

Route Info: ___ EMIS
___ Supt.
___ Prin.

Elementary School
35 Elm St., P.O. Box 34

Fort Loramie Local Schools Student Registration

Fort Loramie, Ohio 45845

JR/SR High School
600 East Park St., P.O. Box 290

Student Information:

Office Use Only: Admission Date: _____ SIS # _____ SSID # _____ Registration Date _____

Student Name: _____ Date of Birth: ____/____/____
(Last) (First) (Middle Name) (Called Name)

Address: _____ Gender: Male Female Current Grade _____

City: _____ Zip Code: _____ City of Birth _____ Mother's Maiden Name _____

Telephone: (____) _____ Social Security Number: _____ District of Residence _____

Are you a current resident of the Fort Loramie Local School District YES NO (Circle One) – If YES, proof of residency may be required

Race/Ethnicity (USDOE requirement): Is the student Hispanic/Latino heritage? (Circle One) Y N County of Residence _____

(Check all that apply): White ___ Black or African American ___ Am Indian or Alaskan Native ___ Asian ___ Native Hawaiian ___ Other Island Pacifier ___

Father's Name
Name: _____
Address: _____
City/Zip: _____
Phone: (____) _____
Cell Phone: (____) _____
Email Address: _____
Employer: _____ Phone (____) _____

Mother's Name
Name: _____
Address: _____
City/Zip: _____
Phone: (____) _____
Cell Phone: (____) _____
Email Address: _____
Employer: _____ Phone (____) _____

Step Parent/Foster Parent/Other Adult Person Living in Home
Name: _____ Relationship to Child _____
Phone: (____) _____ Cell Phone (____) _____ Employer: _____ City: _____
Work Phone: (____) _____ Address if other than student's _____

Are Parents Divorced? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Custodial Parent _____	Is Father/Mother deceased? <input type="checkbox"/> YES <input type="checkbox"/> NO
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School History:

Has student previously attended a public school in Ohio? _____

Name and City of School Student last attended: _____

Name of last public school attended in Ohio: _____

Emergency Contact Person: (Someone not living in the home)

Name _____

Phone (____) _____ City _____

Relationship to Child _____

Doctor _____ Phone number (____) _____

Does your child have any medical needs that the school should be aware of (diabetes, asthma, etc.)? _____

Does your child wear glasses? _____ Does your child wear a hearing aide? _____

Has your child been identified with a disability condition ? _____ If yes, name of disability (autism, learning disability, speech, cognitive, etc.) _____

Is your child on a 504 plan or Intervention plan? _____ Has your child been identified at gifted? _____

<p>Homeless Status: NO If yes, check one: <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Unsheltered <input type="checkbox"/> Doubled Up <input type="checkbox"/> Abandoned <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other <input type="checkbox"/> Unknown</p> <p>U.S. Citizen: YES If no, check one: <input type="checkbox"/> Exchange student <input type="checkbox"/> Other: _____ Country of Origin: _____ Language spoken _____</p>

If Limited English Proficiency is Yes, answer the following:

What language is spoken?

What language did your son/daughter speak when he/she learned to talk?

What language does your son/daughter use most frequently at home?

Family Information: names and ages of brother/sister living at home

First Name	Last Name	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Custodial Information

IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)] **PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD:**

___ A. Child lives with natural parent(s) or with legally adoptive parents.

___ B. Parents are divorced or legally separated; child resides with parent that has legal custody by court order.

(if this is your situation, you must provide the school with a copy of the court order within 30 days)

___ C. Parents are divorced or legally separated; child resides with parent that **DOES NOT** have legal custody.

(if this is your situation, you will be asked to pay prevailing tuition rates of the district or obtain legal custody within 60 days)

___ D. Child lives with a Guardian who has been granted legal custody by court order.

(if this is your situation, you must provide the school with a copy of the court order)

___ E. Child lives with a Guardian who **HAS NOT** been granted legal custody by court order.

(if this is our situation, you will be asked to pay prevailing tuition rates of the district or obtain legal custody within 60 days)

___ F. Child lives with Foster Parents.

(if this is your situation, you must have a representative of the custodial agency with you and all necessary court orders, proof of district responsibility for educational costs and previous school records at the time of enrollment. **YOUR CHILD WILL NOT BE ENROLLED WITHOUT MEETING ALL THESE REQUIREMENTS**)

___ G. Child is 18 years of age or older and lives apart from his/her parent or guardian.

___ H. Tuition Student. (you must obtain a tuition agreement with current rates and payment schedule from the Board Office)