

# Champion Local School District

**Board of Education**

5976 Mahoning Ave. NW  
Suite B  
Warren, Ohio 44483  
(330) 847-2330  
Fax: (330) 847-2336

**Superintendent**

(330) 847-2338  
Fax: (330) 847-2336

**Treasurer**

(330) 847-2335  
Fax: (330) 847-2336

**Transportation/  
Maintenance Supervisor**

(330) 847-2332  
Fax: (330) 847-2336

**EMIS Coordinator**

(330) 847-2399  
Fax: (330) 847-2336

**Food Service Supervisor**

(330) 847-2333  
Fax: (330) 847-2336

**High School**

5976 Mahoning Ave. NW  
Warren, Ohio 44483

**Office**

(330) 847-23000  
Fax: (330) 847-2353

**Athletic Director**

(330) 847-2314

**Guidance Department**

(330) 847-2307

**Middle School**

5976 Mahoning Ave. NW  
Suite C

Warren, Ohio 44483

(330) 847-2340

Fax: (330) 847-2355

**Guidance Department**

(330) 847-2343

**Central Elementary School**

5976 Mahoning Ave. NW  
Suite C

Warren, Ohio 44483

(330) 847-2315

Fax: (330) 847-2322

**Guidance Department**

(330) 847-2327

## Registration Requirements Cover Sheet

To enroll a student at Champion Local School District the following documents must be produced at the time of registration:

**Documents:**

- Birth Certificate
- Social Security Card
- Evidence of Custody (Legal Documentation with Dates)
- Proof of Residency in Champion School District  
\*See Residency Verification Form
- Immunization Records (original or copy)
- Previous/ Current report card (if available) (K-8)
- Official Transcript with seal (9-12)
- Individual Education Plan/Special Ed (current IEP and ETR or 504 Plan)
- Photo ID of Parent or Guardian enrolling student  
\*(parent name must match birth certificate)

**Note:**

- Once enrolled, parents must complete additional forms through FinalForms online
- All Fees at the previous school must be paid in full

For office use only:

---

---

---

2019-2020

# Champion Local School District Registration Form

Entry Date: \_\_\_\_\_

Office Use only: DASL # \_\_\_\_\_

## Student

*Note: Enter students name as listed on the birth certificate*

Name: \_\_\_\_\_  
(Last) (First) (Middle) Home Language: \_\_\_\_\_  
 Male  English  
 Female  Other

Social Security #: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_  Unlisted Parent/Guardian Cell Phone: \_\_\_\_\_  Unlisted Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Parent/Guardian Email Address for Attendance: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(Month, Date, Year) (City) (County) (State)

## Special Services

Does this student receive gifted services?  Yes  No Is there a WEP in effect?  Yes  No

Does this student receive speech services?  Yes  No

Does this student receive Special Education services?  Yes  No Is there an IEP in effect?  Yes  No

Does this student receive Title I services?  Yes  No Is there a RIMP in effect?  Yes  No

## School History

Has the student ever attended Champion Schools?  Yes  No If yes, last grade attended? \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

\_\_\_\_\_ School Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

## Siblings

Does the student have other sibling(s) in the district?  Yes  No If yes, please provide their name(s) and grade(s) below:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First Name) (Last Name)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First Name) (Last Name)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First Name) (Last Name)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First Name) (Last Name)

# Champion Local School District Registration Form

## Natural Parents

**Father:** \_\_\_\_\_  Married  Divorced  Separated  Never Married  
Phone: \_\_\_\_\_  Deceased  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
**Mother:** \_\_\_\_\_ Phone: \_\_\_\_\_  Deceased  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Custody Information

With whom does the child live?  Both Parents  Mother  Mother/Stepfather  Father  Father/Stepmother  
 Shared Parenting  Foster Parent  Guardian(s)  Other \_\_\_\_\_  
Is parent who has custody of student remarried?  Yes  No  
Name of step-parent: \_\_\_\_\_ Name of custodial parent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Was placement made by a court order?  Yes  No Case #: \_\_\_\_\_ Case-worker Phone: \_\_\_\_\_  
Placing Agency: \_\_\_\_\_ Caseworker Name: \_\_\_\_\_

## Family Military Status

**Father:**  Active  Inactive  Guard  Reserve  Not Applicable  
Branch:  Army  Air Force  Marines  Navy  Coast Guard  
**Mother:**  Active  Inactive  Guard  Reserve  Not Applicable  
Branch:  Army  Air Force  Marines  Navy  Coast Guard

I verify that all information is accurate and that my child fulfills  
All requirements for attending the Champion School District

**Parent/Legal Guardian:** \_\_\_\_\_  
(Print Name)

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Sec. 3313.6-4 of the Revised Code requires a child to attend classes in that school district where the parent with legal custody (court determined) resides. Otherwise, tuition must be charged as determined by the State of Ohio. Sec. 3313.672 of the Ohio Revised Code requires that schools be given certified copies of custody orders and all changes. Immediately notify the school office when a change of custody change of address of change of telephone number occurs.

