



Walter E. Stebbins High School

1900 Harshman Road
Riverside, Ohio 45424
Phone (937) 237-4250
Fax (937) 237-4262

NEW STUDENT ENROLLMENT

Welcome to Stebbins High School!

Stebbins High School is a four-year comprehensive high school that offers students college preparatory programs as well as ten different two-year Career-Technical programs. In addition to offering a wide variety of extra-curricular activities, Stebbins' Indians have an extensive athletic program.

During summer break many families move to and from the area. To expedite the registration process, please find pre-registration forms for the school year. This packet consists of:

- Student Registration Form
- School Health Record/Immunization Requirements
- Emergency Medical Authorization
- Request for Transfer of School Records
- Parental Release for Publications and/or Internet Web page
- Federal Impact Aid Survey
- Language Form
- Federal Impact Aid Survey
- Student Entrance Interview

In addition to the above forms, we will also need the following:

2 Proofs of Residency-First proof **MUST** be a lease agreement or mortgage payment book/bill or deed if you own free and clear

The second proof can be a DP&L bill, AT&T bill, Water bill, Gas bill, Cable bill.....

Shot/Immunization Records

Birth Certificate (without the Birth Certificate you **must** fill out a "**Possible Missing Child Report**" Ohio Revised Code 3313.672) See Mrs. Prater for this form

Custody/Legal Guardianship/Divorce Papers (required by law)

Fee waiver form for OWF recipients (available **upon request from the school cashier**)

When you have completed the following forms and have the items listed above, **please call the Registrar, Mrs. Prater, at (937) 237-4250, ext. 7169 to schedule an appointment.** If you have any questions, please do not hesitate to call.

Question: What if I live with someone in the Mad River School District? Answer: You will need to complete an Adult Residency Affidavit form. (see Mrs. Prater for this form)

MAD RIVER LOCAL SCHOOLS STUDENT REGISTRATION

Building: _____ EMIS ID/Student Number J55 _____ Homeroom # _____

MUCH OF THE INFORMATION REQUESTED ON THIS FORM IS REQUIRED BY THE OHIO DEPARTMENT OF EDUCATION FOR THE STATEWIDE EDUCATION MANAGEMENT INFORMATION SYSTEM

Student: _____ Grade: _____ Enrollment Date: _____
Print Full Legal Name as it Appears on Birth Certificate (First Name Middle Name Last Name)

Date of Birth: ____/____/____ Birth Place (City) _____ Sex (M/F) _____ Home Phone: _____ (Circle if Unlisted)

Address: _____ Cell Phone: (____) _____ Email: _____

Citizen Status of Student: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Exchange Student <input type="checkbox"/> Other, Non-U.S. Citizen	Racial/Ethnic Group: <input type="checkbox"/> W-White, Non Hispanic <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian or Pacific Islander <input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> M-Multiracial	Student's Native Language. If other than English, list below: _____	Has the above named student ever been tested to receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please ask to see an administrator or counselor.
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Check if appropriate: Divorced Legally Separated Temporary Custody Legal Guardian (other than parent) **A copy of the court custody/guardianship is required by state law.**

If Foster Home Placement, Name of Placement Agency: _____ Contact Person: _____ Phone: _____

Person(s) student resides with:

Name: _____	Relationship: _____	Employer: _____	Work Email: _____	Work Phone: _____
Name: _____	Relationship: _____	Employer: _____	Work Email: _____	Work Phone: _____

Brother(s)/Sister(s): _____
(Please list names and dates of birth)

If Active Military, Please Complete the Following:

Branch of Service: _____ Rank: _____ Branch of Service: _____ Rank: _____

Person to notify in an **EMERGENCY** if unable to contact parent/guardian:

Name: _____ Address: _____ Phone: _____

SCHOOL(S) PREVIOUSLY ATTENDED

8th Grade _____

9th Grade _____

10th Grade _____

11th Grade _____

12th Grade _____

Previously enrolled in Mad River Schools? Yes No If yes, Date of Withdrawal: _____

THE SCHOOL MUST BE NOTIFIED OF ANY CHANGE IN ADDRESS, PHONE NUMBERS, OR EMERGENCY CONTACT PERSON

For purposes of school attendance, the declaration of actual residence of the parent/legal guardian is required by law. Tuition will be charged for any period of time that the parent/legal guardian is not a resident of the school district.

