



REGISTRATION IN SOUTH EUCLID LYNDHURST CITY SCHOOLS

Pre-Registration is online at www.sel.k12.oh.us/Registration.aspx
Appointments can be scheduled online at the end of the
Pre-Registration process.

***Appointments are held at the South Euclid Lyndhurst
Board of Education Office located at
5044 Mayfield Road.***

**REGISTRATION DOCUMENTS MUST BE COMPLETED BEFORE
YOUR REGISTRATION APPOINTMENT.
PLEASE SEE CHECKLIST FOR MORE DETAILS.**

***Kindergarten Registration begins the first full week in March
for the following school year.***

Children who will be 5 years old on or before September 30
are eligible to attend kindergarten in the fall.

***We're looking forward to welcoming you to our schools. For more information, please call
(216) 691-2062 or visit our web site at www.sel.k12.oh.us/Registration.aspx.***



SOUTH EUCLID LYNDHURST CITY SCHOOLS

5044 Mayfield Road Lyndhurst, Ohio 44124
216-691-2062



Checklist for Registration

Ronda Mitchell, Registration Office

Welcome to the South Euclid Lyndhurst School District.
Pre-Registration is now online at www.sel.k12.oh.us/Registration.aspx
Appointments can be scheduled at the end of the Pre-Registration process.

The following items are required for *each* student you are enrolling.
**** Incomplete registration documentation will result in rescheduling your appointment. ****

- Birth Documentation** - Please provide one of the following:
 - Original Birth Certificate
 - Certified Copy of Birth Certificate

- Custody Papers (full originals with court stamp)** – Please provide if applicable:
 - Guardianship
 - Custody
 - Journal Entry
 - Grandparent Power of Attorney
 - Caretaker Affidavit
 - Divorce Decree/Shared Parenting Agreement

- Medical Information** - Please provide both of the following:
 - Health Record Form
 - Immunization Records or Physical Form

- Parent/Guardian Identification** - Please provide one of the following:
 - Social Worker ID
 - Ohio Drivers License or State ID with Current Address

- School Records** - Please provide all of the following that apply:
 - Withdrawal Slip
 - Last Report Card/Grades in Progress
 - State Testing Information
 - Transcripts (high school only)
 - IEP/ETR/MFE
 - Home Schooling Documentation
 - 504 Plan
 - Other:

- Proofs of Residency**
 - Residency and Custody Affidavit – **MUST BE NOTARIZED** before Registration Appointment
 - Owners Affidavit, if applicable – **MUST BE NOTARIZED** before Registration Appointment
 - Home Owners Mortgage Statement (Owner) – OR – Current Signed Lease (Renter)

Need at Least Two (2) of the following with the Parent/Guardian's Name and Address

- Utility Bills
- Voter's Registration Card
- Municipal Income Tax Return

NOTE: If Parent/Guardian is Living in a Home with Another Resident, PLEASE PROVIDE:

- Notarized Affidavit from property owner or lease occupant **and** parent/guardian (Two (2) Notarized Affidavits)
- Mortgage statement/lease **and** two (2) utility bills from property owner/lease occupant with name and address
- Two (2) pieces of business mail from parent/guardian with name and address within 10 days of registration



RESIDENCY AND CUSTODY AFFIDAVIT

For the purpose of establishing school residence and custody (To be completed by parent or legal guardian)

SIGN ONLY AFTER CAREFULLY READING AND SIGNING IN THE PRESENCE OF A NOTARY.

THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT:

I, _____, certify that I am the custodial parent/legal guardian of _____
(Parent's or Legal Guardian's Full Name) (Student's Name)

and that I have established residency at _____
(Street Number, Name, Apt. #) (City) (State) (Zip Code)

Date of Occupancy: _____ Lease End Date (if applicable): _____

I, _____, certify that I am a resident of the above residence located within **South Euclid Lyndhurst Schools**. The registrar has explained to me that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the **South Euclid Lyndhurst** address and also, that the residence where meals are taken, and where the resident parent sleeps must be the **South Euclid Lyndhurst** residence. (Photo identification, such as an Ohio Driver's License with your most recent address, is required for identification)

List the names of **ALL** people, both adults and children, who reside at the above address. Also, please indicate their school (if applicable) and "status" (i.e., homeowner, lessee, renter, parent, guardian, student, preschooler, grandparent, etc.) Attach a separate piece of paper, if needed.

_____ Last Name	_____ First Name	_____ School (If Applicable)	_____ Last Name	_____ First Name	_____ School (If Applicable)
_____ Last Name	_____ First Name	_____ School (If Applicable)	_____ Last Name	_____ First Name	_____ School (If Applicable)
_____ Last Name	_____ First Name	_____ School (If Applicable)	_____ Last Name	_____ First Name	_____ School (If Applicable)

Please read each statement and then place your initials to the left of the statement.

