



Wilmington Middle School
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CENTRAL REGISTRATION
EMIS Office located at Wilmington Middle School
275 Thorne Avenue

Dear Parent/Guardian,

We are very happy your child will be attending Wilmington City Schools this year. Below is a list of documents required to enroll. All students attending Wilmington City Schools will be enrolled at the Central Registration Office. The office is open for registration between the hours of 8:00 a.m. and 2:00 p.m. Monday through Friday.

For your convenience, and to minimize waiting time, it is advisable to call (937) 382-7410 for an appointment.

REGISTRATION DOCUMENTS:

**Certificate of Live Birth (NOT hospital record) from county health department or passport
Immunization form or records**

**Social Security card or copy of submitted tax form that indicates social security number
Proof of Custody (if applicable)**

**Legal documents that show custody or guardianship (official court documents)
If custody in process, party has sixty days to complete. Letter from attorney or
Court must be presented to show status of case. If not complete within sixty days,
Child may be withdrawn.**

**Proof of residency (lease, rent receipt, utility bill, driver's license NOT acceptable)
Affidavit for proof of residency may be required.**

Name and address of previous school attended

Parent/Guardian Driver's License or State I.D.

Parent/Guardian Social Security card

Grade card or transcript of previous school attended (required for Grades 9-12)

Copy of current I.E.P. (if applicable)

Board of Education

Marty Beaugard, Sr., *President* • Michael Flanigan, *Vice President*
Board Members – Steve Murphy, Larry Roberts II, Kevin N. Snarr
Melinda A. McCarty-Stewart, *Superintendent* • Kim DeWeese, *Treasurer*

WILMINGTON CITY SCHOOLS STUDENT REGISTRATION FORM

Student Legal First Name _____ Legal Middle Name _____

Legal Last Name _____ Called Name _____ Mother's Maiden Name _____

Student's Social Security # _____ - _____ - _____ Student's Date of Birth _____ / _____ / _____ Grade _____

Street Address _____ PO Box # _____ Apt. # _____ Lot # _____

City _____ County _____ Zip Code _____ Home Phone(_____) _____

Gender M/F _____ Birthplace City _____ State _____ Native Language _____

Citizen Status of Student _____ U.S. Citizen _____ Foreign Exchange Student _____ Non-U.S. Citizen/Immigrant*

- *Immigrant students are those who:
1. Are age 3-21
 2. Were not born in the United States
 3. Have not attended one or more schools in any one or more states for more than 3 academic yrs.

Racial/Ethnic Element Is the student from Hispanic/Latino heritage? _____ yes _____ no

Race Detail Element (you must choose at least one of the following) _____ White _____ Black or African American
_____ Asian _____ American Indian or Alaskan Native _____ Native Hawaiian or Other Pacific Islander

Note: If not completed, the student will be coded on a visual basis, per government reporting regulations.

My child has lived in the United States since _____. My child has attended a WCS before? _____ Yes _____ No

Student Lives With:

_____ Two parents present (natural or step) _____ One parent present (natural or step) _____ Living with Legal Guardian
_____ Living with Mother and Father _____ Living with Mother
_____ Living with Mother and Stepfather _____ Living with Father _____ Living with Foster Parents
_____ Living with Father and Stepmother

Parent Information:

Name of Parent(s) or Guardian (s) _____

Status of Parents (check one) _____ Married _____ Divorced _____ Widowed _____ Separated _____ Single/Never Married

If divorced, who has legal custody? _____ Mother or _____ Father or _____ Shared Parenting Custody Papers on file? _____ Yes _____ No

Are you the natural/adoptive parent(s) of the child? _____ Yes _____ No Are you the Guardian of the child? _____ Yes _____ No

Was the child court placed in your home? _____ Yes _____ No If yes, court papers provided? _____ Yes _____ No

Date of assignment _____ County _____ Placing Agency _____

If foster/guardian, in which district did the natural parents reside at the time of placement? _____

Is this child receiving Special Education services? _____ Yes _____ No

If yes, does this student have a current I.E.P.? _____ Yes _____ No

If yes, does this student have a 504 Plan? _____ Yes _____ No

Is this child receiving Gifted Education services? _____ Yes _____ No

If yes, does this student have a current education plan? _____ Yes _____ No

Other siblings in the Wilmington City School District:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

OFFICE USE ONLY

School _____ ID # _____ New _____ Re-enrolled _____ Bus In _____ Bus Out _____

Homeroom Teacher _____ Group ID _____ Sec _____ Emailed Staff _____

Enrolled by _____ Date Enrolled _____ Start Date _____ Input by/Date _____

STUDENT NAME _____ GRADE _____ HOMEROOM _____

FATHER/GUARDIAN:

MOTHER/GUARDIAN:

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Home Phone _____

Home Phone _____

Cell/Pager _____

Cell/Pager _____

Email _____

Email _____

Place of Employment _____

Place of Employment _____

Work Phone _____

Work Phone _____

STEPMOTHER (if applicable) _____

STEPFATHER (if applicable) _____

Work Phone _____ Cell _____

Work Phone _____ Cell _____

Parent/Guardian

Signature _____ **Date** _____

EMERGENCY MEDICAL AUTHORIZATION (REQUIRED PER HB 639)

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority. By listing the people below, you are giving permission for them to pick up your child from school. In an emergency situation, parents/relatives would be contacted in the order listed below.

EMERGENCY CONTACT NUMBERS (minimum 2 contacts)

Name	Home #	Cell #	Work #	Relationship to Child
1) _____ () _____ () _____ () _____				
2) _____ () _____ () _____ () _____				
3) _____ () _____ () _____ () _____				
4) _____ () _____ () _____ () _____				
5) _____ () _____ () _____ () _____				

PART I – TO GRANT CONSENT

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

Doctor _____ Phone () _____ Dentist _____ Phone () _____

Medical Specialist _____ Phone () _____ Hospital _____

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 practitioner is unavailable, 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 to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken and any impairments to which a physician should be alerted: _____

Date _____ Signature of Parent/Guardian _____

PART II – REFUSAL TO GRANT CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school authorities to take the following action: _____

Date _____ Signature of Parent/Guardian _____