



# EAST PALESTINE CITY SCHOOL DISTRICT

## Student Registration Form

Enrollment Date: \_\_\_\_\_ 20\_\_\_\_ Person Enrolling Child: \_\_\_\_\_ Relationship \_\_\_\_\_

Student Information

Student Last Name		Student First Name		Student Middle Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Home Address		Apt #	City		State	Zip Code	
Telephone		Social Security Number		Birth date (mm/dd/yy)		Place of Birth (city and state)	

Race/Ethnicity

Is the student Hispanic/Latino?  
 No, the student is not Hispanic/Latino  
 Yes, the student is Hispanic/Latino ( A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

What is the student's race (choose one or more)?  
 American Indian or Alaska Native  
 Asian  
 Black of African American  
 Native Hawaiian or Other Pacific Islander  
 White

Native Language:  
 Citizenship  
 US Citizen  Exchange Student  Other

Previous School

Type of school previously attended:  Home-schooled  Private  Public  County  State  Online

Name of last school previously attended:

Previous school address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Grade Level at Withdrawal \_\_\_\_\_ Last Date Attended \_\_\_\_\_

Has the student previously attended East Palestine City Schools?  YES  NO If so, at what grade level? \_\_\_\_\_

Has the student ever been enrolled in an Ohio school?  YES  NO Year enrolled in Grade 9 (HS use only) \_\_\_\_\_

Special Services

Does the child have an I.E.P. for special education?  YES  NO

If yes, please check any areas that apply:

<input type="checkbox"/> Speech	<input type="checkbox"/> Cognitive Disability
<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Emotionally Disturbed
<input type="checkbox"/> Multi-handicapped	<input type="checkbox"/> Orthopedically Handicapped
<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Other Health Impairment	

Family/Guardian

Parents:  Married  Unmarried  Separated  Divorced  Mother Deceased  Father Deceased

Other siblings in district? \_\_\_\_\_ If yes, please list name(s) and grade: \_\_\_\_\_

Mother/Guardian Name		Maiden Name	Father/Guardian Name	
Address		Telephone	Address	
Employer		Occupation	Work Phone	
Employer		Occupation	Work Phone	

Child Lives with ... (check all that apply)

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Guardian
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Custodial Parent's Email Address \_\_\_\_\_

Do Not Complete. For School Use Only.

### Checklist for School Representative

- |                                     |   |
|-------------------------------------|---|
| _____ Birth Certificate             | _____ Immunization Records                |
| _____ Custodial Guardianship Papers | _____ Contacted Previous School (24 hrs.) |
| _____ No Records Available          | _____ Date Records Received (14 days)     |
| _____ Contacted Authorities         | _____ Student Previously Attended EPCSD   |
|                                     | _____ Date Attended                       |
| _____ Grade Entered                 | _____ Date Entered                        |
| _____ Student Handbook              | _____ Annual Report                       |
| _____ Bus Number                    | _____ Bus Supervisor Notified             |
| _____ Locker Number Assigned        | _____ Homeroom Number Assigned            |
| _____ Request for Records Sent      | _____ Data Entered in Computer            |

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\_\_\_\_\_ Date \_\_\_\_\_ (School Representative) \_\_\_\_\_ Signature