

TODAY'S DATE CHILD'S GRADE

LAST NAME FIRST NAME MIDDLE NAME

GENDER BIRTHDATE BIRTHPLACE

STREET ADDRESS APARTMENT #

CITY ZIP CODE PHONE NUMBER

IS THE STUDENT? US CITIZEN NON-US CITIZEN/IMMIGRANT* FOREIGN EXCHANGE STUDENT

***IMMIGRANT STUDENTS ARE THOSE WHO: 1) ARE AGE 3-21, AND 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**

DOES STUDENT HAVE AN IEP? YES NO

SHARING RESIDENCE WITH (NAME & RELATIONSHIP)

IS THERE A RESIDENCY AFFIDAVIT ON FILE WITH THE DISTRICT? YES NO

IF "YES" DO YOU UNDERSTAND THAT IT IS ONLY VALID FOR 30 DAYS? YES NO

ARE THERE CUSTODY PAPERS FOR THIS STUDENT? YES NO

WHAT IS THE DATE OF MOST RECENT COURT ORDER? **CURRENT CUSTODY PAPERS MUST BE ON FILE**

INFORMATION BELOW REQUIRED FOR ALL CUSTODIAL PERSONS WITH WHOM STUDENT LIVES

LAST NAME, FIRST NAME	RELATION	EMPLOYER	PHONE CONTACT INFORMATION		
<input type="text"/>	<input type="text"/>	<input type="text"/>	HOME <input type="text"/>	CELL <input type="text"/>	WORK <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	HOME <input type="text"/>	CELL <input type="text"/>	WORK <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	HOME <input type="text"/>	CELL <input type="text"/>	WORK <input type="text"/>

THE ABOVE ADDRESS IS WHERE I AND MY CHILDREN EAT AND SLEEP A MAJORITY OF TIME TRUE FALSE

THERE IS NO OTHER ADDRESS WHERE MY CHILD(REN) SLEEP OVERNIGHT ON A REGULAR BASIS TRUE FALSE

I acknowledge and understand that if the above information is not true and correct, that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of Ohio Revised Code Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000 and/or a maximum term of imprisonment of six months. Further, if the student is found not to be a legal resident, the district will seek remuneration for each day the student illegally attended school in the district.

THIS DOCUMENT MUST BE SIGNED AT TIME OF ENROLLMENT _____

SIGNATURE OF PARENT OR GUARDIAN

FOR OFFICE USE ONLY		STUDENT BUILDING		STUDENT ID #		Proof of residence	Birth Certificate	Immunization records	Parent ID	Custody papers
Student's registration	Emergency medical	Withdrawal papers	Request for records	F & R lunch	Acceptable use policy	Field trip permission	Request for IEP	Ethnicity/Race Form	Other	

STUDENT REGISTRATION FORM**ADDITIONAL INFORMATION**

HAS THIS CHILD BEEN ENROLLED IN WEST CARROLLTON SCHOOLS PREVIOUSLY? YES NO

WHAT LANGUAGE IS SPOKEN AT HOME? ENGLISH OTHER IF "OTHER," WHAT LANGUAGE?

MAY THE DISTRICT USE YOUR CHILD'S PHOTO AND NAME IN SCHOOL DISTRICT PUBLICATIONS? YES NO

HAS THIS STUDENT ATTENDED KINDERGARTEN? YES NO IF "YES," WAS IT? FULL DAY HALF DAY

EMERGENCY CONTACT INFORMATION IF PARENTS/GUARDIANS CANNOT BE REACHED

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	RELATION	<input type="text"/>	HOME PHONE	<input type="text"/>
OTHER PHONE	<input type="text"/>	ADDRESS <input type="text"/>					
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	RELATION	<input type="text"/>	HOME PHONE	<input type="text"/>
OTHER PHONE	<input type="text"/>	ADDRESS <input type="text"/>					
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	RELATION	<input type="text"/>	HOME PHONE	<input type="text"/>
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OTHER PHONE	<input type="text"/>	ADDRESS <input type="text"/>					
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	RELATION	<input type="text"/>	HOME PHONE	<input type="text"/>
OTHER PHONE	<input type="text"/>	ADDRESS <input type="text"/>					

ADDITIONAL CONTACT INFORMATION IF APPLICABLE

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	CATEGORY	<input type="text"/>	HOME PHONE	<input type="text"/>
BUSINESS PHONE	<input type="text"/>	ADDRESS <input type="text"/>					
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	CATEGORY	<input type="text"/>	HOME PHONE	<input type="text"/>
BUSINESS PHONE	<input type="text"/>	ADDRESS <input type="text"/>					

BROTHERS AND SISTERS OF STUDENTS LIVING IN THE SAME HOUSEHOLD

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	GENDER	<input type="text"/>	BIRTHDATE	<input type="text"/>	BUILDING	<input type="text"/>	GRADE	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	GENDER	<input type="text"/>	BIRTHDATE	<input type="text"/>	BUILDING	<input type="text"/>	GRADE	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	GENDER	<input type="text"/>	BIRTHDATE	<input type="text"/>	BUILDING	<input type="text"/>	GRADE	<input type="text"/>

PREVIOUS ADDRESS

NAME OF PREVIOUS SCHOOL

ADDRESS OF PREVIOUS SCHOOL