



6451 Center Street
Mentor, OH 44060

Office Use Only: Attending School: _____
Home School: _____

STUDENT REGISTRATION FORM

Registration Date: _____ School Year: _____ Entering Grade: _____ Sex (M or F)

Child's Full Name: Last: _____ First: _____ Middle Name: _____

(Name must be stated exactly as it appears on Birth Certificate)

Nickname: _____ Age: _____ Child's Date of Birth: _____ City of Birth: (Required) _____

RACE: Hispanic Non-Hispanic

RACE ETHNICITY-(Check One):

- ___ A – Asian
- ___ B – Black, Non-Hispanic
- ___ H – Hispanic
- ___ I – American Indian or Alaskan
- ___ M – Multiracial
- ___ P – Pacific Islander
- ___ W – White, Non-Hispanic

ETHNIC CODE (Check All that Apply)

- ___ American Indian or Alaskan Native
- ___ Asian
- ___ Black or African American
- ___ Native Hawaiian or Other Pacific Islander
- ___ White

CITIZEN STATUS (Check One)

- ___ U.S. Citizen
- ___ Exchange Student
- ___ Other Non U.S. Citizen
- ___ Immigrant
- (Not born in US and not in US schools for at least 3 yrs)
- ___ Date entered US
- ___ Date entered US School

NATIVE LANGUAGE (Check One)

- | | | | |
|---------------|-----------------|--------------------|----------------|
| ___ English | ___ Creole (Fr) | ___ Navajo | ___ Spanish |
| ___ Albanian | ___ German | ___ Portuguese | ___ Tagalog |
| ___ Amharic | ___ Hmong | ___ Romanian | ___ Trigriyan |
| ___ Arabic | ___ Japanese | ___ Russian | ___ Ukranian |
| ___ Cambodian | ___ Korean | ___ Serbo Croatian | ___ Vietnamese |
| ___ Cantonese | ___ Laotian | ___ Somali | ___ Other |

PLEASE CHECK THE APPROPRIATE ENROLLMENT DESCRIPTION:

- | | |
|--|---|
| <input type="checkbox"/> Enrolled in School for the First Time – Not including Preschool | <input type="checkbox"/> From Out of State/Out of Country |
| <input type="checkbox"/> Preschool Student | <input type="checkbox"/> From Home Schooling |
| <input type="checkbox"/> From a Non-Public School in Ohio | <input type="checkbox"/> Court Referral |
| <input type="checkbox"/> From a Public School in Ohio | |

RESIDENTIAL PARENT/GUARDIAN/FOSTER PARENT (WHERE CHILD LIVES):

Mr. & Mrs./Mr./Mrs./Ms: Last Name: _____ First Name: _____
(Circle One)

Family Status (Check One): Never Married Married Re-Married Separated Divorced

Street Address: _____

City/State/Zip: _____

Home Telephone: _____ Cell Phone: _____

(Check the phone number to be used for the Phone Based Alert System)

Place of Employment: _____ Work Number: _____

Place of Employment: _____ Work Number: _____

E-mail Addresses Custodial Parents:

E-mail address and relationship

E-mail address and relationship

SECONDARY HOUSEHOLD:

Mr. & Mrs./Mr./Mrs./Ms: Last Name: _____ First Name: _____

Street Address: _____

City/State/Zip: _____

Home Telephone: _____ Cell Phone: _____

Place of Employment: _____ Work Number: : _____

E-mail address and relationship

STUDENT LIVES WITH:

| | | |
|------------------------|---------------------------------------|--|
| One Parent Household: | Two Parent Household: | ___ Living with Legal Guardian |
| ___ Living with Mother | ___ Living with Mother and Father | ___ Living with Foster Parents |
| ___ Living with Father | ___ Living with Mother and Stepfather | ___ 18 and not living at home with parents |
| | ___ Living with Father and Stepmother | ___ Under 18 & not at home with parents |

NAMES AND BIRTH DATES OF SIBLINGS LIVING IN THE HOME:

1. _____
Name DOB Name DOB

2. _____
Name DOB Name DOB

Does the child receive Special Education Services through an Individualized Educational Plan (IEP)? Yes___ No___

Does the child receive Special Education Gifted Services? Yes___ No ___

Is the child currently expelled? Yes___ No ___

IF TRANSFERRING FROM ANOTHER DISTRICT:

Name of Previous School: _____

Address: _____

City/State/Zip: _____

EMERGENCY CONTACTS: Three people we might contact if you cannot be reached.

| <u>Name</u> | <u>Address</u> | <u>Telephone</u> |
|-------------|----------------|------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Office Use Only:

Student Status:

| | | |
|---|--|---|
| 0 ___ Resident Default | 8 ___ Non-resident senior attending | N ___ PS Other Funding for Spec Ed |
| 2 ___ In-state, vocational contact | B ___ Non-resident, Special Education Coop | P ___ Court Placement other than Foster Care |
| 3 ___ In-state, non-tuition, non-contract | C ___ Foster Care, Court Placement | S ___ Non-resident attending/ S. Agreement |
| 6 ___ In-state, non-public school | E ___ PS ECE Early Ed Grant | T ___ Institution-Not Court placed or Foster Care |
| 7 ___ Non-resident lives w/grandparent | F ___ CTAE-eval. service only | Z ___ Autism Scholarship Participation |