

# Sheffield-Sheffield Lake City Schools

## REGISTRATION FORM

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Tech RPT  
Connectivity? Y N  
Device? Y N

(OFFICE USE ONLY)

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

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Secondary Adult Living With Student

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Email: \_\_\_\_\_

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

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**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)

\_\_\_ Special Education Tutoring

\_\_\_ Primary Language of Family

\_\_\_ Special Education Classroom

\_\_\_ English Language Learner

\_\_\_ 504 Plan

\_\_\_ Occupational Therapy

\_\_\_ Title I

\_\_\_ Speech

\_\_\_ Gifted

\_\_\_ Adapted Phys. Ed

\_\_\_ Physical Therapy

\_\_\_ Other: \_\_\_\_\_

**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:** \_\_\_\_\_