

**Grandview Heights City School District
STUDENT REGISTRATION FORM**

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Student's Legal Name _____ Child is Called _____
Last First Middle Nickname

Address: _____ Phone : _____
 (Indicate with "U" if unlisted)

_____ Birthplace City/St : _____
 City State Zip

Grade: _____ Age: _____ Date of Birth: _____ Sex (M/F) _____ Social Security No.* _____

**Providing your child's Social Security Number on this form grants the school district permission to use the SSN as the student's ID number for record keeping purposes including the Ohio Education Management Information Systems.*

Citizenship Status (check one): U.S.A. *or* Other: _____ Indicate Country _____ Date Entered U.S.A. _____
 Have you been outside of the U.S.A. for a period of time longer than 90 days? _____ Primary Language if not English _____

Ethnic Code: Asian Black, non-Hispanic Hispanic
 (check one) White, non-Hispanic American Indian or Alaskan Native Multi-Racial

FAMILY/GUARDIAN INFORMATION

Mother/Guardian

Father/Guardian

Name: _____ Name: _____

Maiden Name: _____ Place of Employment: _____
 Place of Employment: _____

Work Phone No: _____ Work Phone No: _____
 Cell Phone No: _____ Cell Phone No: _____
 Home Address if different than student's: _____
 Street Street

_____ City State Zip _____ City State Zip

Home Phone if different than student's: _____ Home phone if different than student's: _____
 Mother's email address: _____ Father's email address: _____

STATEMENT OF CUSTODY

Student lives with: Both Natural Parents Mother only Mother/Stepfather Father only
 Father/Stepmother Foster parents Guardian; relationship if applicable
 Shared parenting Other: _____

I state that I have: _____ full custody rights or _____ shared custody rights of said child(ren) for the following reason:

- Parents are still married and living together.
- I have court documentation for custody and a copy is attached.
- I have no proof of custody because I was never married to the father/mother of my child(ren).
- I am still married to the father/mother of my child(ren). We are separated but not divorced and no custody order exists.
- The father/mother of my child(ren) is deceased.
- Other, please specify: _____

Names and Birth Dates of siblings: _____

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Student's Name _____ Grade _____

Last school (or accredited preschool) attended: _____ Last grade: _____

Address: _____
Street City State Zip

Was student previously enrolled in Grandview Heights City Schools? Yes No

School Year(s) Attended Grade

Indicate student's kindergarten classroom experience: Half-day program Full day program No Kindergarten

SPECIAL SERVICES (if applicable)

Please check if your child is currently receiving any of the following services:

- Special Education Tutoring
- Special Education Classroom
- Tutoring other than Special Education
- Gifted
- Other _____
- Reading tutoring
- English Language Learner
- Occupational Therapy
- Speech
- Adapted Phys. Ed.

ADMISSION REASON

1. Student transferred from Home School in Ohio
2. Student transferred from out of state/out of country.
3. Student transferred from a non-public school in Ohio.
4. Student enrolled for first time in Ohio public school/community school because of age. (Preschool/Kindergarten)
5. Not enrolled in an Ohio public district or community school since 2003 for a reason other than listed above.
6. Transferred from another Ohio public district/community school.
7. Not newly enrolled in this school district.

Note: In accordance with Section 3313.672 of the Ohio Revised Code, Grandview Heights City Schools will notify a law enforcement agency if educational records and birth certificate are not received within 14 days. Custody papers must be presented within 60 days.

I realize that should any of the above statements be false, I am liable under the Criminal Code for any penalties that the law provides.

I agree that the Grandview Heights City School District, should it be deemed necessary, has the right to investigate my residency including but not limited to conducting unscheduled home visits. I agree to follow the release of housing information and also utility customer information, to a representative of the Grandview Heights City School District.

Signature of Parent/Guardian _____ **Date:** _____