

MIAMI EAST LOCAL SCHOOLS – Student Registration

Student Information: **Date:** _____ **SIS #** _____

Name: _____			Date of Birth: ____/____/____		
(Last)	(First)	(Middle Name)	(Called Name)		
Address: _____			Gender: Male Female		
			(circle one)		
City: _____		Zip Code: _____			
Telephone: (____) _____		unlisted: yes no		Current Grade: _____	
		(circle one)		Kindergarten Experience (circle one):	
				Half-Day Full-Day None	
Social Security Number: _____		Place of Birth (City) _____		Mother's Maiden Name _____	
Ethnic Origin:					
Is this student of Hispanic/Latino heritage? _____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino					
Race (choose one or more, regardless of Ethnicity)					
White ___ Asian ___ Black or African American ___ American Indian/Alaskan Native ___ Hawaiian or Pacific Islander ___					
Homeless Status: yes ___ no ___ If yes, check one: lives in public operated shelter ___ lives in privately operated shelter ___					
Lives with relatives or friends ___ other: _____					
U.S. Citizen: yes ___ no ___ If no, check one: Exchange student ___ other: _____					
Country of Origin: _____					
Limited English Proficiency: yes ___ no ___ If yes, then language spoken: _____					
Is your child receiving Special Services: On an IEP? yes ___ no ___ On a 504? yes ___ no ___ Gifted yes ___ no ___					

Parent/Guardian Information:

Father Mother Step Parent Guardian Foster Parents
(circle appropriate status)
Name: _____
Address: _____
City/Zip: _____
Phone: _____
Cell Phone: _____ Pager _____
Employer: _____
Address: _____
City/Zip: _____
Phone: _____
Email Address: _____
Active Military yes ___ Nat. Guard yes ___

Father Mother Step Parent Guardian Foster Parents
(circle appropriate status)
Name: _____
Address: _____
City/Zip: _____
Phone: _____
Cell Phone: _____ Pager _____
Employer: _____
Address: _____
City/Zip: _____
Phone: _____
Email Address: _____
Active Military yes ___ Nat. Guard yes ___

OFFICE USE ONLY:

Birth Certificate: _____	Immunization Records: _____	Withdrawal Papers: _____	Social Security Card: _____
Proof of Residency: _____	(specify) Custody Papers _____	Court Order _____	other _____
Grades/Transcripts _____	IEP/MFE _____	High School End of Course (EOC) Scores _____	

Custodial Information

IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)]

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD:

___ A. Child lives with natural parent(s) or with legally adoptive parents.

___ B. Parents are divorced or legally separated; child resides with parent that has legal custody by court order.
(if this is your situation, you must provide the school with a copy of the court order within 30 days)

___ C. Child lives with Foster Parents.
(if this is your situation, you must have a representative of the custodial agency with you and all necessary court orders, proof of district responsibility for educational costs and previous school records at the time of enrollment. YOUR CHILD WILL NOT BE ENROLLED WITHOUT MEETING ALL THESE REQUIREMENTS)

___ D. Child is 18 years of age or older and lives apart from his/her parent or guardian.

The Miami East Local School District and Section 3313.672 O.R.C. requires a custodial parent to provide the public school with a **certified copy of the final custody order prior to enrolling a student**. Any changes or modifications in the custody order must also be submitted to the school when they occur.

Custody Papers must be provided to begin the enrollment process. Full custody documentation must be provided to enroll. Temporary custody, Powers of Attorney (POA), and notarized forms cannot be accepted.

School History:

School previously attended: _____

School Address: _____

City/State/Zip: _____

Has student ever attended any school in this district **yes** **no**

Name of School District last attended: _____

Year last attended that District: ____ / ____ / ____

Emergency Information: in case of emergency, contact other than parent

Name: _____

Relationship: _____ Phone: _____

Do you give consent for the administration of emergency treatment if the above named contact cannot be reached: **yes** **no**

Name of preferred Doctor: _____

Doctors Phone: _____

Name of preferred Dentist: _____

Dentist Phone: _____

Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted: _____

Family Information: names of school age brothers/sisters now living at home

First Name	Last Name	Date of Birth
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____