



## WELCOME to Findlay City Schools!

If you are new to Findlay City Schools and need to register or re-register your child(ren) in grades K–8, you need go to the Welcome Center to complete enrollment paperwork. For students in grades 9–12, please go to Findlay High School at 1200 Broad Avenue. If your children already attend FCS and are simply switching schools, you will do that by taking updated proof of residency to your current school building secretary.

The **Welcome Center** is located at **1100 Broad Avenue** next to the high school. Parking is available immediately in front of the building by entering at the stoplight across from College Street and following the driveway loop, or to the left of the building by using the back entrance (west on Howard Street and turn on Waite Street). Enter the front left doors and The Welcome Center is immediately to the right. Our hours are **7:30 – 4:00 p.m.**



Please allow at least 15 minutes per child to complete the paperwork.

### **In order to register your child, you will need to provide the following items:**

- Proof of Residency in one of these forms (must be current and have parent name):
  - Lease or Rental Agreement
  - Tax Bill
  - Mortgage Statement
  - Copy of building or purchase contract if you have not yet established residency
  - OR notarized affidavit if residing with someone else and none of the above documents are in the parent's name (forms available at FCS Welcome Center)
  - Bank Statement
  - Utility Bill
- Child's Birth Certificate – Ohio law requires we see an original or attested copy
- Child's Immunization Record
- Child's Social Security Card
- Driver's License (or other parent photo identification)
- Child custody papers and/or divorce decree, or guardianship documents if child is court-placed – per Ohio law, a complete copy of all documents must be provided

We look forward to meeting you and your child!

1100 Broad Avenue, Findlay, Ohio • [www.fcs.org](http://www.fcs.org)  
Phone: 419-425-8275 • Fax: 419-427-5467 • Email: [welcome@fcs.org](mailto:welcome@fcs.org)





## Enrollment Questionnaire

Rev. 12/10/14

Office Use: Student ID _____ Adm. Date _____
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### Student Information

Has your child ever attended Findlay City Schools?  No  Yes \_\_\_\_\_  
If Yes, which building / year

\_\_\_\_\_  
Student First Name      Student Middle Name      Student Last Name      Student "Called Name"

\_\_\_\_\_  
Street Address      City      State      Zip Code

\_\_\_\_\_  
Contact Phone Number with Area Code      Date of Birth      Birth City

\_\_\_\_\_  
Social Security Number      Entering Grade      School Year      Gender

**Which language(s) are spoken in the home?** \_\_\_\_\_

**Resident Status** – please check one:

- Resident
- Open Enrollment
- Foster (Court-placed)

**Citizenship Status** – please check one:

- U.S. Citizen
- Exchange Student – Years in U.S. \_\_\_\_\_
- Non-U.S. Citizen – Years in U.S. \_\_\_\_\_

**Is the student of Hispanic/Latino origin, regardless of race?**

- Yes  No

**Ethnicity:** (Please select one or more)

- White
- Black or African American
- Hispanic
- Asian
- Pacific Islander or Native Hawaiian
- Am. Indian or Alaskan Native

**Please indicate if this child has an Individual Education Plan (IEP)**

- YES – Has been in Special Education classes
- NO – Has NOT been in Special Education classes

**If YES was checked, what is the child's identified condition?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 504 Plan             | <input type="checkbox"/> Emotionally Disturbed         | <input type="checkbox"/> Other Health Impairment-Minor |
| <input type="checkbox"/> Autism               | <input type="checkbox"/> Hearing Impairment            | <input type="checkbox"/> Specific Learning Disability  |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Multi-handicapped             | <input type="checkbox"/> Speech Language Impairment    |
| <input type="checkbox"/> Deaf-Blindness       | <input type="checkbox"/> Orthopedic Impairment         | <input type="checkbox"/> Traumatic Brain Injury        |
| <input type="checkbox"/> Developmental Delay  | <input type="checkbox"/> Other Health Impairment-Major | <input type="checkbox"/> Visual Impairment             |

