

## IRONTON CITY 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 ON THE FRONT OF THIS DOCUMENT.**

### STUDENT DATA

*(EXACTLY AS IT APPEARS ON BIRTH CERTIFICATE)*

Last Name: _____ Last Name Suffix: _____ First Name: _____ Middle Name: _____ Called Name: _____ Street Address: _____  P.O. Box # _____ City: _____ Zip Code: _____ Home Phone: _____ Area Code: _____ Unlisted? Yes ___ No ___ Citizenship: _____ Date of Birth: Month _____/Day _____/Year _____ Birth City _____ Social Security #: _____ / _____ / _____ Gender: (Circle One) F or M _____ Grade: _____	Indicate country, if child was born outside the U.S. _____ If child was born outside the U.S., how many years has he/she been in any U.S. school? _____ Native Language Spoken in Home if Different than English: _____ Mother's Maiden Name: _____ Email Address: _____ Is this student Hispanic or Latino? <b>(Circle One)</b> Yes No What is the students race? <b>(Circle All That Apply – But At Least One)</b> White Black Asian Amer. Indian/Alaskan Native Native Hawaiian/Pacific Islander
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### STUDENT'S CUSTODIAL FAMILY

<b>Biological Parental Status:</b> Never Married _____ Parents Married _____ Parents Separated _____ Parents Divorced _____ Spouse Deceased _____																	
<p style="text-align: center;"><b>MALE</b></p> _____ Biological Father _____ Step-Father _____ Other _____ Last Name: _____ First Name: _____ Address if different than student's: _____ _____	<p style="text-align: center;"><b>FEMALE</b></p> _____ Biological Mother _____ Step-Mother _____ Other _____ Last Name: _____ First Name: _____ Address if different than student's: _____ _____																
<p style="text-align: center;"><b>RESIDENCY</b></p> Student lives with (check one) _____ Mother Only _____ Father Only _____ Mother & Father _____ Mother & Stepfather _____ Father & Stepmother _____ Foster Parent _____ Court Appointed Guardians _____ Host Parent _____ Other (specify) _____	<p style="text-align: center;"><b>COURT ORDERED PLACEMENT</b></p> <p style="text-align: center;"><b>No child will be admitted until current proof of legal custody is received.</b></p> _____ Mother Only _____ Father Only _____ Joint Custody _____ Guardian _____ Foster Parent (complete Form) _____ Grandparent (under Grandparent Power of Attorney or Caretaker Legislation) School District where natural parent resides _____																
Does your child have an IEP or 504 Plan or has he/she received special education services in the past? Yes _____ No _____ Will this student ride a school bus? Yes _____ No _____ Has this student ever been suspended/expelled? Yes _____ No _____ Is this student currently suspended/expelled from another school? Yes _____ No _____ Has this student previously attended an Ohio School? (Including attendance at an Ohio Preschool) Yes _____ No _____	<p style="text-align: center;"><b>Names, Birthdates &amp; Ages of Other School Age Children:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">Name:</td> <td style="text-align: left;">Birthdate:</td> <td style="text-align: left;">Age:</td> <td style="text-align: left;">Grade:</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> </table>	Name:	Birthdate:	Age:	Grade:	_____	_____/_____/_____	_____	_____	_____	_____/_____/_____	_____	_____	_____	_____/_____/_____	_____	_____
Name:	Birthdate:	Age:	Grade:														
_____	_____/_____/_____	_____	_____														
_____	_____/_____/_____	_____	_____														
_____	_____/_____/_____	_____	_____														

Last school attended: \_\_\_\_\_

School address: \_\_\_\_\_  
\_\_\_\_\_

School Phone (including area code): \_\_\_\_\_

 **Signature of Parent/Legal Guardian:**

\_\_\_\_\_  
(Signature indicates authorization for the release of student records from the student's previous school to the Ironton City School District)

 **Date:**

\_\_\_\_\_

**For School Use Only**

**Admission Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Admission Code:**      **Admission Reason:**

**Date of Birth Verified: (Circle One)**    Yes    No

**Shared Parenting: (Circle One)**    Yes    No

**Proof of Residency Provided: (Circle One)**    Yes    No

**Legal Custody Documents Provided: (Circle One)**    N/A    Yes    No

**Court/Foster Placement Form Received: (Circle One)**    N/A    Yes