Signature of Parent/Guardian _____ Date: _____

**Mad River Local Schools
EMERGENCY MEDICAL AUTHORIZATION**

School Building _____

Student Name _____

Address _____

City _____ Zip _____

Telephone _____

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.

Residential Parent or Guardian

Mother's Name _____

Day Phone _____

Father's Name _____

Day Phone _____

Other's Name _____

Day Phone _____

Name of Relative or Childcare Provider _____

Relationship _____

Address _____

Phone _____

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____

Phone _____

Dentist _____

Phone _____

Medical Specialist _____

Phone _____

Local Hospital _____

Emergency Room Phone _____

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

Date _____ Signature of Parent _____

Address _____

City _____ Zip _____

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 _____

Signature of Parent _____

Address _____

City _____ Zip _____

SECTION 3313.712, OHIO REVISED CODE

(PURSUANT TO SUB H.B. NO. 639)

(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 boards 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



Mad River Local Schools

REQUEST FOR TRANSFER OF RECORDS OR EXCHANGE OF INFORMATION

This form is provided for the purpose of obtaining information about your child's school records.

Name of Student _____ Birthdate ____/____/____ Grade _____

Name of former school _____

Address of former school _____

I hereby authorize Mad River Local Schools to obtain/exchange information pertaining to the above referenced student. This information may include, but not be limited to:

- Grades earned and credits awarded to date
- Grade transcripts for previous school years
- Interpretation of grading system
- Your recommendations regarding the student's placement in ability grouping situations
- Record of attendance
- Ohio SSID number
- Standardized test results
- Immunization, physical examination, and health records

Parent, legal guardian, or 18 year old signing for self

Relationship to student

Date

Please send **GENERAL EDUCATION** records to:

Stebbins High School
Attn: Mary Prater
1900 Harshman Road
Riverside, OH 45424
937-237-4250
Fax-937-237-4262

Confidential Special Education Data Release

This portion of the form is provided for the purpose of obtaining the release of all special education records and information pertaining to students who have or are suspected of having a disability. This information may include, but not be limited to, copies of current IEP, evaluation team report, psychological tests and records, medical records, and all other pertinent information.

Parent, legal guardian, or 18 year old signing for self

Relationship to student

Date

Please send **SPECIAL EDUCATION** records to:

Psychological Services
Mad River Local Schools
 801 Old Harshman Road
 Dayton, Ohio 45431
Phone: 937-259-6603
Fax: 937-259-6611

FOR MAD RIVER OFFICE USE ONLY

- _____ Current IEP presented at enrollment
- _____ Current ETR presented at enrollment
- _____ Date release form faxed to Dianna Wright
- _____ Date release form faxed or mailed

MAD RIVER SCHOOL DISTRICT

Parental Release for Publications and/or Internet Web page

Students who attend school in the Mad River School District are occasionally asked to be a part of school and/or District publicity, publications and/or public relations activities and some external communications, including the school district's web page. In order to guarantee student privacy and ensure your agreement for your student to participate, the District asks that you and the student sign and return this form to the school for each of your children.

The form referenced below indicates approval for the student's name, picture, art, written work, voice, verbal statements or portraits (video or still) to appear in school publicity or District publications, videos or on the District's website. For example, pictures and articles about school activities may appear in local newspapers or district publications. These pictures and articles may or may not personally identify the student. The pictures and/or videos may be used by the district in subsequent years.

AGREEMENT

Student and Parent/Guardian release to Mad River Local Schools the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) and consent to their use by Mad River Local Schools.

Student's Name: _____ School: W. E. STEBBINS HIGH SCHOOL
(Print)

Grade: _____ Home Phone: _____

Name of Parent/Guardian: _____
(Print)

Signature of Parent/Guardian: _____ Date: _____

*If you have questions about this form, contact the
Communications Office at 937-259-6609.*

Student *Last* Name: _____

LANGUAGE FORM

PLEASE HELP US to help you and your student(s). We are trying to identify any students who speak a language other than English, in their homes. If English is not your home language and you need help with English, maybe we can help. Also, with this information, we will know where WE can get help if we need translation assistance when new students come into our school or district. Please complete this short survey honestly and completely.

