



Graham Elementary and Middle School  
140 E 16<sup>th</sup> St Ave | Columbus, OH 43201 | Phone (614) 253-4000

**APPLICATION FOR ENROLLMENT: 2019-20 OR 2020-21**

(CIRCLE ONE)

Student Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Gender: \_\_\_ M \_\_\_ F What is your primary language? \_\_\_\_\_ Is the student Hispanic? Yes No  
Ethnicity (check all that apply): \_\_\_ (A) Asian \_\_\_ (B) Black or African-American \_\_\_ (H) Hispanic  
\_\_\_ (I) American Indian or Alaskan Native \_\_\_ (P) Native Hawaiian/Other Pacific Islander \_\_\_ (W) White

Address: \_\_\_\_\_ County: \_\_\_\_\_  
*Street City Zip*

Primary Phone Number: \_\_\_\_\_ Home Cell Work (circle one)

Email address: \_\_\_\_\_ Contact you via: Phone or Email?

Does student currently have a sibling at: \_\_\_ GEMS \_\_\_ TCS@ODU \_\_\_ TGS

Do you have an IEP\*? \_\_\_ Yes \_\_\_ No  OR Do you have a current 504 Plan\*? \_\_\_ Yes \_\_\_ No

\* If yes, please provide a copy of the most recent IEP/ETR or 504 Plan

What school you are currently attending: \_\_\_\_\_

School district of residence: \_\_\_\_\_ **Proof of Residency will be required**

Current Grade Level (2019-20): \_\_\_\_\_ Grade Level next year (2020-21): \_\_\_\_\_

Have you repeated a grade? Y N If so, what grade? \_\_\_\_\_ Has your student attended any other school(s)? Y N

If yes, please list school(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
*First Middle Last*

Relationship: \_\_\_\_\_ Do you live with the student? Y N

Email address: \_\_\_\_\_

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

2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_  
*First Middle Last*

Relationship: \_\_\_\_\_ Do you live with the student? Y N

Email address: \_\_\_\_\_

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

**If student is not living with a biological parent a legal proof of guardianship signed by a judge or magistrate is required.**

How did you hear about us? \_\_\_ My school/teacher \_\_\_ School fair/speaker \_\_\_ Friend/family \_\_\_ Mailing  
\_\_\_ Poster \_\_\_ Radio Other: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A member of The Graham Family of Schools | This institution is an equal opportunity provider

Contact #1	
Contact #2	
Contact #3	



**CONSENT TO RELEASE EDUCATIONAL RECORDS**

To: \_\_\_\_\_

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

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

I hereby authorize Graham Elementary and Middle School to release/obtain pertinent information concerning:

Name of Child:   X   Birthdate:   X   / /

Present school: \_\_\_\_\_ Grade \_\_\_\_\_

Please check which (number 1 or 2) applies to your student and sign below.

1. \_\_\_\_\_ My child is not on and has not been on an IEP.

2. \_\_\_\_\_ My child is or has been on an IEP (received special education services) and I authorize Graham Elementary and Middle School to release/obtain all special education files including current multifactor evaluation team report, psychological and academic assessment, and current IEP.

This information may include medical, psychological, psychiatric and social data that might be helpful in our educational planning. It is understood that this information will not be forwarded to any other person without parental consent.

Reason for Request:   X   To aid in present and future educational decisions.  
       Other (Specify) \_\_\_\_\_

With the understanding that Graham Elementary and Middle School cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding my child above in the manner indicated.

  X   \_\_\_\_\_   X   \_\_\_\_\_  
Signature of Parent/Guardian/Student Date

Forward records to: [ljackson.1@GEMSSchool.org](mailto:ljackson.1@GEMSSchool.org)  
OR: Graham Elementary and Middle School  
140 E 16<sup>th</sup> St; Columbus, OH 43201  
Phone 614-253-4000

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.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____	
<p><b>Communication Preferences</b> 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.</p>		<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p><b>Language Background</b> 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.</p>		<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>	
<p><b>Prior Education</b> 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.</p>		<p>5. In what country was your child born? _____</p> <p>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? _____</p> <p>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</p>	
<p><b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.</p>			
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>



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

4. **Validate.** Complete the information below.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

Chris Spackman  
Printed name of validating school employee

The Graham Family of Schools  
Name of school or school district