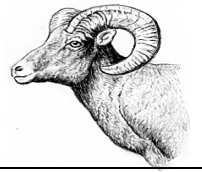


PLEASE PRINT

Greeneview Local School District IRN 047266



STUDENT REGISTRATION FORM

STUDENT INFORMATION

Enroll Date: _____ Start Date _____

Please provide information exactly as it is found on the Birth Certificate

Last Name _____ First Name _____ Middle _____

Preferred name _____ Birth Date _____ Birth city _____ Gender: M / F

Address _____ Apt. # _____ P.O. Box # _____

City _____ State _____ Zip _____

Primary Phone # _____ Cell Phone # _____ (to be used by School Messenger)

Is the student a *resident* living in the Greeneview School District? **Y / N**

If not, in which **school district** does (s)he live? _____

RACE/ETHNICITY The following information is required by the US Department of Education and is required Federal law.

1. Is the student from Hispanic/Latino heritage? Yes No *Note: Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*
2. What race is the student? (choose one or more)
 White Black Asian American Indian/Alaskan Native Pacific Islander
3. Native/Home Language:
 Language your child spoke when first learning to speak: _____
 Language most spoken at home: _____
4. Citizenship: US Citizen Non-US Citizen/Immigrant* Foreign Exchange Student
*Immigrant students are those ages 3-21, were not born in the U.S. and have not attended a school within the U.S. for more than 3 academic years.

STUDENT SERVICES

Has student received any of the following special services?

Gifted Education Yes No Other: _____

504 Plan Yes No

Individualized Education Plan Yes No If YES, effective date of current IEP: _____

ADMISSION INFORMATION

Previous School District Name _____ Previous School Name _____

Reason For Transfer _____ Present Grade _____

Has student ever attended Greeneview Local Schools before? Yes No If yes, when _____

Has the student ever been enrolled in any other Ohio School District? Yes No

Is student currently expelled or suspended from previous school district? Yes No

Office use only:

CAFÉ ID: _____

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Greeneview Local School District IRN 047266
STUDENT REGISTRATION FORM

PARENT INFORMATION

FATHER _____ Phone _____ Cell _____

Address: _____

Street P. O. Box City State Zip

Place of employment: _____ Work Phone # _____

MOTHER: _____ Phone _____ Cell _____

Address: _____

Street P. O. Box City State Zip

Place of employment: _____ Work Phone # _____

CUSTODY

Pertains to biological parents. Check one: Married _____ Separated _____ Divorced _____ Single _____

If legally separated/divorced, who has legal custody? _____

You must provide a copy of custody documents. Notify the school of any changes in custody during the school year.

Complete ONLY if you are the responsible guardian other than a parent(s):

Full Name: _____ Home Phone # _____

Complete Address: _____

Street P. O. Box City State Zip

Place of Employment: _____ Work Phone # _____

OTHER SIBLINGS ATTENDING GREENEVIEW LOCAL SCHOOLS

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUS INFORMATION

Address for pick-up: _____

Home: _____ Baby-sitter: _____ MON TUE WED THUR FRI

Address for drop-off: _____

Home: _____ Baby-sitter: _____ MON TUE WED THUR FRI

Baby-sitter's Name: _____ Phone # _____

I do hereby declare under penalty of law (ORC section 2921.13) that I am the parent or legal guardian and this registration information is true and correct.

Signature of Parent/Guardian _____ Date _____