

Garfield Heights City Schools


 New

 Re-entry

STUDENT REGISTRATION FORM

Student Name	Last Name	First Name	Middle Name	Entry Grade
Social Security # <small>(optional)</small>	- -	Birth Date	Month / Day / Year	
Student Home Address	Number	Street	City	Zip Code Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. #
Parent/Guardian	Name		Phone Number	
Previous school attended <small>• