

Wooster City Schools - Secondary Cumulative Record Registration Form

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents.
Your cooperation in completing this form is appreciated.

Registration Date _____
Start Date _____
Home school _____
Attending School _____
Student ID No. _____ Grade _____
Disability Code _____

I affirm that the below information is correct and give permission to verify residence, if necessary
Custodial Parent/Guardian/Adult student signature _____ Date _____

STUDENT INFORMATION

Has student ever attended Wooster City Schools? No _____ Yes _____ If yes, give year or grade and name of school _____

Student's legal name as shown on Birth Certificate:

First _____ Middle _____ Last _____

Social Security Number _____ Date of Birth _____ Age _____ Gender (M/F) _____

Student Grade Level _____ Place of Birth _____ Country _____
City, State

Citizenship: _____ (01-Dual, 02 - NonResident Alien, 03 Resident Alien, 04-U.S. Citizen, 99-Other)

Ethnicity: _____ (A=Asian/ Pacific Islander, B=Black /African American, H=Hispanic/Latino, I=American Indian, M=Multiracial, W=White)

Place of Birth _____ Country _____
City, State

Language spoken in the home English Other (please specify) _____

Mother's Maiden Name _____ District of Residence if other than Wooster City Schools _____

Student lives at: _____ Home Phone Number _____
including City / Zip Code Unlisted

GUARDIAN / CUSTODIAL INFORMATION

Student lives with: (Check all that apply): Both parents Mother Father Step Parent Other/Guardian
 Alternates between Parents Foster parent (info on back of form)

Legal Custody is with: Both parents
 Shared Parenting (Custody documents are on file)
 Mother only if parents were unmarried at time of birth ORC3109.042 Custody rights of unmarried mother
 Mother only or Father only (Custody documents are on file)
 Other /Guardian Please state Name and Relationship _____
(Custody documents are on file)
 Parents still married but separated, not divorced. No custody order exists

Parents are: Married Never Married Separated Divorced Mother deceased Father deceased

<u>Custodial Father or Guardian</u>	<u>Custodial Mother or Guardian</u>
Name _____	Name _____
Address _____ <small>Include City, State, Zip code</small>	Address _____ <small>Include City, State, Zip code</small>
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____

Spouse of Custodial Parent

Name _____ Cell Phone _____

Employer _____ Work Phone _____

(please turn over to continue)

Persons other than those listed on this form who are authorized to pick up student at school:

Name

Phone

Name

Phone

EDUCATION DATA

Previous school attended _____ School District _____
Name

Address

City/State

Phone

Public School Private School Other, Charter, Community, etc. Home schooled

Was your child receiving any Special Education / Intervention Services? If so, please explain:

Remedial Reading Remedial Math Speech IEP 504 Plan
 Occupational Therapy Physical Therapy
 Other, please specify _____

Has your child ever repeated a grade? No Yes -- What grade? _____

Has your child ever been identified as Gifted/Talented? No Yes

Has your child ever participated in a Gifted/Talented Program? No Yes

Please list the names of all other children in the home:

Name _____ Age _____ School _____ Grade _____

Name _____ Age _____ School _____ Grade _____

Name _____ Age _____ School _____ Grade _____

Foster Father or House Parent

Name _____

Address _____
Include City, State, Zip code

Home Phone _____

Cell Phone _____

Employer _____

Work Phone _____

Email Address _____

Foster Mother or House Parent

Name _____

Address _____
Include City, State, Zip code

Home Phone _____

Cell Phone _____

Employer _____

Work Phone _____

Email Address _____

School Office Use Only

Fees: _____ Yes _____ No _____ Waived

Lunch status: _____ Applied for Free/Reduced Meals

Date of birth verified: _____ Not on file yet _____ B-Birth Certificate H- Hospital Record P- Passport O-Other

Immunizations: _____ Complete _____ Incomplete _____ In process _____ Not on file yet

Proof of Residence: _____ Yes _____ No

Legal Documents: _____ Needed _____ Not applicable _____ Copy of original on file

Transportation: To school _____ From school _____