

Sheffield – Sheffield Lake City Schools

Registration Form

Inspire Excite Educate

Student ID
Homeroom
Registration Date
Start Date
Grade
School

STUDENT INFORMATION

City of Birth \_\_\_\_\_

Last Name \_\_\_\_\_, First \_\_\_\_\_, Middle \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Gender \_\_\_ Male \_\_\_ Female

Date of Birth \_\_\_\_\_

<b>Ethnicity</b> – Is the student Hispanic/Latino? ___ Yes ___ No  Is the student a U.S. Citizen? ___ Yes ___ No If not, what citizenship is held? _____	<b>Race</b> (Choose one or more) ___ W-White, Non Hispanic ___ B-Black, or African American ___ A-Asian, Pacific Islander ___ I-American Indian, Alaskan Native ___ Native Hawaiian or other Pacific Islander
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PARENT/LEGAL GUARDIAN/CUSTODIAL INFORMATION

Primary Adult Living With Student

Secondary Adult Living With Student

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

List siblings from this parent:	List siblings from this parent:

Student is living with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparents \_\_\_ Aunt/Uncle \_\_\_ Foster Parents \_\_\_ Other

Who is the child's Legal Guardian? \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Legal Guardian \_\_\_ Grandparents \_\_\_ Court Placed

Other \_\_\_ ( Please explain): \_\_\_\_\_

If you are a Foster Parent, what is the legal residence of the natural parent? \_\_\_\_\_

Name of Children Services Caseworker: \_\_\_\_\_

PAGE TWO REGISTRATION FORM

Student Name: \_\_\_\_\_

Type of registration: Regular \_\_\_\_\_ Open Enrollment \_\_\_\_\_ Foreign Exchange \_\_\_\_\_ Tuition \_\_\_\_\_ Court Placed \_\_\_\_\_

Has the student ever been enrolled in the Sheffield-Sheffield Lake City Schools? Yes No

If yes, please list the school \_\_\_\_\_

Grade last enrolled in S/SL Schools \_\_\_\_\_ Date of withdrawal in S/SL Schools \_\_\_\_\_

Name of last District that student attended: \_\_\_\_\_

Name and address of the last school attended: \_\_\_\_\_

Is student currently suspended or expelled from any school? Yes No What school? \_\_\_\_\_

Has student ever been retained? Yes No If yes, at what grade level? \_\_\_\_\_ Did your child pass the Third Grade Guarantee? (Applies to fourth grade only.) Yes \_\_\_\_\_ No \_\_\_\_\_

Please check if your child is **currently** receiving any of the following services:

- Individualized Education Plan (IEP & ETR)
- Primary Language of Family
- English Language Learner
- Occupational Therapy
- Speech
- Adapted Phys. Ed
- Other: \_\_\_\_\_
- Special Education Tutoring
- Special Education Classroom
- 504 Plan
- Title I
- Gifted
- Physical Therapy



Please initial in the box that you have read the statement below.

I realize that should any of the above statements be false, I am liable under the Criminal Code, (Ohio Revised Code 2921.13), for any penalties that the law provides. I will also be liable for the paying of tuition for the time my child attended the Sheffield-Sheffield Lake City Schools illegally. I agree that the Sheffield-Sheffield Lake City School District, should it be deemed necessary, has the right to investigate my residency, including but not limited to conducting unscheduled home visits. I agree to allow the release of housing information, and also utility customer information, to a representative of the Sheffield-Sheffield Lake City School District.

Signature of Parent/Guardian: \_\_\_\_\_