

## WELCOME!

Thank you for your interest in attending our school! Your student will be successful if he or she: **1)** Attends school every day and on time (unless seriously ill), **2)** Complies with the school's behavior standards (see handbook), **3)** Consistently works towards earning a high school diploma.

**PLEASE NOTE: You do not need to withdraw your child from his/her current school before your enrollment appointment. Enrollment staff will manage that process for you.**

**MAKE AN APPOINTMENT FOR AN ENROLLMENT INTERVIEW • CALL 513-281-6100, X1005**

***Students must be accompanied by a parent or legal guardian for the interview.***

➔ **N E W • ENROLLMENT OFFICE • Board of Education, 4030 Reading Rd, Cincinnati, OH 45229  
Phone: 513-281-6100, x1005**

## **CHECK LIST of Documents that are Required at Your Enrollment Appointment**

School personnel will make copies of documents during the enrollment interview.

- Birth certificate (required by Ohio law)
- Social security card (if applicable)
- Parent/Guardian's picture ID (student's if applicable)
- Court issued custody papers if you are the child's guardian
- The student's health insurance card (please request information from the counselor if the student does not have health insurance)
- Most recent report card or high school transcript (if available)
- Immunization documents needed if enrolling into grade school or sports activities

- Proof of Residency** • Required for all newly enrolled students and any student whose address changes.

Residency includes the following: being physically present in a household for significant periods of time; where important family activities take place each day including sleeping, eating, working, relaxing and playing; where the parent receives mail or where the parent is registered to vote, if applicable.

**Residency shall be established by providing an original, or copy, of ONE (1) ITEM FROM THE FOLLOWING LIST:**

- 1) Homeowner Deed** - A printout from the auditor's website may be provided instead of a deed.
- 2) Property Tax Statement** dated within the previous year and addressed to the parent at the residence.
- 3) Mortgage Statement** dated within the previous 60 days and addressed to the parent at the residence.
- 4) Rental Agreement signed** by both the landlord and the tenant including the landlord's contact information.
- 5) Construction Contract including:**
  - a) a sworn statement describing the location of the house to be built and stating the parent's intention to reside there upon completion; and
  - b) a statement from the builder confirming that a new house is being built for the parent and that the house is at the location indicated in the parent's sworn statement.
- 6) Homeowner or Renter Insurance Statement** dated within the last 12 months.
- 7) Gas, Electric, Water, or Trash Statement** dated within the last 30 days.
- 8) Federal or State Tax Return** dated within the last 12 months.
- 9) Any piece of mail** dated within the last 30 days from the **federal, state, or local government**, such as Hamilton County Job & Family Services, Social Security, Child Support Enforcement Agency, etc.

**NOTE:** The school accepts Parent Residency and Property Owner Affidavits with the required proof of residency documents. The school does not accept any notarized statements as proof of residency.

**UNIFORMS:** Students are required to wear his/her own khaki, black colored (official uniform wear) pants, shorts, or skirts – NOT provided by the school. Uniform shirts must be purchased through the school. Shirts must be tucked into pants or skirts.



# School Enrollment Form

Open Enrollment: 513-281-6100, x1005 • www.EEAcincy.org

## Desired Action SCHOOL USE ONLY

School Year: \_\_\_\_\_ School Code: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Enroll on Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ From School: \_\_\_\_\_

Withdraw on Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ From School: \_\_\_\_\_

Modify Student Data as of: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submitted by (print): Andrea D. Bennett

Signed: *Andrea D. Bennett*

### Student Information *Please provide legal names.*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Nickname (If Any): \_\_\_\_\_

Entering Grade Level: \_\_\_\_\_

Gender: \_\_\_\_\_

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

Apartment: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Birth Document Source: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (if issued)

Parent/Guardian: \_\_\_\_\_

Birthplace (city, state): \_\_\_\_\_

Birthplace (Country): \_\_\_\_\_

### SCHOOL USE ONLY

Student ID: \_\_\_\_\_

Parent/Guardian Resident District if not CPS: \_\_\_\_\_

### Emergency Contacts

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

Relation: \_\_\_\_\_

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

Alt/Cell Phone: \_\_\_\_\_

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

Relation: \_\_\_\_\_

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

Alt/Cell Phone: \_\_\_\_\_

### Has your child ever received special education services?

No  Yes  I don't know

### Is the parent/guardian an active duty of the military?

No  If yes, which branch \_\_\_\_\_

**TRANSPORTATION - Student:**  Drives  Walks  Takes City Bus  Takes School Bus  Other: \_\_\_\_\_

**Withdrawal Authorization:** Parent signature authorizes the Student Information Systems Department, Cincinnati Public Schools to withdraw this student from their current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Thank you for choosing our school to provide your child with the education they deserve. We understand that selecting the right school is an important decision, and we're honored that you have chosen us. We are committed to creating a supportive and welcoming environment where your child can thrive academically and personally.

