



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.

• **ENROLLMENT:** No Appointment Required • *Students must be accompanied by a parent or legal guardian*

HOURS: Monday-Thursday: 9:00am-1:30pm, Friday: 9:00am-11:00am • **PHONE:** 513-281-6100, x1005

➔ **NEW • ENROLLMENT OFFICE LOCATION** • Board of Education, 4030 Reading Rd, Cincinnati, OH 45229

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.



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.



Student Caregiver Form

Open Enrollment: 513-281-6100, x1005

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

_____ **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



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



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: _____



There shall be no discrimination against any person in employment or educational opportunities because of race, color, religion, age, ethnicity, national origin, national ancestry, sex, pregnancy, gender, gender identity or expression, sexual orientation, mental or physical disability.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact the USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, completed the USDA Program Discrimination Complaint Form found online at:

<https://www.usda.gov/oascr/filing-program-discrimination-complaint-usda-customer>

and at any USA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call **(866) 632-9992**.

Submit your completed form or letter to the USDA by:

Mail:

U.S. Department of Agriculture
Director, Center for Civil Rights Enforcement
1400 Independence Avenue, SW
Washington, DC 20250-9410

Fax: (202) 690-7442

Email: program.intake@usda.gov

This institution is an equal opportunity provider.



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.

Student's First and Last Name

Signature of Parent/Guardian

Date

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 _____



Student Name (Last): _____ (First) _____ Nickname (if any) _____

By providing the following information, you assist staff in creating a positive and supporting experience for your and your child. Please list details regarding your concerns, experiences, and how we might be of more assistance.

Are you currently pregnant? Yes No If yes, when is your due date? ____ / ____ / ____

How are you prepared for the birth of your child? _____

What is your experience of this pregnancy? _____

What concerns do you have about your pregnancy, the birth experience, or post-partum? _____

If you have already had your baby, what is your overall experience with parenting? _____

What challenges do you face as a teen parent? _____

How many children do you have? _____

Do you have reliable childcare? Yes No Do you receive daycare vouchers? Yes No

If no, do you need assistance with applying for, and receiving, daycare vouchers? Yes No

Do you have reliable transportation? Yes No If yes, please describe your transportation method _____

If no, what challenges do you face with transportation? _____

What concerns do you have about the KTMIS Program? _____

What are your expectations of this program? _____

Please provide additional details of how we could help you succeed in the KTMIS Program _____