

SOUTHWEST LICKING LOCAL SCHOOL DISTRICT REGISTRATION FORM

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated.

PLEASE PRINT - PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION EXCEPT FOR SCHOOL USE ONLY BOX.

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| <p style="text-align: center;">STUDENT DATA (LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE)</p> <p>Last Name _____ Last Name Suffix _____</p> <p>First Name _____ Middle Name _____</p> <p>Called Name: _____</p> <p>Social Security #: _____ Gender: (Circle One) F or M</p> <p>Street Address: _____</p> <p>P.O. Box # _____ City: _____ Zip Code: _____</p> <p>Home Phone: _____ Area Code: _____ Unlisted? Yes ___ No ___</p> <p>County of Residence: Licking ___ Fairfield ___</p> <p>Citizenship: _____</p> | <p style="text-align: center;">STUDENT'S BIRTH DATA</p> <p>Date of Birth: Month _____ /Day _____ /Year _____</p> <p>Birth City _____</p> <p>Indicate country, if child was born outside the U.S. _____</p> <p>If child was born outside the U.S., how many years has he/she been in an U.S. school? _____</p> <p>Native Language _____ Language Spoken in Home _____ <small>If different than English</small> <small>If different than English</small></p> <p>Mother's Maiden Name: _____</p> |
| <p style="text-align: center;">ETHNIC DATA</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> | <p style="text-align: center;">RACIAL DATA</p> <p>Please check all that apply:</p> <p><input type="checkbox"/> American-Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American (Non-Hispanic)</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White (Non-Hispanic)</p> |

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| STUDENT'S CUSTODIAL FAMILY | |
| Biological Parental Status: Never Married ___ Parents Married ___ Parents Separated ___ Parents Divorced ___ Spouse Deceased ___ | |
| <p style="text-align: center;">MALE</p> <p><input type="checkbox"/> Biological Father</p> <p><input type="checkbox"/> Step-Father</p> <p><input type="checkbox"/> Other _____</p> <p>Last Name: _____ First Name: _____</p> <p>Address if different than student's: _____</p> | <p style="text-align: center;">FEMALE</p> <p><input type="checkbox"/> Biological Mother</p> <p><input type="checkbox"/> Step-Mother</p> <p><input type="checkbox"/> Other _____</p> <p>Last Name: _____ First Name: _____</p> <p>Address if different than student's: _____</p> |

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| <p style="text-align: center;">RESIDENCY</p> <p style="text-align: center;">Student lives with (check one)</p> <p><input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only</p> <p><input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother & Stepfather</p> <p><input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Foster Parent</p> <p><input type="checkbox"/> Court Appointed Guardian(s) <input type="checkbox"/> Host Parent</p> <p><input type="checkbox"/> Court Approved Grandparent Power of Attorney or Caretaker Affidavit</p> <p><input type="checkbox"/> Other (specify) _____</p> | <p style="text-align: center;">COURT ORDERED PLACEMENT</p> <p style="text-align: center;">No child will be admitted until current proof of legal custody is received.</p> <p><input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only</p> <p><input type="checkbox"/> Joint Custody <input type="checkbox"/> Guardian</p> <p><input type="checkbox"/> Foster Parent (complete Form FC-1)</p> <p><input type="checkbox"/> Grandparent (under Grandparent Power of Attorney or Grandparent Caretaker Legislation)</p> <p>School district where natural parent resides _____</p> |
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| <p>Does your child have an IEP or 504 plan or has he/she received special education services in the past? No ___ Yes ___ (If yes, complete form SPED-201)</p> <p>Please indicate any characteristics relating to the health and personality of your child which would help the teacher(s) and nurse to understand your child: _____</p> <p>Will student ride a school bus? Yes ___ No ___</p> <p>Indicate the school, if student was enrolled in SWL before: _____</p> <p>Is this student under an expulsion from previous school? Yes ___ No ___</p> | <p style="text-align: center;">Names, Birthdates & Ages of Other School Age Children:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Birthdate</th> <th style="text-align: left;">Age</th> <th style="text-align: left;">Grade</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>____/____/____</td> <td>____</td> <td>____</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> <td>____</td> <td>____</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> <td>____</td> <td>____</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> <td>____</td> <td>____</td> </tr> </tbody> </table> | Name | Birthdate | Age | Grade | _____ | ____/____/____ | ____ | ____ | _____ | ____/____/____ | ____ | ____ | _____ | ____/____/____ | ____ | ____ | _____ | ____/____/____ | ____ | ____ |
|---|---|------|-----------|-----|-------|-------|----------------|------|------|-------|----------------|------|------|-------|----------------|------|------|-------|----------------|------|------|
| Name | Birthdate | Age | Grade | | | | | | | | | | | | | | | | | | |
| _____ | ____/____/____ | ____ | ____ | | | | | | | | | | | | | | | | | | |
| _____ | ____/____/____ | ____ | ____ | | | | | | | | | | | | | | | | | | |
| _____ | ____/____/____ | ____ | ____ | | | | | | | | | | | | | | | | | | |
| _____ | ____/____/____ | ____ | ____ | | | | | | | | | | | | | | | | | | |

Signature of Parent/Legal Guardian **X** _____ Date: **X** _____

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| SCHOOL USE ONLY | |
| Student ID # _____ | School: WMHS WMS SWEE SWEK SWEP SWKC |
| Grade ___ School Year _____ Homeroom # _____ Admission Start Date ___/___/___ Admission Code _____ Admission Reason _____ Calendar _____ | Previous School/Address _____ |
| Date of Birth Verified: (Circle One) Yes No Shared Parenting: (Circle One) N/A Yes No Proof of Residency Provided: (Circle One) Yes No | Legal Custody Documents Provided: (Circle One) N/A Yes No Court Documents Received: (Circle One) N/A Yes No |
| Signature of Personnel Enrolling Student _____ | Enrollment Date _____ |