**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____	<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.	1. In what language(s) would your family prefer to communicate with the school? _____
<b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____
<b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.	5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? Yes    No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States?    Yes    No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month      Day      Year
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.	_____
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



**\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\***

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:
- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
  - The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
  - The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
  - For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
  - Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

<p><b>Student's native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	_____
<p><b>Student's home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	_____
<p><b>Potential English learner</b> See Language Usage Survey Questions 2-4.</p>	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
<p><b>Immigrant student status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the student is not an immigrant child.

4. **Validate.** Complete the information below.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of validating school employee

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

CHAMPION LOCAL SCHOOL DISTRICT ETHNICITY QUESTIONNAIRE

Student Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Per United States Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two part question found below.

**Part 1: ETHNICITY**

Is the student **Hispanic/Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) \_\_\_\_ **Yes** \_\_\_\_ **No**

**Regardless of whether your answer is Yes or No to Part 1, you must also select 1 or more racial groups in Part 2.**

**Part 2: RACIAL GROUP**

Is the student from one or more of the following racial groups (check all that apply):

\_\_\_\_ **(W) White**  
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, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_ **(I) American Indian or Alaskan 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, Guam, Samoa, or other Pacific Islands.

\_\_\_\_ **PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP**

I (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE**

School District's determination of child's ethnicity based on observation:

\_\_\_\_ Hispanic/Latino      \_\_\_\_ White      \_\_\_\_ Black or African American

\_\_\_\_ Asian      \_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child's ethnicity (please print) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Champion Local School District

## Residency Verification

Please Print

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First Name) (Last Name)

Name of Parent(s)/Legal Guardian(s) of the Student: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**If renting please provide the following information:**

Landlord's Name: \_\_\_\_\_ Date Lease Expires: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

**Champion Local Schools must have current lease on file at all times.**

### RESIDENCY AFFIRMATION

1. I have legal custody of my above named child, and he/she resides with me.
2. For the purpose of this affidavit, I intend the term "legal residence" to refer to the location where I eat my meals, sleep on a regular basis, receive my mail.
3. I have been informed that a residency verification study shall be conducted by the Champion Board of Education and/or the Trumbull County Board of Education's designated attendance officer. Champion Local Schools has permission to complete a residency check.
4. **NOTICE: READ CAREFULLY** -- Knowingly falsifying this document is a violation of Ohio Revised Code Section 2921.13(A) (6) which is a **FIRST DEGREE MISDEMEANOR** punishable by a prison term of six months and/or a fine up to \$1000. Furthermore, the affiant will be charged (and prosecuted in court, if necessary) to collect all back tuition which may be due. Finally, inaccurate and/or false information will result in immediate withdraw.

**Parent/Legal Guardian:** \_\_\_\_\_  
(Print Name)

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Sec 3313.4 of the Ohio Revised Code requires a child to attend classes in the school district where the parent with legal custody (court determined) resides. Otherwise, tuition must be charged as determined by the State of Ohio.  
Sec.3313.672 of the Ohio Revised Code requires that schools be given certified copies of all custody orders and all changes. Immediately notify the school office when a change of custody, change of address, or change of telephone number occurs.

# Champion Local School District

## Proof of Residency Required:

---

Please check below and provide the following items listed showing your current address. Proof of Residency must be provided before your child can attend Champion Local Schools.

