



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

☐ Father ☐ Mother ☐ Step parent ☐ Guardian ☐ Foster Parent
Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ ☐ Home ☐ Cell
Telephone: _____ ☐ Home ☐ Cell
Email: _____
Employer: _____
Work Phone: _____
Step-Parent (If Applicable): _____
Email: _____
Preferred Phone: _____
Employer: _____
Work Phone: _____

☐ Father ☐ Mother ☐ Step parent ☐ Guardian ☐ Foster Parent
Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ ☐ Home ☐ Cell
Telephone: _____ ☐ Home ☐ Cell
Email: _____
Employer: _____
Work Phone: _____
Step-Parent (If Applicable): _____
Email: _____
Preferred Phone: _____
Employer: _____
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: _____