



Twin Valley Community Local School District
 100 Education Drive
 West Alexandria, Ohio 45381
 (937) 839-4688 Fax: (937) 839-4898

New Student Registration & Checklist - Preschool -

SSID # (Office Use): _____

Entry Date/Time (Office Use): _____

Student Information

Name: _____ Name Used: _____
Last First Middle

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Numbers: _____
Home Mobile

Birth Date: _____ Social Security #: _____ Gender: Male Female

Birth City: _____ Birth State: _____ Mother's Maiden Name: _____

Ethnicity: American Indian or Alaska Native Hispanic/Latino Native Hawaiian or other Pacific Islander
 Asian Multi-Racial White/Non Hispanic/Latino
 Black or African American

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: _____

English Proficiency: Proficient Moderate Little None

Student is currently on: IEP/ETR None Parent Initials: _____

Student lives with: Both Parents Single Mother Single Father Grandparents

Custody Papers Mother/Stepfather Father/Stepmother* Other: _____

Military Student Identifier

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.

Class Time Preference – AM/PM

Please note: Requested preference is not guaranteed. We will do our best to match your preferred time.

AM: 8:30 – 11:30 PM: 12:30 – 3:30

Office Use Only	Required Documentation	Office Use Only
<input type="checkbox"/> Birth Certificate	<i>Is person registering student listed on birth certificate?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Staff Initials:</i> _____
<input type="checkbox"/> Court Document: _____ <input type="checkbox"/> Other: _____	<i>If No:</i> _____	_____ <i>Principal Approval Signature</i>
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Custody Papers
<input type="checkbox"/> Registration Packet	<input type="checkbox"/> Proof of Residency: _____ <i>(Requires 2) Must show name & address</i>	<input type="checkbox"/> Voter Registration <input type="checkbox"/> Vehicle Registration
<input type="checkbox"/> Records Request	<input type="checkbox"/> I.D. <input type="checkbox"/> Utility Bill <input type="checkbox"/> Lease <input type="checkbox"/> Pay stub <input type="checkbox"/> Bank Statement <input type="checkbox"/> Insurance Forms <input type="checkbox"/> W-2 <input type="checkbox"/> Other: _____ <i>if other</i>	_____ <i>Principal Approval Signature</i>
<i>Please date and initial when request(s) was sent to previous school</i>		

New Student Registration & Checklist

- Preschool -

Student Name: _____

Last School Attended

School Name: _____ Grade: _____
 City: _____ State: _____ Withdraw Date: _____

Primary Guardian Information – Name(s) of person(s) *student is living with.*

Parent/Guardian 1

Parent/Guardian 2

Last Name, First Name: _____
 Relationship to student: _____
 Address: _____

 Home Phone: _____
 Mobile Phone: _____
 Employed by: _____
 Work Phone: _____
 E-mail: _____

Secondary Parent/Guardian Information – *Non –primary custodial parent/guardian.*

Parent/Guardian 1

Parent/Guardian 2

Last Name, First Name: _____
 Relationship to student: _____
 Address (if different): _____

 Home Phone: _____
 Mobile Phone: _____
 Employed by: _____
 Work Phone: _____
 E-mail: _____

Sibling Information (*name & grade of siblings*)

Emergency Contacts

List any person(s) other than the parent(s) /guardian(s) listed above, who may pick up your child in case of emergency. Your child will not be released to any person not listed. Proper identification must be provided to pick up student from school.

Name/Relationship to Student

Home Phone

Mobile Phone

Name/Relationship to Student	Home Phone	Mobile Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Truth in Registration Statement

I certify that the information on this registration form is true. I verify that I am the parent or legal guardian. I understand that if I provide false information on this form that my child(ren) may be removed from the school in which they are currently enrolled and placed in the school in which they are zoned. It is my responsibility to make sure that all information is kept current with the school.

 Parent/Guardian Signature

 Date

Notify if new student: District Office, Cafeteria, Counselor, EMIS Coordinator, Library, Nurse, Technology, and Transportation.