

**OAKWOOD CITY SCHOOLS**  
***STUDENT REGISTRATION WORKSHEET***

PLEASE PRINT

<b>STUDENT INFORMATION</b>		<i>HAS STUDENT EVER BEEN ENROLLED IN ANOTHER OHIO SCHOOL?</i> yes    no	
<b>NAME AS IT APPEARS ON THE BIRTH CERTIFICATE, I – 95, OR PASSPORT</b>			
LAST NAME		FIRST NAME	MIDDLE NAME
NAME CHILD IS CALLED			
STREET NUMBER	COMPLETE STREET NAME	APT. NO.	Please circle:    Male    Female
CITY		STATE	ZIP CODE
GRADE ENTERING			
Please circle:    Unlisted    Listed			
HOME PHONE NUMBER		CELL NUMBER	E-MAIL ADDRESS
BIRTHDATE (month, day, year)		BIRTHPLACE CITY	BIRTHPLACE ZIP CODE
SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME ON BIRTH CERTIFICATE	

**OFFICE USE ONLY**

**Enrollment Date** \_\_\_\_\_

**Student ID#** \_\_\_\_\_

**Homeroom #** \_\_\_\_\_

**Current Bldg IRN** \_\_\_\_\_

**Previous IRN** \_\_\_\_\_

IS AT LEAST ONE PARENT CURRENTLY SERVING IN A BRANCH OF THE MILITARY? (Please circle)    yes    no    If yes: ACTIVE DUTY OR NATIONAL GUARD (Circle one)

LANGUAGE SPOKEN AT HOME (Please circle)    English    Spanish    Vietnamese    Cambodian    Korean    French    Arabic    Japanese    Other \_\_\_\_\_

**PARENT INFORMATION**    ARE PARENTS DIVORCED:    yes    no    IF YES, WHO HAS CUSTODY: \_\_\_\_\_ OTHER \_\_\_\_\_

FATHER	NAME	ADDRESS	HOME PHONE	OTHER PHONE
_____				

MOTHER \_\_\_\_\_

STEP PARENT \_\_\_\_\_

GUARDIAN \_\_\_\_\_

FATHER	PLACE OF EMPLOYMENT	ADDRESS	PHONE NO.
_____			

MOTHER \_\_\_\_\_

STEP PARENT \_\_\_\_\_

GUARDIAN \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**COMPLETE BACK OF THIS SHEET**

**Form # DirEdServ.3 (Revised 5/2019)**

**CUSTODIAL INFORMATION**

IT IS OHIO LAW THAT EACH PARENT PROVIDES A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE, WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. CUSTODIAL PARENT OF SUCH STUDENT MUST ALSO PROVIDE THE SCHOOL 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. (This requires that you provide the school with a copy of the court order.)
- \_\_\_ **C.** Parents are divorced or legally separated. Parents have joint custody by court order. (This requires that you provide the school with a copy of the court order.)
- \_\_\_ **D.** Child lives with a guardian who has been granted legal custody by court order. (This requires that you provide the school with a copy of the court order.)
- \_\_\_ **E.** Child lives with foster parents. (You must have a representative of the custodial agency with you and all necessary court orders, proof of district responsible for educational costs, and previous school records at time of enrollment. The child will not be enrolled without meeting all these requirements.
- \_\_\_ **F.** Child is over 18 years, lives apart from the parents, and is self-supporting.
- \_\_\_ **G.** Foreign exchange student.

**SCHOOL HISTORY**

NAME OF SCHOOL PREVIOUSLY ATTENDED	GRADE LAST ATTENDED
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STREET NUMBER AND NAME		
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CITY	STATE	ZIP
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NAME OF SCHOOL DISTRICT LAST ATTENDED	WITHDRAWAL DATE
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**FAMILY INFORMATION**

PLEASE LIST FIRST AND LAST NAMES AND BIRTHDATES OF BROTHERS AND SISTERS NOW LIVING AT HOME.

FIRST NAME	LAST NAME	DATE OF BIRTH
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**SPECIAL EDUCATION INFORMATION:**

Is your child receiving any special education services?

Please circle: Yes No *(If Yes, please provide copy of ETR & IEP)*

If yes, please describe:

**FOR KINDERGARTEN REGISTRATION:**

Students registering for Kindergarten will be placed in a full day program UNLESS you check the box below.

- ☐ I wish to opt out of the full day kindergarten program and request a ½ day placement. I am aware the district will not be offering mid-day child care.

\_\_\_\_ Please Initial

**Student Name:** \_\_\_\_\_

**OAKWOOD CITY SCHOOLS**

**Mandated Federal Data Collection Requirement of Race/Ethnic Information**

Question 1: Is your child of Hispanic/Latino heritage?                      Y    or    N

**If No then Please Choose from the Options below:**

*Valid Options*

- W     **White, Non-Hispanic**  
People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.
- B     **Black or African American (Non-Hispanic)**  
Persons having origins in any of the black racial groups in Africa.
- A     **Asian**  
Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- I     **American Indian or 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.
- P     **Native Hawaiian or Other Pacific Islander**  
Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- M     **Multiracial**  
Persons having origins in two or more of the above options. . (Valid only when the race/ethnic data was not re-collected or the Hispanic/Latino element is an 'N' and the parent/guardian chose more than one race option)

Question 2: **If M is chosen then please choose all Races below that apply:**

(Reference Race Code Descriptions above if needed)

W                      B                      A                      I                      P