

Rittman Exempted Village Schools
STUDENT REGISTRATION FORM

(THIS AREA FOR OFFICE USE ONLY)

Admission Date ____ / ____ / ____
 Student I.D. _____
 Student SSID # _____
 Birth Certificate _____
 Immunization _____
 Custody Papers _____
 Entry Code _____

 Last Name First Middle

 Home Address

 City, State & Zip County

(____) _____ listed
 Home Phone # unlisted Current Grade Level

(____) _____
 Cell Phone # M or F Date of Birth

Ethnicity: Choose all that apply Homeless? Yes No Citizen Status ____ 1 = US Citizen
 White, Non-Hispanic 2 = Exchange Student
 Black/ African American., Non-Hispanic 3 = Other Non US Citizen
 Asian
 American Indian /Alaska Native
 Native Hawaiian/Other Pacific Islander Is this student Hispanic/Latino Yes No

Mother's Maiden Name _____ Student's City of Birth _____

Has your child ever attended this school district before? Yes No Which building? _____

Open Enrollment Yes No District of Residence _____

Previous school(s) attended last 5 years: _____

STUDENT'S FAMILY DATA

A complete set of custody and/or guardianship papers must be on file with the school.

Who has legal custody of this child? (print name)	Who is student living with? (print name)	Marital Status of parents?
<input type="checkbox"/> Both parents _____	<input type="checkbox"/> Both parents _____	<input type="checkbox"/> Married
<input type="checkbox"/> Mother only _____	<input type="checkbox"/> Mother _____	<input type="checkbox"/> Separated
<input type="checkbox"/> Father only _____	<input type="checkbox"/> Father _____	<input type="checkbox"/> Divorced
<input type="checkbox"/> Foster Care _____	<input type="checkbox"/> Step Parent _____	<input type="checkbox"/> Widowed
<input type="checkbox"/> Step Parent _____	<input type="checkbox"/> Grandparent: _____	<input type="checkbox"/> Never married
<input type="checkbox"/> Grandparent _____	<input type="checkbox"/> Guardian: _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other: _____	

Type of Custody: Full Custody Names & ages of siblings living at home: _____
 Shared/Joint Custody
 Grandparent Legislation

SPECIAL SERVICES

Has your child had any educational services that involved any of the following areas?

_____ Speech _____ IEP
 _____ Physical Therapy _____ 504 Plan
 _____ Occupational Therapy _____ ESL
 _____ Gifted Program
 _____ Retained, if so what grade _____

As the legal parent / guardian of this child I hereby state the information provided on this document to be accurate and current.

 Signature of Legal Parent / Guardian

 Date

Ethnicity

Student Name: _____ Date of Birth: _____

Because of changing reporting requirements at the Ohio Department of Education, we must gather new ethnicity information for all our students and new enrollments. Please answer **BOTH** questions:

1. My child is of Hispanic/Latino Heritage? _____ Yes _____ No
(a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin)

2. Please choose your child's Ethnic Code (**MORE THAN ONE CHOICE IS ACCEPTABLE**)

_____ **Asian** (Origins of the Far East, Southeast Asia, or Indian subcontinent -- The area includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

_____ **Black or African American** (Persons having origins in any of the black racial group in Africa.)

_____ **American Indian/Alaskan Native** (Persons having origins in any of the original peoples of North and South America -- including Central America -- and who maintain tribal affiliation or community attachment.)

_____ **Native Hawaiian or Other Pacific Islander** (Persons having origins in any of the original peoples of Hawaii, Guam, Soma or other Pacific Islands.)

_____ **White** (People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Parental Signature: _____ Date: _____

SCHOOL DISTRICT HOME LANGUAGE SURVEY

*As required by Federal Law, this form must be completed for all students at the time of enrollment
Title VI Compliance Issues 9/91*

Date: _____ Person helping parent with this form & their title: _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

NAME OF STUDENT: _____

Birth Date: _____ Student's first name _____ Student's M.I. _____ Student's last name(s) _____
Month (MM) Day (DD) Year (YYYY) Birth Place: City State Country

NAME OF MALE PARENT/GUARDIAN: _____
Father's First Name Father's Last Name(s)

NAME OF FEMALE PARENT/GUARDIAN: _____
Mother's First Name Mother's Last Name(s)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Circle your child's dietary needs: No Restrictions Vegetarian No Pork Products

List Food Allergies: _____

For Parents/Guardians:

Please answer the following questions:

1. What language did your son/daughter speak when s/he first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently with your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

OCR Law requires this form to be placed in the student's cumulative folder and remain there until graduation.