\*\*\* DO NOT FORGET TO COMPLETE THE BACK OF THIS FORM \*\*\*

**Student Information continued...**

**Is your child identified as Gifted?**

Yes     No

**If YES was checked, in what area(s)?** \_\_\_\_\_

**For incoming Kindergarten only: Did your child attend preschool? If yes, where?** \_\_\_\_\_

**Parent Information**

**Marital status of BIOLOGICAL parents:**

Married     Divorced     Separated     Widowed     Never Married

**Who has legal custody of this child?**

Both Parents     Mother only     Father only     Grandparents  
 Foster Family     Mother/Stepfather     Father/Stepmother     Other \_\_\_\_\_

**If foster/guardian, what district did the natural parent(s) reside in at the time you received custody?**

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

**Do you have court papers regarding custody of this child?**

N/A     No     Yes (court papers must be provided)

**WHO DOES THE STUDENT LIVE WITH?**

Check all that apply:	Print First/Last Name	Cell Phone
<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother		
<input type="checkbox"/> Father <input type="checkbox"/> Stepfather		
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent		

Please list any school-age children in the household:

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Bldg (if known) \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Bldg (if known) \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Bldg (if known) \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Bldg (if known) \_\_\_\_\_

**\*Proof of residency, original birth certificate, social security card, immunization records, parent identification, and if applicable, custody papers must accompany this form to complete registration.**

*I certify to the best of my ability, that the information provided is true and accurate.*

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date



# Home Language Survey

Grade \_\_\_\_\_

PLEASE PRINT LEGIBLY

Student's Family Name (Last Name) \_\_\_\_\_ First Name \_\_\_\_\_ Male/Female \_\_\_\_\_

### Is English the only language spoken by all individuals in the home?

**SELECT ONE:**  Yes  **STOP If "yes" please sign the form at the X and you are done. Thank you!**  No ➔ If "no" please complete the remainder of this form.

School Building of Attendance \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month / Day / Year City / State / Country

Name of Parent/Guardian (Family Name) \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone with Area Code \_\_\_\_\_ Work Phone with Area Code \_\_\_\_\_

Email Address: \_\_\_\_\_

U.S. Entry Date (approx.) \_\_\_\_\_ Nationality: \_\_\_\_\_

Sponsor (local): \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

### For Parents/Guardians: Please answer the following questions:

- Please check/list all languages that are spoken in the home:
  - Arabic  Chinese  English  French  German  Japanese  Korean  Laotian
  - Spanish  Tagalong  Vietnamese  Other: \_\_\_\_\_
2. What language does your son/daughter use most frequently at home? \_\_\_\_\_
3. What language do you use most frequently with your son/daughter? \_\_\_\_\_
4. What language do the adults at home most often speak? \_\_\_\_\_
5. How long has your son/daughter attended school in home country? \_\_\_\_\_ in the U.S.A.? \_\_\_\_\_
6. Age when first attended school? \_\_\_\_\_
7. Date of last school attendance in home country: \_\_\_\_\_ in the U.S.A. \_\_\_\_\_
8. Does your child have any learning difficulties? \_\_\_\_\_

*I certify to the best of my ability, that the information provided is true and accurate.*

X \_\_\_\_\_  
Signature of parent or legal guardian Date





PARENT/GUARDIAN/STUDENT  
CONSENT FOR RECORDS RELEASE

To: \_\_\_\_\_  
Former School (or other agency) Address / City / State  
\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Regarding: \_\_\_\_\_  
Student Name / DOB

