



NORTHMONT CITY SCHOOL DISTRICT
 4001 Old Salem Road
 Englewood, Ohio 45322
 Phone: (937) 832-5000 Fax: (937) 832-5001

STUDENT REGISTRATION FORM

Student Name _____ **Enrolling Grade** _____
Last Name First Name Middle Name

Social Security Number _____ **Birthdate** _____ **Home Phone:** (____) _____ listed unlisted
(Optional) Month/Day/Year

Student Home Address _____ **P.O. Box** _____ **Apt.** _____
Number Street City Zip

Previous School Attended * **Grade** _____ **Name of School** _____ **City** _____ **State** _____

*Kindergarten: _____
 include Preschool _____
 *Include homeschooling _____

Has this student ever attended a Northmont school? Yes No
 If "Yes", where? _____ School Year _____

Gender Male Female **Is this student Hispanic/Latino?** No, not Hispanic/Latino Yes, Hispanic/Latino
Race (choose one or more) Asian Black or African American White American Indian or Alaskan Native Native Hawaiian or other Pacific Islander

Birthplace _____ **Mother's Maiden Name** _____
City State

Student resides with:
 Both Parents Mother Only Father Only Shared Parenting Guardian/Foster/Host
 Grandparent Mother/Stepfather Father/Stepmother Parent/Partner Self/Over 18 years old
If the parents are divorced or legally separated, you are required to submit a certified copy and any modification of an order or decree allocating parental rights and responsibilities for the care of a child and designating a residential parent and legal custodian of the child (Ohio Revised Code 3313.67.2).

Who is designated as the student's residential parent and legal custodian? _____

Does the non custodial parent have limited access to the student during school hours? Yes No If "Yes", documentation is required

Is the student in gifted or Advanced Placement? Yes No
Does the student have a 504 plan? Yes No
Is the student on an IEP? Yes No
 If yes, do you have a copy of the IEP? Yes No
Is the student suspended? Yes No If yes, from what district? _____
Is the student expelled? Yes No If yes, from what district? _____

For Office Use Only

School _____	Grade _____	Starting Date _____	Student ID No. _____
New _____	Re-Entry _____	Intra-District Transfer? <input type="radio"/> Yes	If "Yes," home school _____
Birth Certificate _____	Passport _____	Previous School District IRN _____	
Foreign Exchange Student <input type="radio"/> Yes <input type="radio"/> No	Counselor _____		

MOTHER Single Married Divorced Separated Remarried Deceased

First Name _____ Last Name _____

Home Phone (____) _____ Work Phone (____) _____ Ext. _____ Cell (____) _____

Email _____

Employer _____ Occupation _____

Home Address _____

(If different from student) Number Street City State Zip Apt.

FATHER Single Married Divorced Separated Remarried Deceased

First Name _____ Last Name _____

Home Phone (____) _____ Work Phone (____) _____ Ext. _____ Cell (____) _____

Email _____

Employer _____ Occupation _____

Home Address _____

(If different from student) Number Street City State Zip Apt.

GUARDIAN / FOSTER / HOST

First Name _____ Last Name _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Ext. _____ Cell (____) _____

Email _____

Employer _____ Occupation _____

I authorize the district to contact the following individual(s) in the event I am not available:

STEP-MOTHER First Name _____ Last Name _____

Work Phone (____) _____ Ext. _____ Cell (____) _____

STEP-FATHER First Name _____ Last Name _____

Work Phone (____) _____ Ext. _____ Cell (____) _____

PARTNER First Name _____ Last Name _____

Work Phone (____) _____ Ext. _____ Cell (____) _____

CASE WORKER First Name _____ Last Name _____

Work Phone (____) _____ Ext. _____ Cell (____) _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)

Name _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Ext. _____ Cell (____) _____

PLEASE LIST ALL OTHER CHILDREN UNDER THE AGE OF 22 WHO LIVE AT THE HOME ADDRESS

Name	Grade	Gender	Date of Birth	Relationship to Student
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby certify, under penalty of perjury, that all of the information I have given is correct in all respects to the best of my knowledge.

**Signature of Parent/Legal Guardian/
or Independent Student** _____

Date _____

Printed Name _____