Heir Force Community School

New Student Registration Form (*Revised 2/21)*

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_

First Middle Last

Male \_\_\_\_ Female \_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date\_\_\_\_\_\_\_\_ Birth City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Ohio law (3313.64 and 712.3321.01, .02) requires that public school officials verify custody and residency status of all students enrolling in school.***

Student is a full time resident of the \_\_\_\_\_\_\_\_\_\_\_\_ School District.

Is there a current court order pertaining to the custody of your child? \_\_\_ Yes \_\_\_ No

**Parent** (Parent means either biological parent, unless the parents are separated or divorced, in which case the parent means the parent with legal custody of the child. Custody and/or other pertinent court documents are required.)

***Student is living with (please check):***

\_\_\_ Biological mother \_\_\_both parents (same residence) \_\_\_ Relative

\_\_\_ Biological father \_\_\_ both parents (shared custody) \_\_\_ Court Placement

\_\_\_ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Natural/Adoptive Mother:*** ***Natural/Adoptive Father:***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Check here if address is same as student Check here if address is same as student*

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Maiden name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Homeless status***:

\_\_\_ No, student is not homeless.

\_\_\_ Yes, student is homeless and primary nighttime residence is:

\_\_\_ SHELTER – transitional (temporary) housing or awaiting foster care

\_\_\_ UNSHELTERED – living in car, park, public space, campground, etc.

\_\_\_ DOUBLED-UP – sharing housing with other families or individuals

\_\_\_ HOTEL/MOTEL – temporary living in hotel/motel

**Parent/Guardian: \_-----------------------------------------------------**

***(PRINT)***

**Parent/Guardian Signature: ------------------------------------------------------- Date: ---------------------------**

**Information requested by the State of Ohio/Senate Bill 140 (check all that apply)**

**Student Citizen Status**:

\_\_\_ U.S. Citizen \_\_\_ Non-U.S. Citizen

\_\_\_ Migrant \_\_\_ Exchange Student

\_\_\_ Education Visa Student \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(provide copy of visa)

**Student Disability Condition**:

Is there a current IEP in place? \_\_\_ Yes \_\_\_ No

(if yes, please provide a current copy of IEP).

\_\_\_ Multi-disabilities \_\_\_ Deaf-blindness

\_\_\_ Hearing Impairment \_\_\_ Visual Impairments

\_\_\_ Speech & Language Impairments \_\_\_ Orthopedic Impairments

\_\_\_ Specific Learning Disability \_\_\_ Developmental Delay

\_\_\_ Cognitive Disability \_\_\_ Other Health Impaired

\_\_\_ Autism

\_\_\_ Emotional Disturbance (Severe Behavioral Handicap

**Race/Ethnicity:**

Is this student of Hispanic or Latino heritage? Yes\_\_\_ No\_\_\_

American Indian or Alaskan Native \_\_\_

Asian \_\_\_

Native Hawaiian/Other Pacific Islander \_\_\_

Black/African American (non-hispanic) \_\_\_

Hispanic Latino \_\_\_

White (non-hispanic) \_\_\_

**Please answer the following question:**

What language did your son/daughter speak when s/he first learned to talk?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language does your son/daughter use most frequently at home?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language do you use most frequently when communicating with your son or daughter?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language do the adults at home most often speak?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has your son/daughter attended school in the United States? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***(PRINT)***

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Emergency Contact & Authorized Pick Up**

In case of Illness, injury, or other emergency situations involving the above student, the school will attempt to contact the parent(s) or legal guardian. **If unable to reach a parent or guardian**, list three other persons who may be contacted:

|  |  |  |
| --- | --- | --- |
| Name (Please List Below) | Relationship To Child | Phone # (s) |
|  |  |  |
|  |  |  |
|  |  |  |

**Unauthorized Pick Up**

The Following Person(s) Are NOT AUTHORIZED To Pick Up My Child

|  |  |
| --- | --- |
| Name (Please List Below) | Relationship To Child |
|  |  |
|  |  |

**Student Medical**

**My child receives regular care for the following medical conditions:**

**\_\_** No, my Child does not have any Medical Conditions.

**\_\_** Yes. My Child has known Medical Conditions

Please list all known Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergic to any of the following: ***(Check All That Apply)***

**\_\_** Bee Stings/Insect Bites

**\_\_** Foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_** Medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all medications your child has currently been prescribed**

**Medication Name, Dosage, and time administered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| ***Family Physician:*** | ***Phone Number:*** |
| ***Family Dentist:*** | ***Phone Number:*** |
| ***Hospital:*** | ***Phone Number:*** |

