	mentary School <b>Fort</b> Elm St., P.O. Box 34		<b>Schools Student</b> Loramie, Ohio 45845	Registration	JR/SR High School 600 East Park St., P.O. Box 29
Student Information:	Office Use Only: Admission Date:	SIS #	SSID #	Registrat	ion Date
Student Name:	(First)	(Middle Name)	(Called Name)	Date of Birth:	/ /
(Last)	(First)	· · · · · · · · · · · · · · · · · · ·	(Called Name) Gender: Male	Female Curr	ent Grade
	Zip Code:			s Maiden Name	
`elephone: ()	Social Security	Number:	District o	f Residence	
kace/Ethnicity (USDOE requir	rement): Is the student Hispanic/Lat	ino heritage? (Circle One)	Y N County of	Residence	
Check all that apply): White	Black or African American	Am Indian or Alaskan	Native Asian Native	HawaiianOther Islan	d Pacificer
	Father's Name			Mother's Name	
Name:			Name:		
Address:			Address:		
			City/Zin:		
			City/Zip:		
			Phone:_()		
			Cell Phone: _()		
			Email Address:		
Employer:	Phone	_()	Employer:		_Phone ()
	Step P	arent/Foster Parent/Ot	her Adult Person Living in H	ome	
Name:			Relationship to Child		
Phone: ()	Cell Phone ()		Employer:	City:	
Work Phone: ()	Address if o	ther than student's			
Ano Domento Diverse d2 =	YES □ NO Name of Cu	stadial Parant		Is Father/Mother_deceas	$ad^2 = VES = NO$

## **School History:**

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

Has student previously received services / been educated in Ohio: Name and City of Program / School student last attended:	First Name	Last Name	Date of Birth
How long has the student been receiving services / educated there?			
Does your child have any medical needs that the school should be aware of (diabetes, a			
Does your child wear glasses?       Does your child wear a heat         Has your child been identified with a disability condition ?       If yes, name of         Is your child on a 504 plan or Intervention plan?       Has your child been	aring aide? of disability (autism, lear	ning disability, speech, cognitiv	
Homeless Status:       NO       If yes, check one:       Homeless Shelter       Unshe         U.S. Citizen:       YES       If no, check one:       Exchange student       Other:         Military Student:       NO       If yes, check one:       Active Duty:       National Guar	Country of Origin	n: Language spoke	
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?	What language do the a	most frequently speak to your child dults at home most often speak? d attended school in USA?	1?
Custodial Information IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD C CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION ORDER OR DECREE. [Ohio Revised Code 3313.672(b)] <u>PLEASE CHECK ONE OF THE For</u> A. Child lives with natural parent(s) or with legally adoptive parentsB. Parents are divorced or legally separated; child resides with parent that has legal (if this is your situation, you must provide the school with a copy of the comparison of the comparis	N WITH CERTIFIED COPIES <b>OLLOWING STATEMI</b> al custody by court order. urt order within 30 days) <b>NOT</b> have legal custody. of the district or obtain leg ourt order) t order. f the district or obtain leg gency with you and all m VILL NOT BE ENROLL	S OF ANY LATER COURT ORDERS ENTS THAT APPLIES TO YO gal custody within 60 days) al custody within 60 days) ecessary court orders, proof of c ED WITHOUT MEETING AL	WHICH MODIFY THE ORIGINAL CUSTODY DUR CHILD: