Hilfiker Elementary School
Checklist for Enrollment

ALL documents listed below must be turned into the front office BEFORE the first day of school.

☐ Completed Enrollment Forms

☐ Copy of Birth Certificate

☐ Copy of Immunization Records

☐ Custody Paperwork (if applicable)

☐ Health History Form

☐ Sworn Statement of Residency
   Utility Bill or Property Tax Statement for current month including the name and street address of parent/guardian.

Incoming Kindergarten Students also need
Physical and Oral Examination Documents

Please call 419-637-7249 with questions.
If the office is not open, please leave a voice message and someone will return your call throughout the summer.
## Gibsonburg Exempted Village Schools
### NEW STUDENT REGISTRATION FORM

**Please complete ALL sections**

<table>
<thead>
<tr>
<th>Legal Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
<th>Grade</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County of Residence</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>City of Birth</th>
<th>Citizenship (ex. U.S.)</th>
</tr>
</thead>
</table>

- Male
- Female

- □ Yes
- □ No (please check one)

**Ethnicity/Race**

- 1. Ethnicity of child: Hispanic/Latino
- □ Yes
- □ No (please check one)

**Race of Child:**

- Check all that apply (see back for descriptions):
  - □ American Indian or Alaska Native
  - □ Asian
  - □ Black/African American
  - □ Native Hawaiian/Oth. Pacific Islander
  - □ White/Non-Hispanic

<table>
<thead>
<tr>
<th>Is your child on an IEP?</th>
</tr>
</thead>
</table>
| □ No
| □ Yes

**Primary Language Spoken at Home**

- □ English
- □ Other:

**Has this student previously attended Gibsonburg Schools?**

- □ No
- □ Yes

**Previous School District/Building Attended**

**Previous School Address/City/State/Zip**

**Student resides with**

- □ Biological/Adoptive Parents
- □ Mother only*
- □ Father only*
- □ Grandparents**
- □ Mother/Stepfather*
- □ Father/Stepmother*
- □ Foster Family**
- □ Other:

**Marital Status of Parents**

- □ Single
- □ Married
- □ Separated
- □ Divorced
- □ Remarried
- □ Widowed

### Biological/Adoptive Parent Information (required)

<table>
<thead>
<tr>
<th>Mother's Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Address (if different from above)</th>
<th>City/State/Zip</th>
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</table>

<table>
<thead>
<tr>
<th>Mother’s Birth City/State</th>
<th>Last Grade Completed</th>
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<table>
<thead>
<tr>
<th>Husband/Spouse’s Name (if applicable)</th>
<th>Maiden</th>
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<table>
<thead>
<tr>
<th>Father’s Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Address (if different from above)</th>
<th>City/State/Zip</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Father’s Birth City/State</th>
<th>Last Grade Completed</th>
</tr>
</thead>
</table>

| Husband/Spouse’s Name (if applicable) | Maiden |

### Non-Custodial/Non-Residential Parent Information (if applicable)*

*The student is NOT living with both parents, is there a temporary or permanent custody order/decreet allocating parental rights and responsibilities?*  

- □ Yes
- □ No

**Would the non-custodial/non-residential parent like to receive school correspondence?**  

- □ Yes
- □ No

### Legal Guardian/Foster Parent/Grandparent/Other Information (if applicable)**

**Name**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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</table>

**Name**

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<tr>
<th>Name</th>
<th>Relationship</th>
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</table>

*The student is placed with a legal guardian/foster parent or residing with a grandparent(s), legal documents which declare placement must be provided to the school yearly.*

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**Please complete back of form, including signature and date.**
Please list all siblings.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Age</th>
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To the best of my knowledge, all of the above information is correct and may be filed with my child's school records.

<table>
<thead>
<tr>
<th>Signature of Person Enrolling Student</th>
<th>Relationship to Student</th>
<th>Date</th>
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Race Descriptions:

I American Indian or Alaskan Native
Persons having origins in any of the original peoples of North and South America (including Mexico and Central America) and who maintain tribal affiliation or community attachment.

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.

B Black or African American
Persons having origins in any of the black racial groups in Africa.

P Native Hawaiian or Other Pacific Islander
Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

W White
People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.
HILFIKER ELEMENTARY SCHOOL  
301 SUNSET AVENUE  
GIBSONBURG, OHIO 43431

REQUEST FOR RELEASE OF STUDENT'S EDUCATIONAL RECORDS

Date _______________________

TO:  Student Records Secretary

School _______________________

Street _______________________  

City ______________ State _______  Zip ________

Student’s Previous Residential Address:

Street _______________________  

City ______________ State _______  Zip ________

Please release the academic records, progress letters, report card, Ohio Dept. of Ed. Diagnostic Scores, health and immunizations records, custody papers where applicable, achievement tests scores, psychological testing information, I.E.P., and Special Education records for the following student(s).

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Birthday</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
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Please send the above requested information to:

Hilfiker Elementary School  
301 Sunset Avenue  
Gibsonburg, Ohio 43431  
IRN # 045385  
Phone 419-637-7249

__________________________
Parent/Guardian Signature
Previous Address of Residency:

______________________________

______________________________

Gibsonburg Exempted Village School District
Sworn Statement of Residency

This form is to be completed annually by the student’s parent or legal guardian. You must submit a separate Sworn Statement of Residency and documented proof of residency for each child enrolled in the district.