***\_\_\_The Heir Force Community School has my permission, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.***

***\_\_\_The Heir Force Community School DOES NOT have permission to transport my child to the hospital.***

**Parent/Guardian: \_-----------------------------------------------------**

***(PRINT)***

**Parent/Guardian Signature: ------------------------------------------------------- Date: --------------------------------**

**Previous School Information**

Has the student been expelled from the previous school? Yes \_\_\_\_\_ No\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever been retained? Yes\_\_\_ No \_\_\_ If yes, what grade: \_\_\_\_\_\_\_

Is your child **currently** under any expulsion or suspension? Yes\_\_\_ No \_\_\_ If yes, number of days \_\_\_\_\_\_\_\_\_ Date That It Ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*(If Yes Parent/Administration Meeting Required Before Enrollment)***

Is your child currently involved in the Juvenile Court System? Yes\_\_\_\_ No\_\_\_\_

(If Yes, please provide name of the probation or Parole Officer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*(If Yes Parent/Administration Meeting Required Before Enrollment)***

Is there a restraining order pertaining to this student? Yes \_\_\_ No \_\_\_ ***(If yes, a legal document copy is required)***

Name of the school the student previously attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?** Previously Attended\_\_\_ Word of Mouth\_\_\_

Other (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please List his/her siblings and grade who are already attending HFCS** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian: ----------------------------------------------------**

***(PRINT)***

**Parent/Guardian Signature: ------------------------------------------------------- Date: ----------------------------------**

***Section #1: Camera Surveillance & Photo Release Waiver***

Upon my signature, I hereby grant the Heir Force Community School (HFCS) the right to monitor and observe my child via cameras in the classroom for the health, welfare and safety of all HFCS students and staff. I understand that camera monitoring is being recorded for internal school use only for the purposes of discipline and safety. I also grant HFCS all rights to use still photographic, video, and/or motion picture images and sound of my child during school or associated activities for the purpose(s) of student of the month, recruitment and public relations, teacher professional development and social media. The intended use of these images and sound is to feature teachers and/or students engaged in or discussing learning activities in the classroom. I further agree to forfeit any and all financial and other claims to the aforementioned imagery and sound.

***Section #2: Non-discriminatory Policy***

The Heir Force Community School admits students of any race, color, nationality and/or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race color, nationality and/or ethnic origin in administration of its educational policies, admission policies, scholarship programs, athletic programs and/or other school-administered programs. Furthermore, HFCS is not intended to be an alternative to court, administrative agency ordered or public school initiated desegregation.

***Section #3: HFCS Student and Parent Handbook Agreement***

I agree to all the policies, practices and procedures conducted by Heir Force Community School. I will explain these rules to my child and take full responsibility to ensure that my child will abide by the guidelines in the handbook. I agree to work in conjunction with all teachers, aides, administrators and school board members as defined in the handbook.

***Section #4: Liability Waiver***

I understand that changes to any information on these forms are my responsibility as the parent/guardian and must be reported to the school office immediately. I do not, in any way, hold Heir Force Community School responsible for any decisions made based on information that was not updated by me, the parent/guardian. I also understand that Heir Force Community School does not accept any changes (i.e. dismissal, authorized pick-ups, etc.) from my child or anyone else other than myself, the parent/guardian.

***Section #5: Paid Book Fee is NON Refundable.***

***By signing this document, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree that I have read, understand and agree to the Policies outlined in Section 1, 2, 3, & 4.***

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

**PARENT COMMUNICATION FORM**

***ONLY*** list the name and number that you wish to be contacted for the following:

Upcoming Events

School Delay/Cancellations

School Events

Other important school information.

You can also visit our website at [www.heirforcecs.com](http://www.heirforcecs.com)

Or

Like us on Facebook

In order to receive text messaging you MUST be signed up to receive a phone tree and text the word **ALERT to 22300.**

**Phone Tree**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Belongs to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number belongs to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please notify the office anytime this information should change.**

**School Academic and Activity Transport Permission**

**Academic Programs:**

Yes, Heir Force Community School has permission to transport my child to the appropriate building (Grand Ave. or Impact Center) to participate in scheduled academic programs (i.e. testing, academic assemblies). I understand that my child will be transported by bus or shuttle and returned to their class building upon completion of the program. I also understand that the Heir Force Community School will not be liable for any injuries or illnesses that may occur to my child or for any lost or damaged items. My signature below signifies that I fully understand, agree to, and give my child consent to participate in the scheduled academic programs.

