

Plain Local Schools Registration

**GlenOak High School
1801 Schneider St NE
Canton OH 44721
330-491-3800**

Thank you for choosing Plain Local Schools for your child's education.

Please complete the attached paperwork and provide the following documentation:

- Certified Birth Certificate - we cannot use a copy
- Proof of Residency - utility bill, rental agreement or purchase agreement
- Copy of ETR and IEP if applicable – Review is needed before scheduling classes
- Copy of report card
- Immunization Records
- Custody Papers (when applicable)

When complete, please call the school (330-491-3800) to schedule an appointment to register.



PLAIN LOCAL SCHOOL DISTRICT [IRN: 049932]
Parent/Guardian/Student Consent for Records Release

TO Name of Last School Attended:

REGARDING Name of Student:

ADDRESS
of SCHOOL: _____

STUDENT'S
BIRTHDATE: _____

CITY/ST/ZIP: _____

GRADE: _____

The above named student has enrolled at GlenOak High School and we are requesting the following information be sent to us:

- | | | |
|-------------------------------|------------------------------------|--------------------|
| *Grades in Progress | *Health Record | *Testing Data |
| *Report Card | *Special Education Data | *IEP/ETR |
| *Psychological Team Report | *Transcript | *Gifted Records |
| *ELL reports and test results | *9 th Grade Test Scores | *Birth Certificate |

Please send to:

GLENOAK HIGH SCHOOL
Attn: Records
1801 Schneider Street NE
FAX: 330-491-3801
Phone: 330-491-3800

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release education information regarding the student named above, in the manner indicated.

DATE: _____

Signature of Parent

Address

City/State/Zip

NOTE: According to the Family Education Rights and Privacy Act [Buckely Amendment 99.31.P.L. 93-380] dated 6/17/76, Vol.41 No. 118 Page 24673, parental permission is no longer required when records are requested by authorized school personnel.

FOR OFFICE USE ONLY:

Date request faxed or mailed: _____

Date copies received: _____