

Sheffield-Sheffield Lake City Schools

REGISTRATION FORM

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(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 _____

Ethnicity Is the student Hispanic/Latino? Yes No Is the student a U.S. Citizen? Yes No If not, what citizenship is held? _____	Race (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:

- | | |
|--|--|
| <input type="checkbox"/> Individualized Education Plan (IEP & ETR) | <input type="checkbox"/> Special Education Tutoring |
| <input type="checkbox"/> Primary Language of Family | <input type="checkbox"/> Special Education Classroom |
| <input type="checkbox"/> English Language Learner | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Adapted Phys. Ed | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> 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: _____