

**NORTHWEST LOCAL SCHOOL DISTRICT**  
**NEW STUDENT REGISTRATION FORM**

**STUDENT ID#** \_\_\_\_\_  
**HOMEROOM:** \_\_\_\_\_

*The information supplied on this form is required under the provisions of the Laws of the State of Ohio and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completion of this form is appreciated.*

**BUILDING:**     Northwest Elementary School     Northwest Middle School     Northwest High School  
**GRADE:**         PS  K  1  2  3  4  5         6  7  8         9  10  11  12

**PARENT/GUARDIAN MUST COMPLETE ALL INFORMATION EXCEPT "SCHOOL USE ONLY" SECTION. PLEASE PRINT ALL INFORMATION IN BLACK OR BLUE INK. DO NOT USE PENCIL.**

<b>Student's Last Name:</b>	<b>Student's First Name:</b>	<b>Student's Middle Name:</b>
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<b>Student's Preferred Name:</b>	<b>BIOLOGICAL MOTHER'S Maiden Name:</b>
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<b>Student's Date of Birth:</b>	<b>Student's City &amp; State of Birth:</b>
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**Was student born outside the U.S.?**     YES     NO    *If YES, what country?*

**Is student a citizen of the U.S.?**         YES     NO    *If NO, name of country where student is a citizen:*

**If student was born outside the U.S., how many years has he/she attended school in the U.S.?**

<b>GENDER</b>	<input type="radio"/> Male	<b>ETHNIC DATA</b>	<input type="radio"/> White (non-Hispanic) <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> American-Indian <input type="radio"/> Hispanic <input type="radio"/> Multi-Racial
	<input type="radio"/> Female		<i>If other than English, what is the native language spoken in home:</i>

**STUDENT RESIDENCY INFORMATION**     Resident Student     Open Enrollment     Court-Placed     Foster

**Student's Street "911" Address:**

<b>P.O. Box Address:</b> <small>(if applicable)</small>	<b>Apt. #</b> <small>(if applicable)</small>	<b>Lot #:</b> <small>(if applicable)</small>
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<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Student's Home Telephone:</b>	<b>Cell Phone:</b>	<b>Parent(s) Work Telephone:</b>
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**E-MAIL ADDRESS:**

**Previous Address:**

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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**STUDENT'S FAMILY**

**Status of Student's Biological Parents:**  
 Parents Married     Parents Separated     Parents Divorced     Parents Never Married     Father Deceased     Mother Deceased  
 Other:

<b>Biological Father's Name:</b>	<b>Biological Father's Address:</b> <small>(if different than student's address listed above)</small>
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<b>Biological Mother's Name:</b>	<b>Biological Mother's Address:</b> <small>(if different than student's address listed above)</small>
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**A. Is student a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)?**     Yes     No  
**B. Is student a dependent of a member of the National Guard?**     Yes     No  
*If you answered "YES" to either A or B, you must inform school if parent/guardian is discharged at any time during student's enrollment.*

<b>Student lives with:</b> <i>(check all that apply)</i>  <small><b>Please Note:</b> Proof of legal custody must be presented at time of enrollment for students who reside in any household other than with biological mother and father.</small>	<input type="checkbox"/> Biological Mother & Father	
	<input type="checkbox"/> Biological Mother Only	
	<input type="checkbox"/> Biological Father Only	
	<input type="checkbox"/> Biological Mother & Stepfather	<b>Stepfather's Name:</b>
	<input type="checkbox"/> Biological Father & Stepmother	<b>Stepmother's Name:</b>
	<input type="checkbox"/> Grandparent(s)	<b>Grandparent(s) Name(s):</b>
	<input type="checkbox"/> Court Appointed Guardian <small>(other than grandparent or foster parent)</small>	<b>Guardian(s) Name(s):</b>
	<input type="checkbox"/> Foster Parent(s) <small>(SF-14 Foster Placement Enrollment Form required)</small>	<b>Foster Parent(s) Name(s):</b>
<input type="checkbox"/> Host Family	<b>Host Family Name(s):</b>	
<input type="checkbox"/> Joint Custody/Shared Parenting		

➔ **PLEASE CONTINUE TO NEXT PAGE** ↓

STUDENTS EDUCATIONAL DATA:		MISCELLANEOUS INFORMATION
Name, City, State of last school attended:	Will your child ride the school bus? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has student ever repeated a grade? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, which grade? ____</i>	<i>Please list any characteristics relating to the health and/or personality of your child that may be of assistance to teachers, nurses, bus drivers in understanding your child:</i>	
Has your child ever attended Northwest LSD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does student have an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Has student ever received/been evaluated for special education services? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is student currently under an expulsion or suspension from previous school? <input type="checkbox"/> YES <input type="checkbox"/> NO		

OTHER SCHOOL- AGE CHILDREN IN HOME:		
Name	Date of Birth	Grade

LIST OTHER ADULTS TO WHOM YOUR CHILD MAY BE RELEASED:			
Name	Relationship	Phone	Cell phone

➔ Signature: Parent/Legal Guardian: ✕	Date:
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CONNECTIVITY AND DEVICE ACCESS	
1. Do you have internet access from home? <i>(If no, you do not need to answer questions 2 and 3)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. If yes, is your internet provided through cable, DSL or other? <input type="checkbox"/> YES <input type="checkbox"/> NO	[700412]
➤➤ OR ⚡	
3. If yes, is your internet provided through a cellular hotspot or phone? <input type="checkbox"/> YES <input type="checkbox"/> NO	[700434]