

NEW STUDENT REGISTRATION FORM

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

① PARENT/GUARDIAN MUST COMPLETE ALL INFORMATION EXCEPT "SCHOOL USE ONLY" SECTION. PLEASE PRINT ALL INFORMATION IN BLACK OR BLUE INK. DO NOT USE PENCIL.

Student's Last Name:		Student's First Name:		Student's Middle Name:	
Student's Social Security Number:			Student's Preferred Name:		
Student's Date of Birth:		Student's City & State of Birth:		BIOLOGICAL MOTHER'S Maiden Name:	
Was student born outside the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, what country?</i>					
Is student a citizen of the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If NO, name of country where student is a citizen:</i>					
If student was born outside the U.S., how many years has he/she attended school in the U.S.?					
GENDER	<input type="radio"/> Male	ETHNIC DATA	<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		If other than <i>English</i> , what is the native language spoken in home:		

② STUDENT RESIDENCY INFORMATION Resident Student Open Enrollment Court-Placed

Student's Street "911" Address: _____

P.O. Box Address: <small>(if applicable)</small>	Apt. # <small>(if applicable)</small>	Lot #: <small>(if applicable)</small>	
City:	County:	State:	Zip:

Student's Home Telephone: _____ Cell Phone: _____ Parent(s) Work Telephone: _____

E-MAIL ADDRESS: _____

Previous Address:

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
---------------	-------------	--------------	------------

③ STUDENT'S FAMILY

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

Biological Father's Name:	Biological Father's Address: <small>(if different than student's address listed above)</small>
Biological Mother's Name:	Biological Mother's Address: <small>(if different than student's address listed above)</small>

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.

Student lives with: <i>(check all that apply)</i> <small>Please Note: 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	Stepfather's Name:
	<input type="checkbox"/> Biological Father & Stepmother	Stepmother's Name:
	<input type="checkbox"/> Grandparent(s)	Grandparent(s) Name(s):
	<input type="checkbox"/> Court Appointed Guardian <small>(other than grandparent or foster parent)</small>	Guardian(s) Name(s):
	<input type="checkbox"/> Foster Parent(s) <small>(SF-14 Foster Placement Enrollment Form required)</small>	Foster Parent(s) Name(s):
<input type="checkbox"/> Host Family	Host Family Name(s):	
<input type="checkbox"/> Joint Custody/Shared Parenting		

④ OTHER SCHOOL- AGE CHILDREN IN HOME: ⑤ EDUCATIONAL DATA:

Name	Date of Birth	Grade	Name, City, State of last school attended:
			Has student ever repeated a grade? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, which grade? _____</i>
			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

⑥ LIST OTHER ADULTS TO WHOM YOUR CHILD MAY BE RELEASED:

⑦ MISCELLANEOUS INFORMATION

Name	Relationship	Phone

Will your child ride a yellow school bus?
 YES NO

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:

➔ Signature: Parent/Legal Guardian:
 ✕

Date:

⑧ STOP! SCHOOL USE ONLY: Guidance Department must complete remainder of this form

STUDENT I.D. #	BUILDING: <input type="checkbox"/> NES <input type="checkbox"/> NMS <input type="checkbox"/> NHS <input type="checkbox"/> NFRC	GRADE:
ADMISSION DATE:	ADMISSION REASON:	HOMEROOM:
Date of Birth Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Immunization Records Received: <input type="checkbox"/> YES <input type="checkbox"/> NO	ORIGINAL TO: Student Permanent Record <small>[Guidance Dept.]</small> COPIES TO: <input type="checkbox"/> EMIS <input type="checkbox"/> Transportation <input type="checkbox"/> Food Service <input type="checkbox"/> Nurse <input type="checkbox"/> Homeroom Teacher [NES only] <input type="checkbox"/> Library <input type="checkbox"/> P.E. <input type="checkbox"/> Music <input type="checkbox"/> Reading Lab <input type="checkbox"/> Art <input type="checkbox"/> Computer Lab <input type="checkbox"/> Other:
Proof of Residency Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If Non-Resident, Open Enrollment Form Received:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Legal Custody Documents Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	Court/Foster Placement Form Received: <input type="checkbox"/> YES <input type="checkbox"/> NO	

REGISTRATION FORMS:

DOCUMENT	RECEIVED?	DATE DUE	DATE RECEIVED	INITIALS:
Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Social Security Card	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Immunization Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Custody Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Residency Verification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Court-Ordered Placement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Special Education Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
* IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
* MFE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Physician's Report (<i>Kindergarten Only</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	

FORMS FOR PARENT(S)/LEGAL GUARDIAN(S) TO COMPLETE:

DOCUMENT	RECEIVED?	DATE TO PARENT	DATE RECEIVED	INITIALS:
New Student Registration Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Emergency Medical Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Consent for Release of Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Internet Account Application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Free/Reduced Lunch Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Transportation Information Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Administration of Medication Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	
Emergency Release Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /	

RECORDS FROM PREVIOUS SCHOOL:

DOCUMENT	RECEIVED?	DATE OF REQUEST	DATE RECEIVED	INITIALS:
Transcript of Grades/Academic Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / /	
Health Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / /	
Most Recent Grade Card	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / /	
OGT/Achievement Test Scores	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / /	