

STUDENT ID# _____

Gallia County Local School District STUDENT REGISTRATION

School _____ Date Form Completed _____ First Day of Attendance _____

Student's *Legal* Name _____ M/F _____ Grade _____
(as it appears on Birth Certificate) First Middle Last

Address _____ Phone _____

Date of Birth _____ Place of Birth: City _____ State _____

Child's Social Security Number _____ Native Language _____

Ethnic Origin: (circle all that apply) WHITE; HISPANIC/LATINO; BLACK OR AFRICAN AMERICAN; ASIAN;
AMERICAN INDIAN/ALASKA NATIVE; NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

FAMILY INFORMATION

Student is living with:
 Both Parents Father Mother Guardian
 Step-parent Other Foster *
* Foster Child's School District of Residence _____

Student's Natural Parents:
 Parents Married Parents Divorced
 Parents Never Married Parents Separated
 Mother is Deceased Father is Deceased

If there is a custody order pertaining to this child, **who has custody?**

We need a copy of the legal custody papers on file.

Father's Name _____
Address _____
Employed by _____

Cell Phone # _____
Home Phone # _____
Work Phone # _____

Mother's Name _____
Address _____
Employed by _____

Cell Phone # _____
Home Phone # _____
Work Phone # _____

Other _____
Relationship _____
Employed by _____

Cell Phone # _____
Home Phone# _____
Work Phone# _____

Step-parent's Name _____
Address _____
Employed by _____

Cell Phone # _____
Home Phone # _____
Work Phone # _____

Foster Parent or Guardian's Name _____
Address _____
Employed by _____

Cell Phone # _____
Home Phone # _____
Work Phone # _____

(Students *MUST* have proper authorization to reside with grandparents or another relative.)

PREVIOUS EDUCATION

At any time in the past, has your child ever attended or been registered in the Gallia County Local School District?

Yes ___ No ___

If yes, which school? _____

Last School Attended _____

City _____ State _____ Zip Code _____ Phone or Fax # _____

SPECIAL EDUCATION

Has your child had a school psychological evaluation, multi-factored evaluation, or other evaluation? ___ Yes ___ No

Has your child been enrolled in any special education programs? ___ Yes ___ No **If yes, please check the program(s) below:**

___ 504 Plan

___ emotionally disturbed (ED)

___ other health impaired

___ autistic

___ hearing impaired

___ speech / language

___ blind

___ learning disabilities

___ supplemental tutoring

___ deaf

___ multiple handicapped

___ traumatic brain injury

___ developmentally handicapped

___ orthopedically handicapped

___ visually impaired

___ **OTHER PROGRAM: please describe the program:** _____

Does your child have a current IEP? ___ Yes ___ No **If yes, do you have a copy?** ___ Yes ___ No

Is there any other information regarding your child's education, physical, emotional, family, or legal background that would be helpful for school personnel to know? ___ Yes ___ No **If yes, please provide details:** _____

DISCIPLINE

Is this child currently expelled from another Ohio school district? _____ Is this child presently under suspension or dismissal for academic or disciplinary reasons from any school? _____ Has this child ever been charged with or convicted of a felony? _____ Has this child ever been on probation or court involved? _____

NAMES AND AGES OF ALL OTHER CHILDREN IN FAMILY: If in school, please list grade & building

Name _____ Age _____ Grade _____ Building _____

Name _____ Age _____ Grade _____ Building _____

Name _____ Age _____ Grade _____ Building _____

Name _____ Age _____ Grade _____ Building _____

RELEASE OF INFORMATION:

School records may be released, without consent, to other authorized school officials. Records may also be released to other schools to which a student is transferring.

Non-custodial parents have the right to information contained with the student's records provided there is no court order to the contrary.

I swear and affirm that the information given on this form is correct; that I am a legal resident of the Gallia County Local School District and that this child is in my legal custody.

Signed _____ Date _____