

An Appointment Is Required to complete the enrollment process.
Please call 937-415-6410 to schedule an appointment.

Students enrolling after the school year begins will start school on the 3rd school day after their enrollment is finalized.

ALL OF THE FOLLOWING MUST BE PRESENTED AT THE TIME OF ENROLLMENT.
WITHOUT PROPER PAPERWORK, YOUR CHILD WILL NOT BE ENROLLED

- **Completed student enrollment packet**
- **Student's certified birth certificate** (hospital birth record and photocopies not accepted)
- **Identification of custodial parent/guardian enrolling student**
- **Immunization record**
- **Proof of Custody**
 - Copy of custody papers, in the event of legal separation or divorce; when a student resides in the Vandalia-Butler City School District with a divorced parent who has legal custody, the parent must present a complete copy of the court ordered custody agreement which indicates the parent enrolling the student is the *residential custodian* of the student.
- **Proof of Residency**
 - If you **own**/are purchasing your home, documentation can be obtained from the Montgomery County Recorder's office. Recent purchases may require proof using sale closing documents if the purchase has not been recorded at the time of enrollment.
 - If you are **renting**, a lease/rental agreement that is signed by tenant and landlord must be presented. The agreement must list renter's name, rental property address, landlord's name, address, and telephone number.
 - If you are **in the process** of building a new home, a sworn statement may be presented to the Superintendent. This statement must be notarized and include the location of the home under construction and state your intent to live there. A notarized statement from the builder confirming the home is under construction at the indicated location is also required. The construction period may not exceed 90 days. A final review of the construction site may also be required.
 - If you are **living with** another person or subleasing (without a formal lease agreement), you will need the property owner or legal representative to complete a Residency Affidavit (available from the Enrollment Office). This is then subject to review and approval by the district Attendance Administrator.
 - We reserve the right to require additional documentation in the form of a phone, utility, or water bill, etc. **as necessary**.
- **Individualized Education Plan (IEP) or 504 Plan**
 - If your child has an IEP or is on a 504 Plan from their previous school, you will need to provide a copy of the IEP or 504 Plan upon enrollment.
- **Athletics**
 - If your child (grades 7 through 12) is interested in participating in any athletic activity during the school year, please contact the Athletic Office at 937-415-6384

ALL ORIGINAL DOCUMENTATION IS COPIED AND THEN RETURNED TO PARENT

STUDENT REGISTRATION FORM

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated.

PLEASE PRINT—PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION EXCEPT FOR **SCHOOL USE ONLY BOX**.

SCHOOL USE ONLY

Student ID# _____ School: BUTLER MORTON SMITH DEMMITT HELKE
 Admission Date ___/___/___ Admission Reason Code _____ Grade _____ Custody Indicator _____
 Previous School District _____ IRN# _____ L/R/E _____

STUDENT DATA

(LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE)

Last Name _____
 First Name _____ Middle Name _____
 Gender: (circle one) F or M Grade _____
 Date of Birth: Month _____ /Day _____ /Year _____
 Birth City _____
 Indicate country, if child was born outside the U.S.

STUDENT ADDRESS

Street Address _____ Apt _____
 City _____ Zip Code _____
 Mailing Address (if different from above) _____

PARENTAL CUSTODIAL HISTORY

Never Married _____ Married _____
 Separated _____ Divorced _____
 Parent Deceased: _____ Mother _____ Father _____
 Removed from parent's custody by court order _____

MOTHER

____ Mother ____ Step-Mother ____ Guardian / Foster Parent
 Email Address _____ @ _____
 Last Name _____ First Name _____
 Address if different than student's: _____

Phone# Priority
 # _____ Main Phone (____) _____ - _____ Unlisted? Y ____ N ____
 # _____ Cell Phone (____) _____ - _____
 Employer _____
 # _____ Work Phone (____) _____ - _____ Ext _____

FATHER

____ Father ____ Step-Father ____ Guardian / Foster Parent
 Email Address _____ @ _____
 Last Name _____ First Name _____
 Address if different than student's: _____

Phone# Priority
 # _____ Main Phone (____) _____ - _____ Unlisted? Y ____ N ____
 # _____ Cell Phone (____) _____ - _____
 Employer _____
 # _____ Work Phone (____) _____ - _____ Ext _____

RESIDENCY

Student lives with (check one)

____ Mother Only ____ Father Only
 ____ Mother & Father ____ Mother & Stepfather
 ____ Father & Stepmother ____ Foster Parent
 ____ Court Appointed Guardian(s)/Grandparent(s) ____ Host Parent