**Homeowner :**

Must provide one item of EACH proof of residency listed below:

- A current mortgage statement, property deed, home insurance or tax bill.
- A current bill for Electric, Gas, Water, Sewer, Cable or Home Telephone (Cell Phone NOT acceptable)

**Renting from a rental company or individual:**

Must provide one item of EACH proof of residency listed below:

- A current rental agreement or land contract containing the signatures of the renter and the rental associate or property manager.
- A current piece of Government mail, Car note, Bank statement, bill for Electric, Gas, Water, Sewer, Cable or Home Telephone (Cell Phone NOT acceptable)

**Residing with a Champion Resident:**

Must provide one item of EACH proof of residency listed below:

- Champion Resident to complete the following:
  - Residency Verification Letter (separate form) – must be notarized
  - A current mortgage statement, property deed, home insurance or tax bill
  - A current bill for Electric, Gas, Water, Sewer, Cable or Home Telephone (Cell Phone NOT acceptable)
- Parent/Guardian residing with Champion resident to complete the following:
  - Residency Verification Letter (separate form) – complete with Champion Resident and must be notarized.
  - A current piece of Government mail, Car note, Bank statement, bill for Electric, Gas, Water, Sewer, Cable or Home Telephone (Cell Phone NOT acceptable)

School Official Initials: \_\_\_\_\_ Date: \_\_\_\_\_



# Champion Local School District

## Living with a Champion Resident Verification Letter

Student Name: \_\_\_\_\_  
(First Name) (Last Name)

Parent Name: \_\_\_\_\_

**Although I do not own or rent a residence in the District, this is to certify that I am the custodial parent of my child named above and our current residence is:**

Street Address: \_\_\_\_\_  
City State Zip

**Where we are living as guest and our relationship to this person is:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ They  own or  rent this residence

Should I move out of this temporary residence, I understand that my child may no longer be eligible to attend in this district. I further agree to notify the district immediately of any change of address. False information is violation of ORC 2921.13 and punishable by fine and/or prison term of 6 months.

\_\_\_\_\_  
Parent Signature (in presence of Notary)

\_\_\_\_\_  
Date

I certify that the above information is correct and student(s) listed is currently residing in my home on a temporary basis:

\_\_\_\_\_  
Signature of Resident Owner/Renter (in presence of Notary)

\_\_\_\_\_  
Date

**NOTARY to complete:**

SWORN TO BEFORE ME and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

*Official Seal:*

# Champion Local School District

## Consent for Record Release

(Student entering the Champion Local School District)

Name of school withdrawing from:

You are authorized to release the records listed below for the students named in this form to:

\_\_\_\_\_

(Street Address)

(City, State, Zip Code)

(Phone Number)

(Fax Number)

**Champion Central Elementary School**  
5976 Mahoning Ave. Suite C IRN:005801  
Warren, Ohio 44483  
Phone: 330-847-2324  
Fax Number: 330-847-2322  
Attention: Mrs. Gen Worley

**Champion Middle School**  
5976 Mahoning Ave. Suite C IRN:005835  
Warren, Ohio 44483  
Phone: 330-847-2340  
Fax Number: 330-847-2355

**Champion High School**  
5976 Mahoning Ave. NW IRN: 005819  
Warren, Ohio 44483  
Guidance Office: 330-847-2307  
Fax Number: 330-847-2361  
Attention: Guidance Office

Champion Local School District IRN: 050138  
5976 Mahoning Ave. Suite B  
Warren, Ohio 44483  
Phone: 330-847-2330

### Please send records for the following students:

Name:	Age:	Grade:	Date of Birth:	Date Enrolled/Withdrawn
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Specific Records to be Released:

- Transcript of Grades (fax unofficial and mail official, *including seal*)
- EOC Exam Labels & All Test Data Results
- Current/Previous Report Card/Grades to Date
- Immunizations/ Medical Records
- Speech, Language, Hearing Eval.
- Current Evaluation Team Report ETR/IEP/504
- Gifted Results
- Evidence of Custody
- SSID Number (Ohio Residents Only)
- DASL Transfer
- Current Attendance Records (for HB410)
- Other: \_\_\_\_\_

#### Reason for Request:

- To enroll student in our district
- To aid in educational decisions
- Other: \_\_\_\_\_

*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 in the manner indicated.*

Date Signed: \_\_\_\_\_

Signature of Parent/Guardian Authorizing Release of Records: \_\_\_\_\_

Signature of School Official (if needed): \_\_\_\_\_

\* Note: According to the Family Educational Rights and Privacy Act (Buckley Amendment 99.31, P.L. 93-380), dated 6/17/1976, Vol. 41, No. 118, Page 24673, parental permission is no longer required when records are requested by authorized school personnel.

**For Office Use Only:** Date Data Released: \_\_\_\_\_ by (name, position) \_\_\_\_\_  
Date Copies Mailed: \_\_\_\_\_ by (name, position) \_\_\_\_\_