



SEBRING McKINLEY JR/SR HIGH SCHOOL

225 East Indiana Avenue
Sebring, Ohio 44672
330-938-2963

STUDENT RECORD REQUEST

TO: _____

_____ has enrolled in our school as of
_____ in the _____ grade. Please send us a transcript
of all grades, test results, health records, (IEP and MFE and custody papers if
applicable), and any other additional information regarding this student which may be
helpful to us. **PLEASE PROVIDE STUDENT'S SSID NUMBER.**

Sincerely,

Mary Jackson
Guidance Counselor

I hereby give my permission for the release of the above
information.

Parent's Signature _____

Date _____

Chris Corbi, Principal
Josh Scott, Athletic Director
Mary Jackson, Guidance Counselor
Sari Seidel, Secretary

fax: 330-938-4702
website: www.sebring.k12.oh.us

PROOF OF
RESIDENCY

SEBRING LOCAL SCHOOLS

Student's Name Birth Date Grade Sex

Legal Address

Street Number Telephone/Home

City State Zip Telephone/Work

I certify that I, the parent/guardian of the above student, am a resident of the Sebring Local School District, or for open enrollment in an adjacent school district, we reside at the address indicated. Residency is defined as the location at which you and the child sleep and eat most meals. IT IS A CRIMINAL OFFENSE SUBJECT TO FRAUD CHARGES TO FALSIFY RESIDENCY.

Signature of Parent/Guardian Date

Additional Information/Materials Required by State Law

1. Birth certificate of child being enrolled
2. Proof of grade placement – current report card or school records
3. Proof of child custody or guardianship (if applicable)
4. Proof of immunization
5. Proof of social security number

Please circle and attach photocopies of appropriate documentation – one from Column 1 and two from Column 2.

Column 1

1. House Closing Papers
2. Deed
3. Mortgage Documents
4. Building Permit
5. Rental Agreement/Lease

Column 2

1. Two Current Utility Bills
2. Two Current Charge Statements
3. Drives License
4. Tax Statement

FOR OFFICIAL USE – TO BE COMPLETED BY SCHOOL ADMINISTRATOR

APPROVED FOR ENROLLMENT _____ TEMPORARY APPROVAL _____

School Signature of Administrator Date