Student’s Name

First Name

Middle Initial

Last Name

Date of Birth

Grade Level

Phone Number

Residence Address (please note that a post office box is not acceptable as a residence address)

Address

Street Address

City

State

Zip

I declare under the penalty of perjury that this student resides at the above address and that this is the address of the custodial and/or residential parent(s). I also agree to notify the Gibsonburg School District immediately when residency has changed. I understand that a new Sworn Statement of Residency and new documented proof of residency must be submitted. Failure to notify or falsification of any information or documents required for residency may result in: a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student; c) civil action resulting from fraud, negligent misrepresentation and negligence. Doing so is a violation of the Ohio Revised Code: Section 2921.13 (A) (6) which is a first degree misdemeanor punishable by a prison term of six (6) months and/or a fine of up to $1,000.00.

Parent Signature

Date

Print Name of Parent/Guardian

Documented Proof of Residency Requirements:

If you are a current resident of the Gibsonburg District, you must provide:

1. Signed rental/lease agreement, signed real estate sales contract, or signed settlement statement/deed including the name and street address of the parent/guardian; OR
2. Utility bill (gas/electric/water) for the current month including the name and street address of the parent/guardian; OR
3. Property tax statement including the name and address of the parent/guardian.

If you share a home with a relative/friend that resides in the Gibsonburg District, please provide:

1. Relative/friend’s proof of legal residence; AND
2. Documentation verifying proof of the parent/guardian residing at that address (examples: driver’s license, checking account, credit card statement, voter registration, paycheck, phone bill etc.)

A representative of the Gibsonburg District may periodically visit the address given by the parent/guardian to verify residency. The property address given must be the actual location where the student and the parent/guardian live full time. A person who owns property in the district, but does not reside in the district, is not considered a resident.
### Health History

**Student's name**

**Sex**
- ☐ Male
- ☐ Female

**Date of birth**

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**Family Health History** Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

**Father**

**Mother**

**Brothers and Sisters**

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**Birth and Developmental History**

- ☐ No unusual birth or developmental history

**Did the mother have any unusual physical or emotional illness during this pregnancy?**
- ☐ Yes
- ☐ No

**Was Infant born full term?**
- ☐ Yes
- ☐ No

**Did the infant have any sickness or problems?**
- ☐ Yes
- ☐ No

**Briefly explain illness or problems.**

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**How does the child's development compare to other children, such as his or her brothers/sisters or playmates?**

- ☐ About the same
- ☐ Delayed
- ☐ Advanced

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**Student Health Conditions**

<table>
<thead>
<tr>
<th>YES, my child receives regular medical/health care for the following conditions:</th>
<th>NO medical conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Allergies</td>
<td>☐ Diabetes</td>
</tr>
<tr>
<td>☐ Asthma</td>
<td>☐ Depression</td>
</tr>
<tr>
<td>☐ ADD/ADHD</td>
<td>☐ Ear problem/hearing difficulty</td>
</tr>
<tr>
<td>☐ Autism</td>
<td>☐ Emotional concerns</td>
</tr>
<tr>
<td>☐ Behavior concerns</td>
<td>☐ Headaches</td>
</tr>
<tr>
<td>☐ Birth/congenital malformations</td>
<td>☐ Heart problems</td>
</tr>
<tr>
<td>☐ Bone/muscle/joint problems</td>
<td>☐ Hemophilia</td>
</tr>
<tr>
<td>☐ Blood problems</td>
<td>☐ Juvenile arthritis</td>
</tr>
<tr>
<td>☐ Bowel/bladder problems</td>
<td>☐ Lead poisoning</td>
</tr>
<tr>
<td>☐ Cancer</td>
<td>☐ Migraines</td>
</tr>
<tr>
<td>☐ Cystic fibrosis</td>
<td>☐ Neuromuscular disorder</td>
</tr>
</tbody>
</table>

- ☐ Seizure disorder
- ☐ Sickle cell anemia
- ☐ Skin conditions
- ☐ Speech problems
- ☐ Traumatic brain injury
- ☐ Vision problems (glasses, contacts)
- ☐ Other:

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Please explain any conditions above or any reasons for hospitalizations.

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Please indicate any allergies your child may have.

<table>
<thead>
<tr>
<th>Allergy type</th>
<th>Reaction</th>
<th>School restrictions or recommended actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Bee/insect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Food</td>
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<tr>
<td>☐ Medication</td>
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<tr>
<td>☐ Other</td>
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</tbody>
</table>

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A4240 8/06
**Health History continued**

Please list any prescription and over the counter medication that your child takes on a regular basis.

<table>
<thead>
<tr>
<th>Medication and dose</th>
<th>Time</th>
<th>Reason</th>
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<tbody>
<tr>
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</tbody>
</table>

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

☐ Yes  ☐ No  If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

☐ Yes  ☐ No  If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Form completed by

Relationship to student

Date / /