

NEW STUDENT REGISTRATION – LEGAL VERIFICATION

STUDENT'S FULL NAME _____ GRADE _____
 First Middle Last

STUDENT'S DATE OF BIRTH _____ SEX: MALE _____ FEMALE _____

CITY/COUNTY/STATE OF BIRTH _____

MOTHER'S MAIDEN NAME _____

NATIVE LANGUAGE: ENGLISH _____ OTHER _____

IS THE ETHNICITY OF THE STUDENT HISPANIC OR LATINO? _____ YES _____ NO

RACE: WHITE _____ BLACK/AFRICAN AMERICAN _____ ASIAN _____
 AMERICAN INDIAN OR ALASKAN NATIVE _____
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____

LOCAL ADDRESS _____ TELEPHONE NO. _____

PREVIOUS HOME ADDRESS _____

STUDENT RESIDES WITH: Mother Father Stepparent Guardian
(Circle all that apply)

NAME OF FATHER _____ EMPLOYED BY _____

NAME OF MOTHER _____ EMPLOYED BY _____

OTHER _____ EMPLOYED BY _____

LAST SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL: _____

Does Student Receive Special Education Services? Yes _____ No _____
If Yes, What Type: SLD _____ CD/ID _____ MD _____ ED _____ Speech _____
Other _____

IEP provided _____ Yes _____ No

ETR provided _____ Yes _____ No

Has the student ever attended school in this district: Yes _____ No _____

School _____ Grade _____ Last Year Attended _____

Is the student currently on suspension or been expelled from the previous school? _____ Yes _____ No

If yes, please explain _____

Has the student ever been suspended ten consecutive days or more or expelled from school?

_____ Yes _____ No Explain _____

PLEASE READ CAREFULLY!

1. The residence cited above is our permanent address and is within the boundaries of the Jackson City School District.
2. House Bill 811 which amended Section 3313.64 of the Ohio Revised Code provides that public schools should be free to children whose parents are actual residents of the school district. Parent means either parent, unless they are separated or divorced in which case "parent" means the parent with legal custody of the child. Legal custody must have been granted by a court to a resident of the school district.
3. **I affirm that I am a resident of the Jackson City School District and that I have legal custody of this child.** Falsification of any of the above information may result in this case being sent to the Prosecuting Attorney for appropriate action.

My signature below denotes understanding of and agreement with all of the statements above.

Signature of parent or legal guardian

Date

OFFICE INFORMATION ONLY

Person(s) with Legal Custody _____

Relationship to Student _____

Proof of Custody Required _____ Yes _____ No

If Yes, Type of Documentation Provided _____

Birth Certificate Provided: _____ Yes _____ No

Immunization Records: _____ Yes _____ No

Proof of Residence Provided: _____ Yes _____ No Type of Proof _____

School Records Provided _____ Yes _____ No If no, Records Release signed? _____ Yes ___ No

Dates Records Requested _____ Received _____ Sent to Building _____

School Assigned _____ Grade _____

OPEN ENROLLMENT _____ SF-14 _____ TUITION _____

Bus Assigned _____ Approximate Pick-up Time: _____