- _____ I/we certify that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named students in the **South Euclid Lyndhurst School District**.
- _____ I/we understand that I/we are responsible for informing school officials of any change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the **South Euclid Lyndhurst School District**, I will **immediately** file another residency and custody affidavit with the Board of Education of the **South Euclid Lyndhurst School District**. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the **South Euclid Lyndhurst School District**, I will withdraw my child(ren) from the district and will enroll my child(ren) in the new district of residence.
- _____ I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).
- _____ I/we have provided the **South Euclid Lyndhurst School District** with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the children being enrolled as per Ohio Revised Code 3313.672.
- _____ I/we acknowledge the student who is being registered **has not been expelled** or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.
- _____ I/we understand that if the student attends school while not being eligible to do so tuition free, **the student and all responsible parties may be liable for tuition** at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08, and related costs, and the **student will immediately be withdrawn from the South Euclid Lyndhurst School District**.
- _____ I/we understand that the **South Euclid Lyndhurst School District** may use whatever legal means it has at its disposal to verify my **residency**. I/we hereby waive my rights to confidentiality of information relative to my/our residence and give permission to the **South Euclid Lyndhurst School District**, the City tax Administrator, and the Regional Income Tax Agency (RITA) to release selected information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.

NOTE: Be sure you have read this statement carefully before you sign. **Giving false information under oath is punishable as a criminal offense** under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor of the first degree with a maximum fine of \$1,000 and/or a jail term of six months. In cooperation with the City Prosecutors, **each violation may be thoroughly and vigorously prosecuted.**

Signature(s)

Parent/Legal Guardian/Custodian: _____
Student 18 years of age or older: _____

County of Cuyahoga) _____) SS:
State of Ohio)

Before me, a Notary Public of the State of Ohio, came the above-named who said that he/she/they did understand the statements set forth above and did adopt said statements and the information, herein as his/her/their own, as true to the best of his/her knowledge of the consequences and penalties of falsification, and did affix his/her signature in my presence,

This _____ day of _____, 20_____

**SOUTH EUCLID-LYNDBURST CITY SCHOOLS
SCHOOL ENTRANCE MEDICAL EXAMINATION FORM**

IT IS RECOMMENDED THAT CHILDREN HAVE A COMPLETE MEDICAL EXAMINATION BEFORE ENTERING SCHOOL. A CURRENT IMMUNIZATION RECORD IS REQUIRED AT THE TIME OF REGISTRATION. THE IMMUNIZATIONS AND TESTS LISTED BELOW ARE REQUIRED BY STATE LAW AT THE TIME OF REGISTRATION IN A SCHOOL DISTRICT. PLEASE RETURN COMPLETED FORM TO: SOUTH EUCLID-LYNDBURST BOARD OF EDUCATION, ATTENTION: RONDA MITCHELL, 5044 MAYFIELD RD, LYNDBURST, OHIO 44124 - OR - FAX TO: (216) 691-2294

PLEASE FILL IN CHILD'S NAME, ADDRESS AND SCHOOL BEFORE PRESENTING TO YOUR DOCTOR

Child's Name _____ School _____

Address _____ Birthdate _____

PHYSICAL EXAMINATION RECORDS DATE OF EXAMINATION: _____

Height _____ Weight _____ Eyes _____ Ears _____

Vision: Rt _____ Lt _____ Hearing: Rt _____ Lt _____

Referred to ear or eye specialists? Yes _____ No _____

Nose _____ Throat _____ Mouth _____ Teeth _____

Is dental work indicated? Yes _____ No _____

Posture _____ General Condition _____

Skin _____ Orthopedic _____

Neck _____ Nervous System _____

Heart _____ Lungs _____

Abdomen _____ Hernia _____

Genitalia _____ Urinalysis _____

Is child in suitable condition to attend school? Yes _____ No _____

Remarks and Recommendations: _____

IMMUNIZATION REQUIREMENTS (Please give month, day, year)

DPT	#1	#2	#3	#4	#5
Polio	#1	#2	#3	#4	
MMR	#1	#2			
Hep B	#1	#2	#3		
Varicella K-8: 2 doses 9-12: 1 dose	#1	#2			
Tdap Booster Grades 7 - 12	#1				
Meningococcal Grades 7 - 9 and Grade 12	#1	#2			

SIGNATURE of Healthcare Provider _____ DATE _____

Healthcare Provider Name (PRINT / STAMP) _____ Phone Number _____

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
----------------	--	---------------------------

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

Father
Mother
Brothers and Sisters

Birth and Developmental History No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. _____	
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:			<input type="checkbox"/> NO medical conditions		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia			
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions			
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems			
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury			
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)			
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____			

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

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

Medication and dose	Time	Reason

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 / /



School Starting Times and Important Phone Numbers

ELEMENTARY BUILDINGS (K-3)

8:45 a.m. – 3:45 p.m.

Adrian (K-3)

(216) 691-2170

Rowland (Pre-3)

(216) 691-2200

Sunview (K-3)

(216) 691-2225

GREENVIEW (4-6)

7:25 a.m. – 2:25 p.m.

Upper Elementary

(216) 691-2245

MEMORIAL (7-8)

8:10 a.m. – 3:10 p.m.

Junior High

(216) 691-2140

BRUSH (9-12)

7:52 a.m. – 3:00 p.m.

High School

(216) 691-2065

OTHER IMPORTANT NUMBERS

Administration Building

(216) 691-2000

Teaching and Learning

(216) 691-2007

Nutrition Services

(216) 691-2099

Pupil Services

(216) 691-2020

Registration

(216) 691-2062

Transportation

(216) 691-2029