

Wapakoneta City Schools
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ENROLLMENT REQUIREMENTS

(This page for District Personnel)

Student Name _____ Grade _____

_____ **Proof of Residency (ex: copy of electric or gas bill showing name & address)**
***Teachers/classes cannot be assigned until Proof of Residency is provided.**
Please obtain and provide appropriate documentation to complete the enrollment process.

_____ Copy of custody papers (if applicable)

_____ Copy of immunization records

_____ Copy of birth certificate

(Copies of the above documentation will be made at the time of registration.)

Wapakoneta City Schools

Oath of Residency

Acceptable proof of residency in the Wapakoneta City School District is required to register your child for school.

As verification of residency, please present one of the following documents:

- _____ 1. Copy of driver's license or State ID Card with picture showing current district address (no temporaries). If address has been changed, this cannot be accepted.
- _____ 2. Copy of any of the following at address within district in parent/guardian name:
 - A. Deed to home
 - B. Escrow papers
 - C. Lease/rental agreement
 - D. Declaration page of current homeowner's insurance policy.
- _____ 3. Any of the following showing address within district in parent/guardian name:
 - A. Most recent utility bills (phone, gas, and electric)
 - B. Deposit receipt for gas, electric, and phone service start-up
 - C. Payroll stub
- _____ 4. Either of the following showing delivery to residence address within district in parent/guardian name:
 - A. Major moving company receipt for moving household goods
 - B. Receipt from local firm showing delivery of newly-purchased major appliance or furniture piece(s).
- _____ 5. Currently active bank account checkbook with name and address imprinted (bank may be contacted to verify existence of account.)
- _____ 6. Voter registration card

I certify that I have established my residence in the Wapakoneta City School District and that the enrolled student(s) lives with me at this residence.

I further state that I am not maintaining a separate primary residence elsewhere.

Parent/Guardian Signature

Address

Student's Name

Date



Wapakoneta City Schools Registration Form

Office Use Only
ID _____
Homeroom _____
Locker _____

PLEASE COMPLETE ALL INFORMATION

		<input type="checkbox"/> Male <input type="checkbox"/> Female
Student Last Name	First Name	Middle Name
Address	City/State/Zip Code	(____) _____ Home Phone Number (W) (____) _____ (C) (____) _____
Father / Stepfather / Grandfather / Guardian (Please circle one)	Employer	Work and/or/ cell phone (W) (____) _____ (C) (____) _____
Mother / Stepmother / Grandmother / Guardian (Please circle one)	Employer	Work and/or cell phone (C) (____) _____

Child's Birthdate	Place of Birth (city & state)	Grade	School Year
Check the language that is spoken in your home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Japanese <input type="checkbox"/> Other (specify) _____			
Mother's Maiden Name _____			
Student Citizen Status: <i>(Please indicate below the resident status for the student)</i> <input type="checkbox"/> U.S. Citizen (1) <input type="checkbox"/> Exchange Student: The student has been admitted to the United States under a Department of State Exchange Program. The student will have a J entry code and an IAP 66 document. <input type="checkbox"/> Other Non-U.S. Citizen			
Parents' Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried, living together			
Custody/Residential Information: _____ Student lives with both natural/adoptive parents. Parents are NOT divorced or separated. _____ Student lives with divorced or widowed natural/adoptive parent _____ Student lives with natural parent – never married to other natural parent _____ Student lives with court appointed guardian _____ Student lives with foster parent _____ Other, please explain _____			
<input type="checkbox"/> Please check here if this is your first child to enroll in the Wapakoneta City School system.			

Race/Ethnic Category:

- White, Non-Hispanic (W)
- Black, Non-Hispanic (B)
- Hispanic / Latino (H)
- Asian (A)
- American Indian / Alaskan Native (I)
- Multiracial (M)
- Native Hawaiian / Other Pacific Islander (P)

1. Is the student of Hispanic/Latino heritage? ____ Yes ____ No

(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

2. Is the student from *one or more races* using the following five racial groups: (PLEASE SELECT ALL THAT APPLY – YOU MUST SELECT AT LEAST ONE – NO MATTER WHAT THE ANSWER TO QUESTION #1)

____(W) White, Non-Hispanic (People who have origins in any of the original peoples of Europe, North Africa, or the Middle East)

____(B) Black or African American (Persons having origins in any of the black racial groups in Africa)

____(A) Asian (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, and the Philippine Islands, Thailand, and Vietnam)

____(I) American Indian or Alaska Native (Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment)

____(P) Native Hawaiian or Other Pacific Islander (Persons having origins in any of the original peoples of Hawaii, or other Pacific Islands)

My signature below certifies that the information I have stated above is true to the best of my knowledge as the custodial parent/guardian of the named student.

Custodial Parent/Guardian Signature Date

Handicapping Conditions: Please indicate below if the student is identified as having a handicapping condition.

