child's Name_____

Child's Address_____**Zip**_____

Date of Birth____/____/_____ **Gender** _____ **School**_____

Please (X) all applicable issues

Allergies (specify) _____ _____ Anemia (Sickle Cell or Other) _____ Asthma or bronchitis have motor skills problems _____ Bowel problems _____ Chicken Pox Disease _____ Chronic skin condition _____ Convulsions/seizures _____ Dental problems _____ _____ Diabetes _____ Ear infections_____ _____ Eating disorder _____ Emotional/psychiatric problem _____ _____ Fluoride Supplement	_____ Food Supplement _____ Frequent colds/sore throat_____ _____ Frequent headaches _____ Frequent stomach aches _____ Heart problem _____ Modified Diet _____ Motor Skill Issue _____ Operations (specify, give dates) _____ _____ Premature Birth _____ _____ Serious accident, injury *(specify, give date)*: _____ Serious Illnesses *(specify, give date:* _____ _____ Speech/communication problem _____ _____ Substance abuse (alcohol, drugs) _____ Other problems or handicapping conditions (specify) _____

Does your child:

Use corrective lenses (i.e. contacts)? ☐ Yes ☐No
Wear glasses? ☐ Yes ☐No
Use a hearing aid? ☐ Yes ☐No

Explain any condition checked: _____

_____

_____

Regular medications taken (specify):_____

_____

List any other concern you have about your child's health, development, learning behavior or home situation which might affect student's performance: _____

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Note: There are immunizations required by state law and a tuberculosis risk assessment that must be completed <u>prior to enrollment</u>.

EMERGENCY CONTACT LIST

Emergency Contact and Medical Information							
				Sex	M☐	F☐	
Child's Name				Date of Birth			
Parent's/Guardian's Name				Parent's/Guardian's Name			
( )		( )		( )		( )	
Home Phone		Work Phone		Home Phone		Work Phone	
Address				Address			
City, ST ZIP Code				City, ST ZIP Code			
Alternative Emergency Contacts							
Primary Emergency Contact				Secondary Emergency Contact			
Relationship				Relationship			
( )		( )		( )		( )	
Home Phone		Work Phone		Home Phone		Work Phone	
Address				Address			
City, ST ZIP Code				City, ST ZIP Code			

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MEDICAL AUTHORIZATION FORM

PART I OR II MUST BE COMPLETED (Not Both)

PART I – TO GRANT CONSENT I hereby give consent for the following medical care providers and local hospital to be called:

Primary Doctor _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Preferred Hospital _____ Emergency Room _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

PART II – REFUSAL TO CONSENT I do ***NOT*** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

_____

_____

_____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

3313.712 Emergency medical authorization. As used in this section, "parent" means parent as defined in section 3321.01 of the Revised Code.(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section. When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district to which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form. If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child. Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment. Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

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MEDIA RELEASE FORM

We need student and parent permission to use a person's photograph, voice, and/or name in various media projects.

For and in consideration of the opportunity and privilege of appearing in or participating in one or more video or audio recordings, sound tracks, films, photographs, or written articles, I hereby consent to the use and editing thereof and release the **school** and its employees and assignees from any and all claims resulting from such use and editing in school media, and use, sale, editing and release to the newspapers, radio and television stations; and use on the Internet.

STUDENT NAME: _____

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RECORDS REQUEST FORM

Current School Year:_____

Enrollment Date: _____

Fax to: _____

Fax From: _____

Student SSID Number: _____

Student's Name: _____
Last First Middle

Birth Date: _____/_____/_____ **Current Grade:** _____

Former School/Institution Name: testing _____

School Phone: _____ **School Fax:** _____

Please send the requested information checked below:

- ☐ Transcripts and Report Cards
- ☐ Attendance Records
- ☐ Psychological or Other Individual Test Results
- ☐ 504 Accommodation Plan
- ☐ English Language Proficiency Assessments
- ☐ Special Education Records (IEP, ETR, MFE, etc.)
- ☐ Standardized Test Results
- ☐ Gifted Assessments
- ☐ Health Records
- ☐ TGRG Diagnostic Test Results
- ☐ Reading Improvement Plan
- ☐ Birth Certificate
- ☐ Shot Records
- ☐ Withdrawal Form

Records may be released to:

NORTHEAST OHIO MAIN CAMPUS 3555 W. 54th Street, Cleveland, Ohio. 44102 Fax Number:_ _____

The Family Educational Rights and Privacy Act (FERPA), 34 CFR § 99.31(a)(2), allows schools to send education records to a school where the student has enrolled or seeks to enroll without the parent's signature.

I hereby authorize your organization, noted above, to furnish the school with **court documents, official transcripts, test records, medical records, references, individualized educational plan (IEP), multi-factored evaluation (MFE), student accommodation plan (504), and/or psychological reports**. Also, please include my child's most recent subjects and grades. Ohio Revised Code, Section 3313.642, states that only grades and credits may be

withheld for non-payment of fees and charges. All other records must be sent to the requesting school district, particularly cumulative record of proficiency tests. It is understood that this information will be used in a confidential and professional manner.