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

**Activity Programs:**

Yes, Heir Force Community School has permission to transport my child to the appropriate building (Grand Ave. or Impact Center) to participate in scheduled activity programs (i.e. spirit day, field day). I understand that my child will be transported by bus or shuttle and returned to their class building upon completion of the program. I also understand that the Heir Force Community School will not be liable for any injuries or illnesses that may occur to my child or for any lost or damaged items. My signature below signifies that I fully understand, agree to, and give my child consent to participate in the scheduled activity programs.

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

**Program Rehearsals:**

Yes, Heir Force Community School has permission to transport my child to Cornerstone Harvest Church/Impact Center to participate in scheduled rehearsals (i.e. Holiday Program, Spring Program). I understand that my child will be transported by bus or shuttle and returned to their class building upon completion of the rehearsal. I also understand that the Heir Force Community School will not be liable for any injuries or illnesses that may occur to my child or for any lost or damaged items. My signature below signifies that I fully understand, agree to, and give my child consent to participate in the scheduled program rehearsals.

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

***My signature acknowledges that as the Parent/Guardian, I understand that I am obligated to notify Heir Force Community School immediately if there is a change in any of the above information.***

**At Heir Force Community School, we place a high precedence on Education. In order to enroll your child, we first need to schedule a placement test to see where your child is scoring in 2 core subject areas: Math and Reading.**

**In order to schedule a placement test, please call us at**

**(419) 228-9241.**

**(Please note: Testing for 1st – 8th Grade Only)! (revised 2/21)**

I understand that my child will be required to participate in a screening assessment as part of the enrollment process. This assessment will be used to determine the instructional level of my child in both Reading and Math. The results of these assessments will be explained to me and will be used to assist H.F.C.S. in the decision of the proper instructional grade level placement for my child. This assessment does NOT determine the acceptance of my child, but rather is only used as guidance for proper grade level placement. I understand that the H.F.C.S placement of my child may not be the recommended placement from my child’s previous school.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Dear Parent/Guardian,

This letter is to inform you that according to Ohio Revised Code 3314.041,

your child(ren) will be taking proficiency tests and other examinations prescribed

by law in the State of Ohio while he/she is here at Heir Force Community School.

This is also to inform you that according to Ohio Revised Code

3314.03(A)(11)(d), your child(ren) will be screened for the following tests:

hearing, vision, speech, communications, medical problems, and developmental

disorders sometime between the first day of school but before November 1st .

If you have any questions regarding the above information, please call the school

office at (419) 228-9241.

Thank you,

Dr. Willie Heggins

Director of Education

**CONSENT FOR STUDENT RECORD RELEASE**

**FOR REVIEW ONLY** 2/21

Send To:

ADMINISTRATION OFFICE

Dr. Willie Heggins, Executive Director

HEIR FORCE COMMUNITY SCHOOL

150 W. Grand Avenue

LIMA, OH 45801

STUDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE: \_\_\_\_\_\_\_\_ BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_

* LAST SCHOOL ATTENDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Level Going Into \_\_\_\_\_\_

Address of above school attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ph #. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific Data to be released:

▪ All personally identifiable data on file

▪ Test Scores/Prof./Standardized

▪ Current Grades/Copy of grade card

▪ Attendance Record

▪ Health/Immunization Record

▪ Multi-factored Evaluations/Psychological Evaluation

▪ IEP/ETR if applicable

▪ Discipline report(s)

Reason for request: (Please check)

\_\_\_\_\_ To aid in present and future educational decisions.

\_\_\_\_\_ Other: (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

***HFCS Office Use Only***

*1st Request Dates Records Requested \_\_\_/\_\_\_/\_\_\_ By:\_\_\_ Date Records Received\_\_\_/\_\_\_/\_\_\_ By:\_\_\_\_\_\_*

*2nd Request Dates Records Requested \_\_\_/\_\_\_/\_\_\_By:\_\_\_*

*3rd Request Dates Records Requested \_\_\_/\_\_\_/\_\_\_By:\_\_\_*

*Previous School Notified that Student Enrolled in to Heir Force Community School Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DR. WILLIE HEGGINS,EXECUTIVE DIRECTOR**

K-3RD –C/O150 W. GRAND AVE.,LIMA,OH 45801;PH.#419-228-9241OPT.#1;FAX #567-712-6694

4TH-8TH–150 W. GRAND AVE., LIMA, OH 45801; PH#419-228-9241OPT #2; FAX#419-228-1555

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