Bigelow Hill Intermediate School 300 Hillcrest Ave Findlay OH 45840 Ph: 419-425-8317 Fax: 419-427-5456	Northview Primary School 133 Lexington Ave Findlay OH 45840 Ph: 419-425-8290 Fax: 419-427-5462
Chamberlin Hill Intermediate School 600 West Yates Ave Findlay OH 45840 Ph: 419-425-8328 Fax: 419-427-5457	Whittier Primary School 733 Wyandot St Findlay OH 45840 Ph: 419-425-8358 Fax: 419-427-5464
Jacobs Primary School 600 Jacobs Ave Findlay OH 45840 Ph: 419-425-8299 Fax: 419-427-5458	Wilson Vance Intermediate School 610 Bristol Ave Findlay OH 45840 Ph: 419-425-8332 Fax: 419-427-5465
Jefferson Primary School 204 Fairlawn Pl Findlay OH 45840 Ph: 419-425-8298 Fax: 419-427-5459	Donnell Middle School 301 Baldwin Ave Findlay OH 45840 Ph: 419-425-8370 Fax: 419-429-3764
Lincoln Elementary School 200 W Lincoln St Findlay OH 45840 Ph: 419-425-8310 Fax: 419-427-5460	Glenwood Middle School 1715 North Main St Findlay OH 45840 Ph: 419-425-8373 Fax: 419-429-3763
Administration – Student Services 1100 Broad Ave Findlay OH 45840 Ph: 419-425-8275 Fax: 419-427-5467	Washington Preschool 1100 Broad Ave Findlay OH 45840 Ph: 419-425-8231 Fax: 419-427-5467

**Potential FCS Start Date:**

We are requesting the following information/records for the above-named student as he/she is requesting to be enrolled in our district:

- Birth Certificate       Current Schedule       Attendance       PS - GGG, ASQ, ECO
- Social Security Card       Grades       Discipline       PS - Medical/Dental
- Immunizations       Standardized Testing       IEP and ETR
- Other \_\_\_\_\_

any other information helpful for the student’s transition

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the student named above.

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**NOTE:** It is not necessary for parents to sign a release when records are being passed from school to school. Federal Register June 17, 1976 Part II H. E. W. Privacy Rights to Parents & Students. Vol. 41.







**2016-2017**  
**STUDENT INFORMATION**

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Student Lives With:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Employer \_\_\_\_\_ Hours Worked \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Employer \_\_\_\_\_ Hours Worked \_\_\_\_\_

Other Children in the Household:

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

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

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

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

Daycare Provider:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Transportation to school provided by (select one):  Parent  Daycare Provider  Walker  Bus # \_\_\_\_\_

Transportation from school provided by (select one):  Parent  Daycare Provider  Walker  Bus # \_\_\_\_\_

Preschool Only:

Any changes or transitions the child or family is experiencing? \_\_\_\_\_

Child's typical daily routine: \_\_\_\_\_

Cultural or religious practices the school should be aware of: \_\_\_\_\_

**MILITARY FAMILIES**

\_\_\_\_ Please check here if this student has a parent, sibling, or grandparent in the military (any branch of service, whether active duty, National Guard, or reserves).

*An additional form will be sent home with your child to authorize release of information to the Hancock County Red Cross Armed Forces Family Network.*



**2016-2017**

**Emergency Medical Authorization Form**

(Ohio Revised Code 3313.712)

School Year 2016-2017 Building of Attendance \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Purpose - Emergency Medical:** 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. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including school nurses and other school personnel.

**EMERGENCY CONTACTS: Please list names in the order they should be contacted if parents cannot be reached:**

	Name	Relationship	Home Phone	Cell Phone	Work Phone
Parent					
Parent					
Contact #1					
Contact #2					
Contact #3					

**It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect your child at school:**

<b>Medical Information:</b>
<b>Medications:</b>
<b>Allergies:</b>

**PART 1 OR PART 2 MUST BE COMPLETED:**

**PART 1: TO GRANT CONSENT**

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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

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 doctors, or, in the event the designed 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 options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**PART 2: 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/Guardian Date



# The Registered Nurses of Findlay City Schools

“Helping our Students Grow with Good Health.”