Please share with us how you came to choose our school. Whether it was through a recommendation from a friend, seeking a safe haven from bullying, or finding a new beginning after facing disciplinary issues at a previous school, we are here to support your child's journey. Our dedicated faculty and staff are here to work with you and your child to ensure their success in every way possible.

Please share with us how you came to choose our school:

- This school was recommended by a friend
  
- My child was bullied at the previous school
  
- My child withdrew from the previous school due to discipline issues.

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# Student Caregiver Form

Open Enrollment: 513-281-6100, x1005 • www.EEAcincy.org

Use additional pages as necessary. Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mother  Father  Guardian  Step Parent  \*\*Foster Parent  Grand Parent  Surrogate Parent  Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Marital Status:  Married  Unmarried  Widowed  Separated  Divorced

*If you check Divorced or Separated, we require current legal documentation related to the children.*

Deceased?  No  Yes

Resides with Student?  No  Yes

(\*) Address: \_\_\_\_\_

District of Residence: \_\_\_\_\_

City: \_\_\_\_\_

Custodial Parent?  No  Yes

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Legal Guardian?  No  Yes

Phone Number: \_\_\_\_\_

(#) Grandparent POA?  No  Yes

Alt/Cell Phone: \_\_\_\_\_

Caregiver Authorization?  No  Yes

Work Phone: \_\_\_\_\_

Mail if not Custodial Parent?  No  Yes

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

Mother  Father  Guardian  Step Parent  \*\*Foster Parent  Grand Parent  Surrogate Parent  Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Marital Status:  Married  Unmarried  Widowed  Separated  Divorced

*If you check Divorced or Separated, we require current legal documentation related to the children.*

Deceased?  No  Yes

Resides with Student?  No  Yes

(\*)Address: \_\_\_\_\_

District of Residence: \_\_\_\_\_

City: \_\_\_\_\_

Custodial Parent?  No  Yes

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Legal Guardian?  No  Yes

Phone Number: \_\_\_\_\_

(#) Grandparent POA?  No  Yes

Alt/Cell Phone: \_\_\_\_\_

Caregiver Authorization?  No  Yes

Work Phone: \_\_\_\_\_

Mail if not Custodial Parent?  No  Yes

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

(\*) If different from Student's Address.

(#) If Parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

\*\* If foster Parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.



# Authorization to Release School Records

Open Enrollment: 513-281-6100, x1005 • www.EEAcincy.org

\_\_\_\_\_ Authorizes the release of the school records for the following student:

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Last Name of Student (Please Print)

\_\_\_\_\_  
First Name of Student (Please Print)

\_\_\_\_\_  
Date of Birth

### From the following school:

Name of School: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Records may be released to:

Dohn Community High School  
Board of Education  
4030 Reading Rd, Cincinnati, OH 45229  
Phone: 513-281-6100, x1005 Fax: 513-281-6103

1st Request: \_\_\_\_\_

2nd Request: \_\_\_\_\_

3rd Request: \_\_\_\_\_

### My signature authorizes the release of the following records:

- Transcripts of subjects and grades
- Psychological/other individual testing
- Ohio Graduation Test Results (scaled scores, date test administered, and grade of student)

- Record of attendance
- IEP, ETR, and other special ed. records
- Health and immunization records
- Birth certificate

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Registrar: Please send the above records as soon as possible.

We understand if a student owes student fees, transcripts will not be released. However, we would like to review the student's health records, IEP, ETR, and other special education records, and the Ohio Graduation Test Results. Your cooperation is appreciated.

If fees are owed, please indicate the amount and we will remind the student: \_\_\_\_\_

The state requires the district to collect a Home Language Survey for each student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Student's Name: \_\_\_\_\_

1. Is a language other than English spoken at home?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

What language? \_\_\_\_\_

2. Does your child speak a language other than English?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

What language? \_\_\_\_\_

3. The following information is used for State forms that must be filled out annually. Please mark the correct designation for your child to help assure out information is accurate.

