



TRI-VILLAGE LOCAL SCHOOLS

Registration Form

Student Data

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name: _____

Grade: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Home Cell

Telephone: _____ Home Cell

Birthdate: _____

Birthplace: _____

(As stated on child's birth certificate.)

Mother's maiden name: _____

Student Social Security Number (Optional)

- Homeless Yes No
- Lives in single family home
- Lives with relatives or friends
- Lives in public operated shelter
- Lives in privately operated shelter
- Other: _____

Race/Ethnic Category

Is Student Hispanic/Latino heritage? Yes No

Check all that apply:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- White, Non-Hispanic

Citizenship

- US Citizen
- Foreign Exchange Student
- Non-US Citizen/Immigrant
- Other: _____

Military Student:

- Not Applicable (Not a Military Student)
- Active Duty Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
- National Guard Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)

Limited English Proficiency

Yes No

If yes, language spoken: _____

Native Language: English Other: _____

Language Used at Home: English

Other: _____

Previous School District Information

Name of previous school: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Withdraw Date: _____

Has student ever attended school an Ohio Public School District? Yes No

If yes, name of school: _____

Is student currently suspended or expelled from previous school? Yes No

Does student have preschool experience? Yes No

If yes, name of preschool: _____

Special Services

Has your child ever attended Special Education Classes? Yes No

Does your child have a 504 Plan? (Disability requiring only reasonable accommodations) Yes No

Special Services (cont.)

Has your child had an evaluation in the last three (3) years?(Assessment of your child in all areas related to a suspected disability) Yes No
If yes, what is the date of the evaluation? _____ What is the disability category? _____
If yes, is there a current IEP (Individualized Education Program)? Yes No
Has your child been identified as gifted? Yes No
If yes, in what area(s): Cognitive Math Science Reading/Writing Social Studies Creative Arts

Custodial Information

It is Ohio state law that each student provide a certified copy of any child custody order or decree which has been issued with respect to the student be provided. The custodial parent of such a student must also provide the Board of Education with certified copies of any later court orders which modify the original custody order or decree. [Ohio revised code 3313.672(b)]

Biological/Adoptive Parents are: Married (If this is marked skip to Parent/Guardian Information)
 Widowed
 Separated
 Divorced
 Never married

Custody: Shared Mom Dad Other: _____

Student Resides With: Mom Dad Other: _____

Out of District Residents: *(Check applicable status)*

Open Enrollment* Grandparent Rule* Tuition Student Superintendents' Agreement*
 Parent Employed by District Foster Placement County Special Ed Placement

**Parent/Guardian must complete appropriate documentation from Tri-Village Board of Education prior to enrolling.*

Parent/Guardian Information

<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Telephone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell	Telephone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell
Telephone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell	Telephone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell
Email: _____	Email: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Step-Parent (If Applicable): _____	Step-Parent (If Applicable): _____
Email: _____	Email: _____
Preferred Phone: _____	Preferred Phone: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____

Sibling Information

	Name – first, middle, last	Age	Grade – If in school
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Certification

To the best of my knowledge, all of the above information is true. I certify that the student's name listed on page one (1) is his/her legal name that I/we have legal custody, and I/we reside within the Tri-Village Local School District or have an approved open enrollment form. I understand that Tri-Village Local Schools may use legal means to verify my residence.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Birth Certificate Immunization Records Withdrawal Papers Social Security Card Grades/Transcripts
 IEP/ETR/MFE Custody Papers Court Order(s) Proof of Residency Parent Photo ID

Office Personnel initials: _____ Principal Signature: _____ Date: _____