

## Keystone School District New Student Registration Forms

**To enroll your student(s) at Keystone Schools, you will need to provide the following:**

- ☐ Birth Certificate
- ☐ Immunization Records
- ☐ Current Custody/Residential Parent papers (*if applicable*)
- ☐ Two proofs of Residency  
(*e.g. Utility bills, rental/purchase agreement, voter registration verification etc.*)  
Building and District office staff reserve the right to deny a proof and/or request additional proof.
- ☐ Student Registration Form with signature(s)
- ☐ Release of Records Form with signature
- ☐ Legal Residency Verification Form with signature  
(*notarized Residency Verification form if applicable*)
- ☐ Student Transcripts (*High School only*)
- ☐ Previous school attendance records
- ☐ Copy of most recent report card
- ☐ IEP/ETR/504 (*if applicable*)
- ☐ Gifted Identification (*if applicable*)
- ☐ Needs bus transportation, Parent to call bus garage: 440.355.2411  
(*Middle & Elementary School only*)

## Key: the school should have a clear responsibility

Teachers are responsible for the school's success and for the well-being of the pupils.

It is the school's duty to

provide a safe and secure environment

and to ensure that the school is a place where

all children can learn and grow.

The school should also be a place where

children can learn to respect and care for others.

The school should also be a place where

children can learn to be responsible and

to take care of the school and its resources.

The school should also be a place where

children can learn to be confident and

to take part in school activities and

to contribute to the school community.

The school should also be a place where

children can learn to be happy and

to enjoy their time at school.

The school should also be a place where

children can learn to be kind and

**Keystone Local School District**  
**New Student Registration Form**  
(Please Print)

**OFFICE USE :**

Date of Registration _____	Student # _____
Date of Entry _____	Year of Graduation _____

**Student Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Address** \_\_\_\_\_  
(Street) (Apt#) (City) (State) (Zip)

**Primary Phone** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Birth City and State** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Sex** ( ) Male ( ) Female **SSN (Optional)** \_\_\_\_\_

**Ethnic Code (select all that apply)** ( ) White ( ) Hispanic ( ) Asian ( ) Native American ( ) Black ( ) Other \_\_\_\_\_

<p>( ) <b>Father ( ) Stepfather Name</b> _____</p> <p><b>Address</b> _____</p> <p><b>Phone</b> _____</p> <p><b>Email</b> _____</p> <p><b>Employer</b> _____</p> <p><b>Position</b> _____</p> <p><b>Employer's Phone</b> _____</p> <p><b>Marital Status</b> ( ) Married ( ) Divorced ( ) Widow ( ) Single ( ) Foster ( ) Never Married to Mother</p>	<p>( ) <b>Mother ( ) Stepmother Name</b> _____</p> <p><b>Address</b> _____</p> <p><b>Phone</b> _____</p> <p><b>Email</b> _____</p> <p><b>Employer</b> _____</p> <p><b>Position</b> _____</p> <p><b>Employer's Phone</b> _____</p> <p><b>Marital Status</b> ( ) Married ( ) Divorced ( ) Widow ( ) Single ( ) Foster ( ) Never Married to Mother</p>
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( ) <b>Sibling ( ) Step-Siblings: Name</b> _____	Age _____	Grade _____	Lives With ( ) Yes ( ) No
( ) <b>Sibling ( ) Step-Siblings: Name</b> _____	Age _____	Grade _____	Lives With ( ) Yes ( ) No
( ) <b>Sibling ( ) Step-Siblings: Name</b> _____	Age _____	Grade _____	Lives With ( ) Yes ( ) No
( ) <b>Sibling ( ) Step-Siblings: Name</b> _____	Age _____	Grade _____	Lives With ( ) Yes ( ) No

<p><b>Name of Legal Custodian</b> _____</p> <p>If court appointed, copy of Court order appointing guardian ( ) Yes ( ) No</p>
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**Keystone Local School District**  
**New Student Registration Form**  
(Please Print)

District of Educational Responsibility \_\_\_\_\_ County \_\_\_\_\_

Name of Previous School \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Was the student enrolled in ANY Special Education program (has an IEP and ETR)? ☐ Yes ☐ No

If yes, check the program: ☐ Hearing Impaired ☐ Visually Impaired ☐ Multi- Handicapped ☐ Speech/ Language  
☐ Autism ☐ Other Health Impaired ☐ Intellectual Disability ☐ Specific Learning Disability ☐ Emotional Disability  
☐ 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

**\*\* Do you currently lack fixed, regular and adequate nighttime residency? ☐ Yes ☐ No**

**\*\* If sharing the housing of other persons, is it due to loss of housing, economic hardship or similar reason?**

**( ☐ Yes ☐ NO**

\_\_\_\_\_  
Signature (for above residency status )

\_\_\_\_\_  
Date

**What you will need to register your student(s) at Keystone Local Schools:**

**\*\*Birth Certificate**

**\*\* Immunization Records**

**\*\*Custody papers if applicable**

**\*\* 2 forms of proof of residency**

Copy of student's high school transcripts if applicable

Copy of most recent report card

Gifted Identifiers if applicable

IEP/ETR/504 if applicable

**\*\* Means we must have a copy in order for the student to begin class**





## 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 SCHOOL DISTRICT  
531 Opportunity Way  
LaGrange, Ohio 44050  
440-355-2402  
440-355-4465

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

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Please send the following records to Keystone Local Schools.

- \_\_\_\_\_ Immunization and any pertinent health records
- \_\_\_\_\_ Attendance Records  
(if previous school is a "PowerSchool" please include the Truancy/chronic-OH Report)
- \_\_\_\_\_ Grades to date of withdrawal
- \_\_\_\_\_ Test Results – All state testing
- \_\_\_\_\_ Individual Education Plan (IEP)
- \_\_\_\_\_ Psychological (evaluation & testing, ETR)
- \_\_\_\_\_ 504 Plan
- \_\_\_\_\_ Gifted test results
- \_\_\_\_\_ 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 Signature