### Race/Ethnicity Designation

Hispanic or Latino: \_\_\_\_\_

American Indian: \_\_\_\_\_

Asian: \_\_\_\_\_

African American: \_\_\_\_\_

Native American: \_\_\_\_\_

Native Hawaiian or other Pacific Islander: \_\_\_\_\_

White: \_\_\_\_\_

Multi-Racial (2 or more): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## McKinney-Vento Residency Form

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

**Date of Birth** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines “homeless” as “individuals who lack a fixed, regular, and adequate nighttime residence.” This includes children who “are **temporarily** sharing the housing of other persons due to the loss of housing or economic hardship.”

**Does not apply; student is not homeless.**

**Please check *one* of the following statements if your family is experiencing temporary homelessness:**

*Living in a shelter, including transitional housing shelters (i.e. The Rise, Stepping Stones); awaiting foster care, etc.– Please provide name of shelter: \_\_\_\_\_ and address: \_\_\_\_\_*

*Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation--Please provide information regarding area in which student is living: \_\_\_\_\_*

*Living in hotels/motels for lack of other suitable housing – Please list name and address of hotel/motel: \_\_\_\_\_*

*Doubled-up; **Temporarily** living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where student is living:  
Address: \_\_\_\_\_*

**Please answer the following if you checked one of the four boxes above:**

How long do you expect to be at this address? \_\_\_\_\_

Are you seeking permanent housing? \_\_\_\_\_

Date student moved to this address: \_\_\_\_\_

Is a parent living in the home with the student? \_\_\_\_\_

If no, with whom is student living? \_\_\_\_\_ Relationship: \_\_\_\_\_

The School Social Worker may be in contact with you if clarification or bus transportation is needed.

We have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act:

\_\_\_\_\_  
*Signature of Parent/Guardian/Unaccompanied Youth*

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

Office Use Only:

\_\_\_\_\_ Does Qualify under McKinney-Vento Act \_\_\_\_\_ Does NOT Qualify

\_\_\_\_\_  
McKinney-Vento Liaison/Appointee Signature

\_\_\_\_\_  
Date



# Emergency Medical Authorization Form

Open Enrollment: 513-281-6100, x1005 • [www.EEAcincy.org](http://www.EEAcincy.org)

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

## Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name of Relative or Childcare Provider: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

## Part 1 or 2 Must be Completed

**Part 1: To Grant Consent** – I hereby give consent for the following medical care provider and local hospital to be called:

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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 doctors or in the event the designated preferred practitioner is not available by another licensed physician or dentist, and (2) the transfer of my 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 prior to the performance of such surgery.

Facts concerning my child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Part 2: Refusal to Consent** – I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school to take the following action:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





# Field Trip Permission

Open Enrollment: 513-281-6100, x1005 • [www.EEAcincy.org](http://www.EEAcincy.org)

The school takes a variety of field trips throughout the year. This permission slip allows the students to attend any off campus events during the school day. A phone call will go out to you at least one day in advance letting you know what event they will be attending.

**Date:**

**Time:** 8:30 am - 3:00 pm

**Location:** Various

**Transportation:** CCSC Cincinnati Charter School Collaborative

**Notes:** \_\_\_\_\_  
\_\_\_\_\_

I give my child \_\_\_\_\_ permission to attend field trips throughout the school year.

Parent name: \_\_\_\_\_

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

Parent signature: \_\_\_\_\_

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

Emergency contact: \_\_\_\_\_

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

## Media Release Form

Please be advised that your student may be photographed or video taped at various school event. Your child's photo may appear on the school website, school publications, social media, school-related marketing such as social media, print materials and advertising.

**Yes**, I give my permission for my child's photograph and/or video to be used in the above mentioned.

**No**, my child's photograph and/or video may not be used in any of the above mentioned.

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Student's First and Last Name

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Signature of Parent/Guardian

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Date

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## Connectivity Survey

Does your student have internet service?  **Yes**  **No**

Does your student have acces to a device?  **Yes**  **No**

**If YES:**  Laptop  Tablet  Phone  Other: \_\_\_\_\_



## How did you hear about this school:

\_\_\_\_\_ Digital advertising

\_\_\_\_\_ Radio

\_\_\_\_\_ TV

\_\_\_\_\_ Billboard

\_\_\_\_\_ Friend

Other \_\_\_\_\_