1. Where were you born? _____
2. What language did you learn to speak when you first learned to talk? _____
3. What language do you speak most frequently at home? _____
4. Does anyone in your home speak in a language other than English? _____
5. If the answer to #4 is yes, what language is spoken? _____

Student Name: _____

Mad River Local Schools Federal Impact Aid Survey

In order for the Mad River Local Schools to qualify for federal assistance under Impact Aid, the information below is needed for **EVERY** child enrolled in public school. This information concerns the parent/guardian with whom the student resides and also active duty MILITARY parent/guardian who **may or may not** reside with the student.

Today's Date: _____

PLEASE COMPLETE THIS FORM FOR EACH PUPIL ENROLLED IN THE MAD RIVER LOCAL SCHOOLS

Student's Name _____ Street Address _____ Zip _____ Phone Number _____
Last First MI

Birthdate _____ Grade _____ School _____

TOTAL number of children in family attending Mad River Local Schools

Do you LIVE or WORK on FEDERAL PROPERTY?

YES _____ NO _____
 (Including Prairies Housing)
If YES, please proceed with survey.
If NO, please sign and date bottom.

MILITARY EMPLOYMENT DATA

As of date of enrollment, if PARENT, STEP PARENT, or GUARDIAN is ACTIVE DUTY MILITARY, please complete this section and sign/date below.

Name	Relationship to Student	Branch of Service	Rank/Grade	US or Foreign
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Name	Relationship to Student	Branch of Service	Rank/Grade	US or Foreign
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CIVILIAN EMPLOYMENT DATA as of date of enrollment. All Persons who are NOT ACTIVE MILITARY, please complete this section and sign/date below.

***** If Working on Federal Property Please X corresponding box →**

Name of father/guardian living with student as of date of enrollment	Place of Employment
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Name of mother/guardian living with student as of date of enrollment	Place of Employment
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- | | |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> AFIT (Air Force Institute of Technology) | <input type="checkbox"/> Dept of Energy (500 Capstone Circle, Miamisburg or 7400 Willey Rd, Cincinnati) |
| <input type="checkbox"/> ANG (Air National Guard Facility, Springfield) | <input type="checkbox"/> DFAS (Defense Finance & Accounting Service, Dayton) |
| <input type="checkbox"/> Courthouse & Federal Bldg. (200 W. 2 nd Street, Dayton) | <input type="checkbox"/> Post Office (Location _____) |
| <input type="checkbox"/> Dayton VA Medical Center | <input type="checkbox"/> WPAFB |
| <input type="checkbox"/> Defense Construction Supply Center (Columbus) | <input type="checkbox"/> WFAFB Hospital |
| <input type="checkbox"/> OTHER Federal Property not listed, please list below (name, address, city, state/zip)
_____ | |

IF WORKING ON FEDERAL PROPERTY AS OF time of enrollment, THIS SCHOOL YEAR, FOR A PRIVATE CONTRATOR, or as a MANUFACTURER'S REP, one-half or more of your time, please list your employer's Name, Address and Phone Number

I certify that the above information is true as of date signed THIS SCHOOL YEAR.

Signature of
 Parent/Guardian _____ Date _____
 Relationship to Student _____

W.E. Stebbins STUDENT Entrance Interview

(This Form is for the new / re-enrolling Student to fill out)

Name _____ Date _____ DOB _____

School last attended: _____ For how long? _____

Reason for leaving: _____

Favorite subjects: _____

What did you like about the previous school? _____

What did you dislike? _____

Do you have any attendance, tardy or discipline issues? _____

What do you want us to know about you? _____

Did you participate in sports or other extracurriculars? YES _____ NO _____

In what clubs or activities did you participate or do you hope to participate in now? _____

FIVE AREAS OF FOCUS AT STEBBINS

To succeed at W.E. Stebbins High School, the following areas are emphasized by teachers, administration and support staff:

- **Be here every day and be on time.**

- **Follow the Dress Code.**

- **Leave Cell Phones in your locker or at home.**

- **Be respectful and not aggressive towards others.**

- **Refrain from using any profanity.**

Student Signature

Date