COURT ORDERED PLACEMENT

Proof of legal custody is required upon enrollment

____ Mother Only ____ Father Only
 ____ Joint Custody / Shared Parenting ____ Guardian (complete VBS FC-1)
 ____ Foster Parent (complete VBS FC-1)
 ____ Grandparent POA/Caretaker Affidavit

Has this student been previously enrolled in Vandalia-Butler City Schools?
 No ____ Yes ____
 If yes, what year? _____ What Building? _____

Names, Birthdates & Ages of Other **SIBLINGS** in Vandalia Schools

Name	Birth date	Age	Grade
_____	____/____/____	____	____
_____	____/____/____	____	____
_____	____/____/____	____	____

Signature of Parent/Legal Guardian X _____

Date: _____



EMERGENCY CONTACTS AUTHORIZATIONS & CONSENTS

The purpose of this form is to enable parents/guardians to authorize the provision of emergency medical treatment for a child who becomes ill or injured while under school authority when parents or guardians cannot be reached.

Student Name _____ Date of Birth _____ Grade _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Primary Parent(s)/Guardian(s) will always be contacted first in the event of an illness/emergency. Please list in order how additional contacts are to be made when we are unable to reach parent/guardian.

ADDITIONAL CONTACT # 1

Name _____ Relationship _____ Can Pick Up Student? Y N
Primary Phone _____ Additional Phone _____

ADDITIONAL CONTACT # 2

Name _____ Relationship _____ Can Pick Up Student? Y N
Primary Phone _____ Additional Phone _____

ADDITIONAL CONTACT # 3

Name _____ Relationship _____ Can Pick Up Student? Y N
Primary Phone _____ Additional Phone _____

ADDITIONAL CONTACT # 4

Name _____ Relationship _____ Can Pick Up Student? Y N
Primary Phone _____ Additional Phone _____

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

Preferred Hospital _____

Doctor _____

Phone _____

Dentist _____

Phone _____



Ethnicity/Race Data Collection Form
(Required by Federal regulations)

Student Name: _____

The United States Department of Education has issued guidelines regarding the collection of data on race and ethnicity for public school students. The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories.

If the following questions are not answered by the parent or guardian, the District Enrollment Officer will use observation identification to determine the student's designation. The determination will be reported to the parent or guardian.

Part I - Is this student of Hispanic/Latino heritage? (Choose only one)

_____ No, not Hispanic/Latino

_____ Yes, Hispanic/Latino (*A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.*)

The above question is about ethnicity, *not* race. No matter what you selected above, **please continue to answer the following** by checking one or more options to indicate what you consider your student's race to be.

Part II - Race (Choose one or more, regardless of Ethnicity)

_____ American Indian or Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Parent/Guardian chose not to complete Ethnicity/Race information and determination was made by VBCS Enrollment.

Enrollment Officer _____ Date _____

**STUDENT HEALTH INFORMATION
FOR SCHOOL PERSONNEL**

Name of Student _____ Date of Birth _____

School Name _____ Teacher/grade _____ School year _____

Please check those which apply:

Allergies

Bee Sting (severe reaction)

Food (severe reaction)

Medication (any drug
reaction)

Other _____

Asthma

Triggers _____

Inhaler _____

Cardiac

Diabetes

Headaches/Migraines

Hemophiliac

Hearing Impaired

Vision Impaired

Orthopedic

(specify) _____

Physical Handicap

(specify) _____

Routine/Daily

Medications _____

OTHER

(specify) _____

My child has no medical problems that you need to be concerned with.

Parent/Guardian signature _____ Date _____



Family Military Status

Student Name: _____

Date of Birth: _____

Is either Parent currently enlisted with the United States military? _____ Yes _____ No
If yes, please indicate which parent and what branch of service:

_____ Mother/Guardian

_____ Army

_____ Navy

_____ Father/Guardian

_____ Marine Corp

_____ Air Force

_____ Coast Guard

_____ National Guard

Student Disciplinary Status

Dear Parents and Students,

Ohio House Bill 64, in effect since September 1994, clearly states that a student currently under an expulsion order from another school district may not register in a new district until the expulsion expires.

Therefore, please answer the following question:

Are you currently under an expulsion order or suspension order from any other school district?

_____ Yes

_____ No

Student Signature: _____ Date: _____

(Required for students grades 5 - 12. Parent/guardian may sign for students grades PS - 3.)

