

**Aurora City Schools  
Enrollment Form**

Date \_\_\_\_\_

Student Name \_\_\_\_\_ S.S# \_\_\_\_\_  
(last) (first) (middle) (Required)

Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
(month) (day) (year)

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Birth Place \_\_\_\_\_  Male  Female  
(city) (county) (state)

**Ethnicity :** Hispanic/Latino Not Hispanic/Latino

Is student presently **SUSPENDED** or **EXPELLED** (please circle one) from school last attended?  Yes  No  
Reason \_\_\_\_\_  
\_\_\_\_\_

**Race:** *Choose one or more regardless of ethnicity*  
 Alaskan Native or American Indian  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

Birth Certificate    
(Required in all cases)

Custodial Papers  Yes  No  
(Required in cases of separated or divorced parents)

Kindergarten: Child Attended: \_\_\_ Half-Day; \_\_\_ Full Day; \_\_\_ No Kindergarten

Previous school attended \_\_\_\_\_

City/State of Previous School \_\_\_\_\_

Last date of attendance \_\_\_\_\_ Grade Completed \_\_\_\_\_

Is this the first time enrolling in an Ohio School District \_\_\_ Yes \_\_\_ No

\*\*\*\*\*

Does student have a current:

IEP \_\_\_ Yes \_\_\_ No

504 Accommodation Plan \_\_\_ Yes \_\_\_ No

Gifted/Talented Identification \_\_\_ Yes \_\_\_ No

Does the student have a primary/home/native language other than English? \_\_\_ Yes \_\_\_ No

If yes, please answer the following questions:

Student resides with:  Father  Mother  Step-parent  Guardian

**Please complete information where applicable:**

Father's Name \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone No. \_\_\_\_\_  
(home) (work) (cell)

Place of Employment \_\_\_\_\_

Currently in the Armed Forces  Yes  No      Currently in National Guard  Yes  No

E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone No. \_\_\_\_\_  
(home) (work) (cell)

Place of Employment \_\_\_\_\_

E-mail \_\_\_\_\_

Currently in the Military  Yes  No

List name and ages of brothers/sisters:

\_\_\_\_\_  
\_\_\_\_\_

Are there any special circumstances you would like the school to know about your child or family situation? Please explain.

To the best of my knowledge, the information supplied is accurate and up to date.

\_\_\_\_\_  
(Parent/Guardian signature)  
7/3/18

**RECORD RELEASE FORM**  
**Aurora City Schools**

Previous school attended by student:

School Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Please forward, as soon as possible, all available and pertinent records/information for the following student:

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Social Security \_\_\_\_\_

In order to expedite the best placement for the above named student, it is important that we receive all grades (**last report card**), standardized test scores, psychological tests, 504's, IEP's\*, credits earned in your school, immunization records, and any other health information you may have on file. Any information which will help us in the proper care and placement of this student will be greatly appreciated.

**\*Please send all special education information to:** Special Services  
Leighton Elementary School  
121 Aurora Hudson Road  
Aurora OH 44202  
330-954-2012 FAX 330-954-2086

Thank you for your cooperation.

**Send records to:**

**Miller Elementary**  
646 S. Chillicothe Rd.  
Aurora OH 44202  
330-562-6199  
Fax: 330-995-5459

**Craddock Elementary**  
105 Hurd Road  
Aurora OH 44202  
330-562-3175  
Fax: 330-954-2087

**Leighton Elementary**  
121 Aurora-Hudson Road  
Aurora OH 44202  
330-562-2209  
Fax: 330-562-2265

**Harmon Middle School**  
130 Aurora-Hudson Road  
Aurora OH 44202  
330-562-3375  
Fax: 330-562-4796

**Aurora High School**  
109 W. Pioneer Trail  
Aurora OH 44202  
330-562-3501  
Fax: 330-562-3588

\_\_\_\_\_  
**Signature of Parent/Guardian/Student\***  
(\*Student must be 18 years old or older)



# AURORA CITY SCHOOLS RELEASE

## PHOTOGRAPHIC VIDEO & INTERNET RELEASE

I GRANT PERMISSION FOR AURORA CITY SCHOOLS TO USE PHOTOGRAPHS AND/OR VIDEO OF MY CHILD INVOLVED IN SCHOOL ACTIVITIES, FIELD TRIPS, ETC., INCLUDING ANY VIDEO/PICTURES TO THE LOCAL NEWSPAPER AND THE AURORA CITY SCHOOLS WEBSITE (SITE ADDRESS) : WWW.AURORA-SCHOOLS.ORG.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

*If you check no your child will still be in the yearbook*

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____	
<b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.		1. In what language(s) would your family prefer to communicate with the school? _____	
<b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.		2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
<b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.		5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month      Day      Year	
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.			
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



(Appendix A, continued)

**\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\***

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

<p><b>Student's native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	_____
<p><b>Student's home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	_____
<p><b>Potential English learner</b> See Language Usage Survey Questions 2-4.</p>	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
<p><b>Immigrant student status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of validating school employee

\_\_\_\_\_  
Name of school or school district