

New Student Registration Forms

To enroll your student(s) at Keystone Local School District, you will need to provide the following:

- _____ Birth Certificate
 - _____ Immunization Record
 - _____ Custody papers/residential parent if applicable
 - _____ **Minimum** of two proofs of residency
- Acceptable proofs: copy of the water, electric or gas bill, purchase or lease/rent agreement, voter registration verification (Building and district office staff reserve the right to deny a proof and request additional proofs of residency)

- _____ Social Security number (Not mandatory)
- _____ Copy of student's Transcript – High School students only
- _____ Copy of most recent report card
- _____ IEP/ETR/504 if applicable
- _____ Release of Records
- _____ Legal Residency Verification Form
- _____ Student Registration Information

When you have all of the above information and forms completed, please contact the appropriate school to set up an appointment with the Guidance Counselor.

- KES Mrs. Turner 440-355-2300
- KMS Kristen Lazard at 440-355-2200
- KHS Ms. Schwedt or Ms. Redd at 440-355-2400

**Keystone Local School District
Student Registration**

Please Print

Date of Registration _____
Date of Entry _____

Student # _____
Year of Graduation _____

Student Name _____
Last First Middle

Address _____
Street Apt. # City State Zip

Primary Phone _____ Parent Cell Phone _____

Birth City and State _____ Birth Date _____

Sex () Male () Female SSN (optional) _____ Grade _____ Building _____

Ethnic Code: () White () Hispanic () Asian () Native American () Black () Multiracial

() Father () Stepfather _____

Father's Address _____

Email Address _____

Marital Status: () Married () Divorced () Separated () Widow () Single () Foster () Never Married to Mother

Father's Employer _____ Position _____

Employer's Phone _____ Cell Phone _____

() Mother () Stepmother _____

Mother's Address _____

Email Address _____

Marital Status: () Married () Divorced () Separated () Widow () Single () Foster () Never Married to Father

Mother's Employer _____ Position _____

Employer's Phone _____ Cell Phone _____

Brothers Younger _____ Ages _____
Older _____ Ages _____

Sisters Younger _____ Ages _____
Older _____ Ages _____

Name of Legal Custodian _____

If court appointed, copy of Court order appointing guardian () YES () NO

District of Educational Responsibility _____ County _____

Name of previous School _____

Address _____
Street City State Zip

Was the student enrolled in any Special Education program? () YES () NO

If yes, check the program below:

- | | |
|--|---|
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Orthopedically Handicapped |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Developmentally Handicapped |
| <input type="checkbox"/> Multi-handicapped | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Emotional Disability |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Traumatic Brain Injury |

Is your child currently enrolled in a gifted/talented program () YES () NO

Is your child currently enrolled in a Title 1 Reading program () YES () NO

Did your child ever attend Keystone Local Schools? () YES () NO

Does your student plan to participate in any student athletics? () YES () NO

To be signed by parent, guardian, or person having legal custody of this child.

I certify that I am the parent or the person having legal custody or guardianship of the above named student. I further state that my permanent address is:

I understand that if I am the parent or person having legal custody or guardianship of the above named student and if my address is not as stated above, the student shall be subject to immediate suspension from school, credits will be withheld, and a claim for tuition due:

Signature Date

****Are you currently homeless or residing with a relative, friend or other person, meaning you do not own or rent where you reside?**
() Yes () No

Signature (for above residency status) **Date**

What you will need to register your student (s) at Keystone Local School District:

- ****Birth Certificate**
- ****Immunization Records**
- ****Custody papers if applicable**
- ****2 Forms of Proof of Residency**
- **Social Security number**
- **Copy of student's High School Transcript**
- **Copy of most recent report card**
- **IEP/ETR/504 if applicable (special needs students)**

**** Means we must have a copy of these items in order for the student to begin classes.**



KEYSTONE LOCAL SCHOOLS

LEGAL RESIDENCY VERIFICATION FORM

1. _____ is living with me
Student's Name

at _____, _____
Street City

2. The child named above is in my legal custody, and, if necessary, I can and will produce legal documents to verify this custody. I understand that if I cannot produce such verification of custody or the birth certificate and immunization records required of all new enrollees, the student cannot be admitted to school.

3. I have copies of the records of the above-named student for his/her school of most recent attendance. OR I have made arrangements with the school he/she most recently attended to forward his/her records to Keystone Schools. OR I will make arrangements with the school immediately. I understand that according to Ohio state statutes, if these records do not arrive within a reasonable period of time; the school must notify proper authorities that the student may be a "missing child."

4. The residence cited above is our permanent address and is within the boundaries of the Keystone Local School District. I understand that it is my obligation to notify the school immediately when there is a change in this residence.

5. Non-Resident Tuition Notification – In Ohio a student of school age is permitted to attend the public school in which his/her custodial parent resides free of charge. By completing and signing this Legal Residency Verification Form, you are verifying that the information provided is a true and accurate statement of the custodial parent's residence. You are required to notify the school immediately should this information change. Should it be determined the information provided as to parent resident is not accurate, the Keystone Local School District will actively pursue the collection of tuition fees at the current tuition rate as set by the Ohio Department of Education and the student will no longer be permitted to attend the Keystone Local School District.

6. My signature below denotes understanding of and agreement with all of the statements above.

Parent/Guardian Signature

Date

Keystone Local Schools
531 Opportunity Way
LaGrange, OH 44050
440-355-2402 (Phone – Board Office) – 440-355-6017 (Fax – High School)
440-355-4465 (Fax – Board Office)

PARENT/ GUARDIAN/ ADULT (over the age of 18)
PERMISSION FOR RELEASE OF STUDENT RECORDS

STUDENT _____ GRADE _____

DATE of BIRTH _____

Please send the following records to Keystone Local Schools:

_____ Immunization and any pertinent health records

(**Due to HIPPA laws, a parent or guardian signature is required for students under the age of 18**)

_____ High School Transcript of grades (KHS only)

_____ Grades to date of withdrawal

_____ Test results – All state testing

_____ Individual Educational Plan (IEP)

_____ Psychological (evaluation & testing, ETR)

_____ 504 Plan

_____ Individual Career Plan

_____ Attendance records

_____ Any other pertinent information

_____ ALL OF THE ABOVE

This is to certify that Keystone Local School District has my permission to request the above information from:

DATE

PARENT OR GUARDIAN'S SIGNATURE