

BIG WALNUT

LOCAL SCHOOL DISTRICT

STUDENT REGISTRATION FORM

Today's Date: _____ Enrollment Date: _____ Enrolling Grade: _____ Gender: Male Female

Student Legal Name: _____

Last Name
First Name
Middle Name

Student Address: _____

Street Address
(Subdivision)
(Apt #/Lot#)
City, State, Zip

County: _____

Mailing Address if different from above: _____

Street Address
(Subdivision)
(Apt.#/Lot#)
City, State, Zip

Age: _____ Date of Birth: _____ Home Phone: _____ SS#: _____

Proof of Residency: Mortgage Deed Rental Agreement Residency Affidavit Utility Bill (gas, electric, or water)

Ethnicity & Race

Part A. Is this student Hispanic/Latino? (choose only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of Race)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B. What is the student's race? (choose one or more)

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

<u>Checklist/Office Use Only</u>	
-Completed Registration	<input type="checkbox"/>
-Birth Certificate	<input type="checkbox"/>
-Verification of Residence	<input type="checkbox"/>
-Legal Papers (Divorce, Separation, Foster Parent, Guardianship)	<input type="checkbox"/>
-Immunization Record	<input type="checkbox"/>
-Social Security Number	<input type="checkbox"/>
-Medical Pack	<input type="checkbox"/>
-Food Service Application	<input type="checkbox"/>

Citizenship Status

U.S. Citizen

Exchange Student

Other/Non-U.S. Citizen

If a student is a Non-U.S. Citizen

Country of origin: _____

Date entered U.S.: _____

Date entered Ohio: _____

HOME LANGUAGE SURVEY (must be completed by everyone)

What language did your son/daughter speak when he/she first learned to talk? _____

What language does your son/daughter use most frequently at home? _____

What language do you use most frequently to speak to your son/daughter? _____

What language is most spoken by the adults at home? _____

How long has your son/daughter attended school in the United States? _____

Office use only: If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in eSIS and forward a copy of this page to the Student Service Department.

STATEMENT OF CUSTODY
(Biological parent information)

Custody Information/Office Use Only:
Full copy of Custody Judgment
(If Applicable)

Please check any statements that apply

Biological Parents married to each other? Yes No
Biological Parents separated from each other? Yes No
Biological Parents divorced from each other? Yes No
Biological Parents never married? Yes No

If divorced, from what County _____ State _____

Who has Legal custody of this student? _____ Who is residential parent? _____

*If a divorce or guardianship situation exists, we must have a certified full copy of the order or decree.
This is per State of Ohio Law (ORC 3313.672) and the Missing Children's Act.*

Parents Deceased? Father Mother

Office Use Only:
District Responsible for Tuition

LEGAL COURT PLACEMENT - Court documents are required to enroll a student.

Name of Placement Agency: _____

Case Worker's Name: _____

Foster Parent: _____ Address: _____
Street Address City, State, Zip

Phone #: _____ Cell #: _____

If student is foster placed please provide name and address of biological parents in section below.

THIS SECTION MUST BE COMPLETED BY ALL REGISTRANTS

Please indicate the preferred sequence, under the contact person below, in which calls need to be made (example: If biological mom should be the first contact please check "1", if step father is the second contact please check "2", etc.).

Biological Father: _____

Biological Mother: _____

Call Sequence: 1 2 3 4

Call Sequence: 1 2 3 4

Address: _____
Street Address (Subdivision/Apt #/Lot#)

City, State, Zip

Address: _____
Street Address (Subdivision/Apt/Lot#)

City, State, Zip

Employer: _____

Employer: _____

Home Phone #: _____

Home Phone #: _____

Work Phone #: _____ Cell #: _____

Work Phone #: _____ Cell #: _____

e-mail: _____

e-mail: _____

Living with student: Yes No

Living with student: Yes No

Step Mother: _____

Step Father: _____

Call Sequence: 1 2 3 4

Call Sequence: 1 2 3 4

Employer: _____

Employer: _____

Work Phone #: _____ Cell #: _____

Work Phone #: _____ Cell #: _____

e-mail: _____

e-mail: _____

EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

Parent/Guardian will be contacted before the names listed below (unless noted). Please list at least **“Two”** additional names of contacts.

First Contact (Name): _____

Relationship to student: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Second Contact (Name): _____

Relationship to student: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Third Contact (Name): _____

Relationship to student: _____

Home Phone #: _____ Cell #: _____

Work Phone #: _____

Fourth Contact (Name): _____

Relationship to student: _____

Home Phone #: _____ Cell #: _____

Work Phone #: _____

TRANSPORTATION INFORMATION

Does your child need Bus Transportation? Yes No If “yes”, please continue:

Will your child need transportation to an alternate address, within the district, before and/or after school: Yes No
If “yes”, please complete the Transportation Request Form.

MEDICAL INFORMATION

Do you anticipate your child will need medication administered at school? Yes No
If “yes”, please complete the Health Action Plan.

Does your child have any health care needs? Yes No If “yes”, explain: _____

Does your child require any medical procedures to be done at school? Yes No
If “yes”, please complete the Health Action Plan.

Does your child have any of the following medical conditions? Diabetes Seizures Asthma Life Threatening Allergies
If “yes”, please complete the Health Action Plan.

SIBLINGS

Name	Grade/Age
_____	_____
_____	_____
_____	_____

OTHERS LIVING IN THE HOME

Name	Relationship
_____	_____
_____	_____
_____	_____

Previous School District Attended: _____ **Building:** _____

Address: _____
Street Address City, State, Zip

Phone: _____ **Fax:** _____ **Last Grade Enrolled/Completed:** _____

Is your child currently expelled from another any School District? Yes No
Is the child presently under suspension or dismissal for academic or disciplinary reasons from any school? Yes No

SPECIALIZED SERVICES (if applicable)

Is your child receiving any Specialized Services Yes No

If "yes", please check if your child is currently receiving any of the following services:

- | | |
|----------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Individual Education Program (IEP) | <input type="checkbox"/> Multi-Factored Evaluation (MFE) |
| <input type="checkbox"/> Special Education Tutoring | <input type="checkbox"/> Reading tutoring |
| <input type="checkbox"/> Special Education Classroom | <input type="checkbox"/> Limited English Proficiency Services (ESL) |
| <input type="checkbox"/> Tutoring other than Special Education | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Gifted Education | <input type="checkbox"/> Speech & Language/Hearing |
| <input type="checkbox"/> Section 504 Plan | <input type="checkbox"/> Adapted Physical Education |
| <input type="checkbox"/> Building Intervention Plan | <input type="checkbox"/> Low Vision Services |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Special Dietary Needs | |
-
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GIFTED IDENTIFICATION (if applicable)

Please check if any of the following statements pertain to your child:

Has your child ever been identified as gifted? Yes No

If "yes", what area(s) has he/she been identified: _____

Was he/she receiving gifted services in your previous school(s): Yes No

By checking this box, you agree to allow the PTO's and any other school related organization to use your email address for communication purposes.

PARENT/GUARDIAN CERTIFICATION

I state the information provided is true and correct. I am aware that the Big Walnut Local School District may use any legal means to verify my residence. I understand that falsification of information may be cause for withdrawal of my child from the Big Walnut Local School District and subject me to the applicable civil and criminal penalties.

Parent Signature

Date

Parent Signature

Date

Enrolling Secretary Signature

Date