- Not applicable (0)
- Multiple disabilities (1)
- Blindness (2)
- Deafness (Hearing Impairments) (3)
- Visual Impairments (4)
- Speech (5)
- Orthopedic (6)
- Emotional Disturbance (8)
- Cognitive Disabilities (9)
- Specific Learning Disabilities (10)
- Autism (12)
- Traumatic Brain Injury (13)
- Other Health Impairment (Major) (14)
- Other Health Impairment (Minor) (15)

Public Assistance Status ___ *Not Applicable (0)* ___ *Yes, student's parents receive public assistance – ADC (1)*

Admission to Current School: (Please define the pupil's most recent entry to the Wapakoneta City School District by checking the category below that applies.)

- Wapakoneta City School system is the first and only school system attended (1)
- Entering from a non-public school (2)
- Entering from another school district in the same county (3)
- Entering from another school district in Ohio (not the same county) (4)
- Entering from another state (5)
- Entering from another country (6)
- Entering from home schooling (7)
- Entering from an institution (8)
- Entering from MR/DD (9)
- Entering after dropping out of school (10)
- Entering as the result of a court referral (11)

Pre-school attended, if any:

School Name	City	State	Zip Code
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School Telephone Number (include area code)

I certify that the above information is true and correct concerning the student being enrolled.

Parent/Grandparent/Guardian's Signature Date

Parent/Grandparent/Guardian's Name (Printed) Date



HOME LANGUAGE SURVEY

DATE: _____

SCHOOL DISTRICT: _____

NAME OF STUDENT: _____
Family Name First Name Middle Initial

DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH _____
Month Day Year

NAME OF PARENT/GUARDIAN: _____
Family Name First Name

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

PRIMARY PHONE: Home/Work/Cell _____

SECONDARY PHONE: Home/Work/Cell _____

For Parents/Guardians:

Please answer the following questions:

What language did your son/daughter speak when s/he first learned to talk?

What language does your son/daughter use most frequently at home?

What language do you use most frequently when communicating with your son or daughter?

What language do the adults at home most often speak?

How long has your son/daughter attended school in the United States? _____

For School District Personnel:

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 (G-1270), and proceed to assess the student's English language proficiency.

TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL

INITIAL ENGLISH LANGUAGE ASSESSMENT

Communication Skill

Proficiency Level

Listening	__Pre-functional	__Beginning	__Intermediate	__Advanced	__Proficient
Speaking	__Pre-functional	__Beginning	__Intermediate	__Advanced	__Proficient
Reading	__Pre-functional	__Beginning	__Intermediate	__Advanced	__Proficient
Writing	__Pre-functional	__Beginning	__Intermediate	__Advanced	__Proficient
Comprehension*	__Pre-functional	__Beginning	__Intermediate	__Advanced	__Proficient
Composite**	__Pre-functional	__Beginning	__Intermediate	__Advanced	__Proficient

* The Comprehension level is derived from Listening and Reading.

** The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension.

Assessment instrument(s) used: _____

Student is LEP? Yes No

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (G1230)

If student has been in U.S. schools for less than three (3) years, is the student eligible for extended accommodations for statewide academic assessment? _____Yes _____No

Signature of District Personnel

OFFICE STAFF: SEND TO SCHOOL NURSE

STUDENT HEALTH HISTORY FORM
WAPAKONETA CITY SCHOOLS

Grade _____

Today's Date: ____ / ____ / ____

This information is needed in order to plan adequately to meet the needs of your child.

Child's Name _____
Last First Middle

Birth Date: ____ / ____ / ____ [] Male [] Female

Child's Health History (Please check any of the following that pertain to your child):

- [] Heart problems [] Sore throat (over 3 a year) [] Cerebral palsy
[] Asthma [] Nosebleeds [] PKU
[] Hyperactivity [] Dental Problems [] Spina bifida
[] Convulsions [] Skin Condition [] Cystic fibrosis
[] Eye problems [] Urinary frequency [] Other _____
[] Earaches (over 3 a year) [] Diabetes

If any problems are checked above, please explain: _____

Has your child had chicken pox? Please list approximate month and year _____

Does your child have allergies? No [] Yes []

Environmental _____
Medicine _____
Foods _____

Does anyone in your family have hepatitis or tuberculosis? No [] Yes []

Please check if your child wears: [] Glasses [] Hearing Aid [] Braces
[] Artificial Limb [] Other _____

Has your child ever been hospitalized? Why and Date(s): _____

Has your child ever had surgery? No [] Yes [] Type & Date(s): _____

Does your child take any prescribed medication(s)? No [] Yes [] If yes, please explain _____

Was your child born prematurely or were there any complications during pregnancy or delivery that may affect the child at school?

No [] Yes [] (If yes, please explain) _____

If there are any special health considerations the school should be aware of concerning your child, please explain:

Person giving above information: _____

Name

Relationship to Child