

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: _____

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.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____	
Communication Preferences 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? _____	
Language Background 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? _____	
Prior Education 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year	
Additional Information 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>



(Appendix A, continued)

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

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) _____