

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 \_\_\_\_\_

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? ☐ YES ☐ NO

Name of Custodial Parent \_\_\_\_\_

Is Father/Mother deceased? ☐ YES ☐ NO

**School History:**

Has student previously received services / been educated in Ohio: \_\_\_\_\_

Name and City of Program / School student last attended: \_\_\_\_\_

How long has the student been receiving services / educated there? \_\_\_\_\_

\_\_\_\_\_

**Family Information: names and ages of brother/sister living at home****First Name****Last Name****Date of Birth**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

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? \_\_\_\_\_

**Homeless Status: NO If yes, check one: \_\_\_\_\_ Homeless Shelter \_\_\_\_\_ Unsheltered \_\_\_\_\_ Doubled Up \_\_\_\_\_ Abandoned \_\_\_\_\_ Hotel/Motel \_\_\_\_\_ Other \_\_\_\_\_ Unknown****U.S. Citizen: YES If no, check one: Exchange student \_\_\_\_\_ Other: \_\_\_\_\_ Country of Origin: \_\_\_\_\_ Language spoken \_\_\_\_\_****Military Student: NO If yes, check one: Active Duty: \_\_\_\_\_ National Guard: \_\_\_\_\_ Reserves: \_\_\_\_\_****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 you most frequently speak to your child?

What language do the adults at home most often speak?

How long has your child attended school in USA?

**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)