



Student Registration Form

Please complete both sides of this form

OFFICE USE ONLY

GRADE _____
STUDENT ID # _____
SCHOOL _____

STUDENT INFORMATION

Student's Name _____
Last First Middle

Sex: ___ Male ___ Female

Address _____
Street City Zip Code

Phone Number _____
Cell Phone Number _____
Email _____

County of Residence _____

Date of Birth _____ Place of Birth _____
City State Country

Race: **Check ALL that apply** _____ White, Non-Hispanic _____ Black, Non-Hispanic _____ Hispanic
_____ Multiracial _____ Asian _____ Pacific Islands _____ American Indian _____ Alaskan Native

1. What language did your son/daughter speak when he/she **FIRST** learned to talk? _____
2. What language does your son/daughter use **MOST FREQUENTLY** at home? _____
3. What language do **YOU** use **MOST FREQUENTLY** when **YOU SPEAK TO YOUR CHILD**? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

Student's Social Security Number* _____ *Per Ohio Revised Code 3301-0714, a school district can collect social security numbers for use only for state/local administrative purposes. Reporting of a student's social security number is optional, not required.

Does this child have a disability or handicap that can be verified (I.E.P., 504 Plan, Services Plan)? (Including speech/language therapy)
___ YES ___ NO If YES, what type of disability or handicap? _____

Has this child been identified for Gifted Services ___ YES ___ NO

PARENT INFORMATION

FATHER

Please fill out any that apply

MOTHER

Name _____
Last First

Name _____
Last Maiden First

City and State of Birth _____

City and State of Birth _____

Employer _____

Employer _____

STEP-FATHER

STEP-MOTHER

Name _____
Last First

Name _____
Last First

City and State of Birth _____

City and State of Birth _____

Employer _____

Employer _____

CUSTODY INFORMATION

Name of legal custodian _____

Are there custody restrictions? ___ YES ___ NO If YES documents are required

Adult with whom the student lives: _____ Father _____ Mother _____ Step-Father _____ Step-Mother
_____ Other Name _____

over

CHILDREN IN FAMILY

NAME	AGE	NAME	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL INFORMATION

Date Entering This School _____ Entering Grade _____
Month Day Year

Has this child ever attended any **Hamilton City School**? _____ YES _____ NO

If YES, what school? _____ Year attended _____

Has child repeated any grades? _____ YES _____ NO Please list the grade(s) _____

Last School Attended _____

City and State _____

Dates of Attendance: FROM _____ TO _____
Month/Year Month/Year

Elementary use: has this child ever attended:

PRESCHOOL _____ YES _____ NO

DAY CARE _____ YES _____ NO

HEAD START _____ YES _____ NO

KINDERGARTEN _____ **FULL DAY** _____ **HALF DAY**

SIGNATURE

Signature Date Relationship to Student

YOUR CHILD MAY BE EXCLUDED FROM SCHOOL IF IMMUNIZATION IS NOT CURRENT
Signed STATEMENTS FROM DOCTOR OR CLINIC REQUIRED.

NOTES:

OFFICE USE ONLY

Immunization _____
 Physical _____
 Vision _____
 Hearing _____
 Record Release Form _____
 Proof of Residency _____
 Birth Certificate _____
OR Hospital Record _____
 Custody Papers _____
 Record on SAID screen _____
 Other _____