As parent/legal guardian of this student, you have my permission to obtain all information regarding disciplinary status to confirm the student's responses above.

~~Signature~~ Parent/Guardian Signature: _____ Date: _____

Failure to provide accurate information will result in immediate dismissal.

Special Education Form

Student Name: _____

Date of Birth: _____

_____ Student is NOT currently receiving special education services.
If checked, you do not have to fill out the rest of the form – just sign at the bottom.

_____ Student IS currently receiving special education services and being served on an IEP – Individualized Education Plan.
If checked, please fill out the rest of the form and sign at the bottom.


_____ I have provided current copy of the IEP.

_____ I do not have a current copy of the IEP.

_____ I have provided a copy of the Multi-factored Evaluation (MFE)

_____ I do not have a current copy of the MFE

_____ I have signed the records release form giving my permission to release special education information to the Vandalia-Butler City Schools' Pupil Services Department.

_____  Parent/Guardian Signature

_____ Date

CC: Pupil Services Secretary
Applicable Building Personnel



English Language Learner Information

Date: _____

Student Name _____
Family Name First Name Middle Name

For Parents/Guardians, please answer the following questions:

1. What language did your child speak when he/she first learned to talk?

2. What language does your child use most frequently at home?

3. What language do you use most frequently to talk with your child?

4. What language do the adults at home use most often?

5. Was your child born in the United States? Yes No
If No, what country was your child born in? _____
6. How long has your child attended school in the United States?

If English is a second language in your home, please complete the following:

English as a Second Language services are available at designated schools in the district. ESL is an educational program designed to help your child attain English language proficiency so that he or she can participate effectively in classrooms in which English is the language of instruction.

Has your child ever received ESL services? Yes No

If yes, in what grades? _____

In what school districts? _____

What date did your child first enter a U.S. school? _____

For building office use

Please notify ELL Staff if a language other than English is identified in the above questions.

Child's Name: _____ DOB: _____ GRADE: _____

I hereby authorize:

(previous school)

Phone: _____

Fax: _____

 VANDALIA-BUTLER CITY SCHOOLS IRN **044958** ENROLLMENT DATE _____

PREVIOUS OHIO SCHOOL WITHDRAWAL DATE _____

TO SEND RECORDS TO: (CIRCLED)

 Demmitt Elementary
 School Office
 PH: 937-415-6500
 Fax: 937-415-6538
christie.barron@vbcasd.com

 Helke Elementary
 School Office
 PH: 937-415-3000
 Fax: 937-415-3031
ashley.trupp@vbcasd.com

 Morton Middle
 School Office
 PH: 937-415-6600
 Fax: 937-415-6648
tamara.harris@vbcasd.com

 Smith Middle
 School Office
 PH: 937-415-7000
 Fax: 937-415-7051
debbie.daniels@vbcasd.com

 Butler High School
 Guidance Dept.
 PH: 937-415-6309
 Fax: 937-415-6435
cindy.snyder@vbcasd.com
OR

 Vandalia-Butler City Schools
 Pupil Personnel Services
 500 South Dixie Drive
 Vandalia, OH 45377
 PH: 937-415-6402
 Fax: 937-415-6429
dana.robbins@vbcasd.com

 Vandalia-Butler City Schools
 Central Enrollment Office
 500 South Dixie Drive
 Vandalia, OH 45377
 PH: 937-415-6410
 Fax: 937-415-6429
lisa.royer@vbcasd.com
Records to be released:

_____ SSID Number

 _____ Educational (including)
 Official Transcript/Grades/Credits
 Achievement Test/OGT Scores
 K – 3 Diagnostics Test Scores
 Withdrawal Grades
 Previous Quarter Grades
 WEP (Written Education Plan-Gifted)
 RIMP (Reading Improvement Plan)

 _____ Special Education Records
 Evaluation Team Report
 Current IEP
 504 Plan
 Speech

_____ Health-Immunization Dates

_____ Attendance Record



 (Parent/Guardian/ *Student Signature)

*Student must be 18 years old

 Date

IMPORTANT: Records received by this release will not be transferred to any other third party by Vandalia-Butler City Schools without the written consent of the parent, legal guardian, or legal age student.

FOR OFFICE USE ONLY

Request	Date	By	Fax	Mail
1st				
2nd				
3rd				

PLEASE INCLUDE A COPY OF THIS COMPLETED REQUEST WITH RECORDS