



South-Western City School District Student Enrollment Form

Revised 1/30/2015

OFFICE USE ONLY

Entry Date: _____ ID#: _____ Grade: _____ Home Room: _____
Bus Number: To: _____ From: _____ School: _____

Student's Legal Name: (Please Print) _____

_____ Last _____ First _____ Middle

Birth Date: (MM/DD/YYYY) _____ **Home Phone:** _____ **Gender:** Male Female

Grade: _____ **Is this student currently suspended/expelled from another Ohio district?** Yes No

Legal Address: (Please Print) _____

_____ Street _____ Apartment #

_____ City _____ State _____ ZIP

Previous School District: _____ **Previous School:** _____

Previous School Info: (Please Print) _____

_____ Street _____ County

_____ City _____ State _____ ZIP

Phone: _____ Fax: _____

Is student Hispanic (select one): Yes No

Race (select one or multiple): White (W) Black (B) Asian (A)
 Pacific Islander (P) American Indian/Alaskan Native (I)

(School districts must collect race/ethnicity information as required by state and federal law.)

CUSTODY INFORMATION

Father's Legal Name: (Please Print) _____

Custodial Parent/Guardian Step Parent _____ Last _____ First _____ Middle

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Available at work: Yes No

Email: _____

Address (if different from Student): _____

Mother's Legal Name: (Please Print) _____

Custodial Parent/Guardian Step Parent _____ Last _____ First _____ Middle

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Available at work: Yes No

Email: _____

Address (if different from Student): _____

Legal Custodian's Name: (Please Print) _____

Custodial Parent/Guardian Step Parent _____ Last _____ First _____ Middle

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Available at work: Yes No

Email: _____

- Parents Married Parents Never Married Parents Divorced*
- Parents Separated Foster Parent* Grandparent Caretaker Aff.*

*Provide custody documents.

Country of Birth: _____

City of Birth: _____ State of Birth: _____

Citizen of: *(Country)* _____

If born outside the United States, date student entered the US: *(month, day, year)* _____

1. What language did your child speak when he or she first learned to talk? _____

2. What language does your child use most frequently at home? _____

3. What language do you use most frequently with your child? _____

4. What language do the adults at home most often speak? _____

5. Is there another language spoken at home? Yes If yes, which language(s)? _____
 No

How long has your son or daughter (child) attended school in the United States (Check all that apply):

none Pre-K Kindergarten Grade 1 Grade 2 Grade 3 Grade 4 Grade 5
 Grade 6 Grade 7 Grade 8 Grade 9 Grade 10 Grade 11 Grade 12

If entering from a foreign country, does the student have proof of a negative TB test in the last 12 months? Yes No If NO, the student must provide proof before entering school.

Has your child been identified as gifted and talented? Yes No

Does your child have an IEP? Yes No Does your child have a 504? Yes No

Do you know your child's disability?

SLD Specific Learning Disability VI Visually Impaired TBI Traumatic Brain Injury
 OH Orthopedically Handicapped HI Hearing Impaired AU Autistic
 SP Speech Handicapped BL Blind Other: _____
 ED Emotionally Disturbed DF Deaf

**South-Western City School District
Notice of Parent and Student Rights
Section 504 and the Americans with Disabilities Act
Statement for Emergency Card and Enrollment Card**

If you have noted above that your child has a disability and you believe this disability limits a major life function your child may qualify for eligibility under Section 504 and the Americans with Disabilities Act. If your child has a disability you have the right to be informed by the school district of your rights under Section 504 and the ADA. If you feel that your child may qualify for a Section 504 please contact your school principal.

Verification of Information

By signing, I verify that I am a current resident of the South-Western City School District, and all the information provided is true and verifiable to the best of my knowledge.

Date: _____

Parent/Legal Guardian Name (Printed):

Signature: _____

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ESL Forms Completed I-94 (front & back) Parent Notification Letter with Signature