**Nurses' Offices**

Bigelow Hill  
419-427-5484

Chamberlin Hill  
419-425-8330

Donnell  
419-429-3709

Findlay High  
419-425-8308

Glenwood  
419-429-3744

Jacobs  
419-420-7029

Jefferson  
419-425-8389

Lincoln  
419-420-7019

Northview  
419-425-8327

Whittier  
419-425-8351

Wilson Vance  
419-420-7010

**2016 – 2017**

GRADE: \_\_\_\_\_

Dear Parent or Guardian:

From time to time, students have medical needs that could be met at school by giving them over-the-counter medications. Our current School Board Policy will allow the over-the-counter medications listed below to be given without a physician's signature; however, parent consent is still required. This permission form will allow the process to work better for you, your child, and the School District.

Please let your building principal or the nurse know if you have questions or concerns about this matter. Please return the permission form to school as soon as possible.

Thank you.

As the parent/guardian of \_\_\_\_\_, a student in the Findlay City School System, I grant permission to the school nurse, principal, and/or his/her delegate to give the following medications to my child at his/her discretion:

Acetaminophen (Tylenol/Temptra) Yes <input type="checkbox"/> No <input type="checkbox"/>	Antibiotic Cream (Bacitracin) Yes <input type="checkbox"/> No <input type="checkbox"/>
Ibuprofen (Motrin/Advil) Yes <input type="checkbox"/> No <input type="checkbox"/>	Caladryl (for Itching) Yes <input type="checkbox"/> No <input type="checkbox"/>
Antacid (Tums) Yes <input type="checkbox"/> No <input type="checkbox"/>	Cough Drops Yes <input type="checkbox"/> No <input type="checkbox"/>
Eye Irrigation Yes <input type="checkbox"/> No <input type="checkbox"/>	Ora-Gel (Mouth Irritation) Yes <input type="checkbox"/> No <input type="checkbox"/>

By this permission, I voluntarily, on behalf of my child named above and myself, release the Findlay City School District, nurse, principal and/or his/her delegate from any and all liability for civil damages arising out of or from the administration or the failure to administer the medications listed above. I further understand that this permission continues in place until I provide any written changes to the building principal.

Further, I understand that if my child withdraws and enters another building, I may be asked to follow the current Board Policy (9.10) which specifies prior approval from a physician to administer medicine as well as parental approval.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Daytime Phone Number

\_\_\_\_\_ Address of Parent/Guardian



## 2016/2017 Student Transportation Update Form

*\*This form must be filled out and faxed to the Transportation Office @ 419-427-5466. The request will be processed within (5) working days and returned with the authorized start date and bus information completed below.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: (please indicate AM K, PM K, or All day K) \_\_\_\_\_

PARENT NAMES: \_\_\_\_\_

SPECIFY SPECIAL PROGRAM (I.E.P.): \_\_\_\_\_

SPECIAL EQUIPMENT (wheelchair, walker, seat belt or other): \_\_\_\_\_

MEDICAL INFORMATION\* (Include all): \_\_\_\_\_

- \_\_\_\_\_ Student **withdrew** from district
- \_\_\_\_\_ Student **new** to the district
- \_\_\_\_\_ Student **moved** within district:  
Old Address \_\_\_\_\_
- \_\_\_\_\_ Bus service is being requested from home to and from school during the normal hours of the school of attendance.
- \_\_\_\_\_ Bus service is being requested from home to school based on a specific schedule established per an I.E.P.: or service requested is during the school day from home to school, school to home or building to building, or other. Please be specific with the instructions and time schedule needs. This student needs the following service:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### This Section to be Completed by the Transportation Department

Bus Service for the above student has been established as follows and can begin on the date indicated:

#### BUS STOP

**\*Circle one:**

AM BUS# \_\_\_\_\_ Crosser/Doorside

PM BUS# \_\_\_\_\_ Crosser/Doorside

NOON BUS# \_\_\_\_\_ Crosser/Doorside

\*Authorized Start Date: \_\_\_\_\_

**\*School Secretary will notify parent of bus information**