



STUDENT REGISTRATION FORM

Office Use Only:	<input type="checkbox"/> ESL
Student ID# _____ Contact ID# _____	<input type="checkbox"/> GT
School: _____ Small School: _____	<input type="checkbox"/> SPEC
Enrollment Date: _____ Grade: _____	<input type="checkbox"/> IMM.

PLEASE PRINT

Male Female

 Student's Legal Last Name Legal First Name Legal Middle Name Grade

 Date of Birth(mm/dd/yy) Place of Birth (City) (State) (Country)

Home Address: _____
 Street # Apt. # City Zip

() _____
 Home Phone Mother's Maiden Name Child's Native Language

Legal Guardianship

Are you the natural/adoptive parent(s) of the child? Yes No If no, what is your relationship to the child? _____

Status of **NATURAL** Parents: Married Divorced Widowed Separated Single/Never Married

If divorced, who has legal custody? Mother Father Shared Parenting

If foster/guardian, what district did the natural parent(s) reside in at the time you received custody? _____

If foster/guardian, please list Case Manager/Court Liaison: _____

Case manager/Court Liaison contact information: _____

Please fill out information on father and mother, including contact numbers, regardless of marital status

Circle: Father / Guardian / Foster Parent
 RESIDES here

Name: _____

Address: _____

Home Phone: _____

Cell / Pager: _____

Email: _____

Name of Employer: _____

Business Phone: _____

Step-Mother (if applicable) _____

Work phone: _____

Cell / Pager: _____

Circle: Mother / Guardian / Foster Parent
 RESIDES here

Name: _____

Address: _____

Home Phone: _____

Cell / Pager: _____

Email: _____

Name of Employer: _____

Business Phone: _____

Step-Father (if applicable) _____

Work phone: _____

Cell / Pager: _____

Citizenship / Ethnic Status

Citizenship Status:

- US Citizen
 Non-US Citizen/Immigrant*
 Foreign Exchange Student

*Immigrant students are those who:

1. Are age 3-21
2. Were not born in the United States, and
3. Have not attended one or more schools in any one or more of the states for more than three academic years.

Is the student Hispanic/Latino? Yes No

Is the student from one or more of the following races?

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Prior School History

- Has your child attended Kindergarten? Yes No
Did your child attend half a day every day? Yes No
Did your child attend full day every day? Yes No
Has your child ever been enrolled in West Clermont? Yes No
If yes, what year was he/she withdrawn? _____
Is your child currently expelled or suspended from your previous school district? Yes No

Special Services

- Has your child ever attended Special Education classes? Yes No
Does your child have a 504 plan? (Disability requiring only reasonable accommodations.) Yes No
Has your child had an evaluation (M.F.E.; multifactorial evaluation is an assessment of your child in all areas related to the suspected disability) in past 3 years? Yes No
If yes, what is the date of the evaluation? _____ Disability Category _____
If yes, is there a current Individualized Education Plan? Yes No
Does your child primarily speak a language other than English? Yes No
Has your child been identified as Gifted? Yes No
If yes, did your child receive Gifted Services at prior school? Yes No
If yes, date of placement in Gifted Program? _____

If you answered "Yes" to any question in this section, please note any special needs information that may help us place your student:

I, the undersigned, do hereby state and declare under penalty of falsification (*) that I am the parent or legal guardian of the above named student and that this registration information is true and correct.

Parent / Guardian Signature

Date

(*) Falsification under Ohio Revised Code section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both.