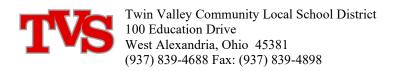


New Student Registration & Checklist

SSID # (Office Use):	Entry Date (Office Use):				
	Student Information				
Name:		N	Vame Used:		
Last	First	Middle			
Street Address:	County:	State:	Zip:		
Phone Numbers:	County.	State	Zip.		
	Ноте		Mobile		
Birth Date:	Social Security #:				
Birth City:	Birth State:	Mother's Mai	den Name:		
Ethnicity: American Indian or Alaska Native Hispanic/Latino Multi-Racial When the parent or guardian refuses to provide their child's racial group, the District shall use observer identification. This designation is required to be communicated to the parent or guardian by the District prior to designation ODE					
Primary Language at Home: Other Languages Spoken:					
	Proficient Moderate	Little	None		
Student is currently on:	<u> </u>		rent Initials:		
	oth Parents Single Mother	Single Fat	ther Grandparents		
Custody PapersM	other/Stepfather Father/Stepmo	ther* Other:			
Under the Ohio Department of Educations' Every Student Succeeds Act (ESSA), Districts are now required to collect and report a student's Military Identifier which identifies students with a parent or legal guardian who is an active member of the Armed Forces or National Guard. Check the option that best describes the student's Military Student Identifier status at any point during the school year. If a parent(s)/legal guardian(s) status changes, please notify your child's school office. Student is a dependent of a member of the Active Duty Military. (Army, Navy, Air Force, Marine Corps, or Cost Guard) Student is a dependent of a member of the National Guard. (Army National Guard or Air National Guard) Student is NOT dependent of a member of the Active Duty Military or National Guard.					
Office Use Only	Required Docum	entation	Office Use Only		
☐ Birth Certificate Is p	person registering student listed on birth	certificate?	es Staff Initials:		
Court Document: Other: If No: Principal Approval Signature					
☐ Social Security Card	☐ Immunization Record	Custody Papers	☐ Registration Packet		
Proof of Residency: (Requires 2) Must show name & address	☐ I.D. ☐ Utility Bill ☐ L ☐ Bank Statement ☐ Insurance ☐ Other:	ease Pay stube Porms W-2	☐ Vehicle Registration		
☐Records Request	Principal Approval Signature Please date and initial when request(s) was sent to previous school				
	Transportation				
☐ Walker	Car Rider	☐ Bus	☐ Driver		
Locker					
☐ Locker Assignment:	Combination:				

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New Student Registration & Checklist

Student Name:			
	Last Scho	ol Attended	
School Name:			Grade:
City:	State:	With a	lraw Date:
Primary Gu	uardian Information – Na	ame(s) of person(s) stud	lent is living with.
Last Name, First Name: Relationship to student: Address:	Parent/Guardia	n 1	Parent/Guardian 2
Home Phone: Mobile Phone: Employed by: Work Phone: E-mail:			
Secondary Pare	ent/Guardian Information	*	1 0
Last Name, First Name: Relationship to student: Address (if different):	Parent/Guardia	n 1	Parent/Guardian 2
Home Phone: Mobile Phone: Employed by: Work Phone: E-mail:			
	Sibling Information (name & grade of siblings	s)
	Emergen	cy Contacts	
	e parent(s) /guardian(s) listed ab ny person not listed. Proper iden		child in case of emergency. Your child to pick up student from school.
Name/Relationship to	Student	Home Phone	Mobile Phone
			_
	Truth in Regist	ration Statement	
provide false information on this fo	is registration form is true. I ve orm that my child(ren) may be r	rify that I am the parent or l emoved from the school in w	egal guardian. I understand that if I which they are currently enrolled and mation is kept current with the school.
Paront/Gu	ardian Signature		Date
Notify if new student: District Office, Cafeteria, Counselor, EMIS Coordinator, Lil			

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