

STUDENT REGISTRATION FORM

Date student will enter West Geauga Schools: _____ Entering Grade** : _____ Bldg: _____
Mo Day Year
 **Grade placement is subject to adjustment when transfer credits are evaluated according to West Geauga School policy

Legal Name _____ Gender Male Female
Last Middle First

Home Address _____ County _____
Number Street City Zip

Mailing Address _____
If different Number Street City Zip

Birthplace _____ Date of Birth _____
City State Country Mo Day Year

Required by the U.S. Department of Education
Ethnicity / Race (required) Home Language Survey (required)

Is the student Hispanic/Latino YES NO
A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

Citizenship: US Citizen
 Other: _____

What is the student's race: (Please check all that apply)
 ** Note to parent/guardian: If not completed, enrolling personnel will designate race/ethnicity for the district

- Asian**
Original peoples of the Far East, Southeast Asia or the Indian subcontinent
- Black or African American**
Having origins in any of the black racial groups of Africa
- American Indian or Alaskan Native**
Original peoples of North or South America who maintain tribal affiliation or community attachment
- Native Hawaiian or Pacific Islander**
Original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White**
Origins in any of the original peoples of Europe, the Middle East, or North Africa

- 1) What language did your child first speak when they learned to talk?

 - 2) What language does your child use most frequently at home?

 - 3) What language do you use most frequently 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? _____
- Does an adult in the home read English?
 YES NO
- Does an adult in the home speak English?
 YES NO

IS THE CHILD:

Identified Gifted YES NO

Identified Special Ed (IEP) YES NO

On a 504 Plan YES NO

DOES THE CHILD:

Receive remedial academic support? YES NO
If yes, in what area?

Reading Math Other _____

Student Lives With Check all that apply

Birth or Adoptive Parents Grandparent(s)
 Birth or Adoptive Father Foster Family
 Birth or Adoptive Mother Other: _____
 Birth or Adoptive Father & Step Mother _____
 Birth or Adoptive Mother & Step Father _____

Custody/Guardianship Check all that apply

Birth or Adoptive Parents Other: _____
 Birth or Adoptive Father _____
 Birth or Adoptive Mother _____
 Birth or Adoptive Father & Step Mother _____
 Birth or Adoptive Mother & Step Father _____

Previous School Information

District Name _____ Previous school records included? Yes No

School Name _____

Address _____
Street Address City State Zip

Demographics

Academics

Residency

School Info

Custody

STUDENT REGISTRATION FORM (Continued)

Student Name: _____

LIST ALL OTHER CHILDREN IN THE HOME

Siblings

NAME	AGE	GENDER	GRADE	SCHOOL	Natural	Step
Last _____ First _____ Middle _____	_____	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last _____ First _____ Middle _____	_____	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last _____ First _____ Middle _____	_____	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last _____ First _____ Middle _____	_____	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last _____ First _____ Middle _____	_____	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last _____ First _____ Middle _____	_____	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

MOTHER Married Single Divorced Separated Remarried Deceased

Residential **Mother's Name** _____ Dual Mailing: Yes No
Last _____ First _____

Non-Residential **Address** _____ *If different than student*
Number _____ Street _____ City _____ Zip _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Email** _____

FATHER Married Single Divorced Separated Remarried Deceased

Residential **Father's Name** _____ Dual Mailing: Yes No
Last _____ First _____

Non-Residential **Address** _____ *If different than student*
Number _____ Street _____ City _____ Zip _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Email** _____

GUARDIANSHIP

GUARDIAN

Legal Guardian **Name** _____ Dual Mailing: Yes No

Step Parent **Address** _____ *If different than student*
Number _____ Street _____ City _____ Zip _____

Foster Parent

Other: _____ **Home Phone** _____ **Work Phone** _____

Cell Phone _____ **Email** _____

Social Worker (if applicable): _____

GUARDIAN

Legal Guardian **Name** _____ Dual Mailing: Yes No

Step Parent **Address** _____ *If different than student*
Number _____ Street _____ City _____ Zip _____

Foster Parent

Other: _____ **Home Phone** _____ **Work Phone** _____

Cell Phone _____ **Email** _____

Social Worker (if applicable): _____

Is the child in the legal custody of someone other than the birth or adoptive parent? YES NO

If you answered yes to this question you must complete "Custody / Custody Pending Form"

Acknowledgement

As the parent or legal guardian of the child(ren) being registered, you have a continuing duty to immediately inform the West Geauga Local School District of any change of residence and/or standing as to legal custody of the child(ren). Only the parent who is the residential parent or legal custodian of the child may register the child. Legal documentation **MUST** be presented. The Superintendent or his designee shall take all steps necessary to confirm the accuracy of the information provided in the registration process including the Residency and Custody Declaration. If it is discovered that a parent or legal guardian has made false statements in the registration process, the school system may notify the prosecuting attorney.

I have read the enrollment procedures and instructions.
 I understand and agree to notify The West Geauga Local School District of **any** changes as outlined.

Parent/Guardian Signature _____

Relationship to Student _____

Date _____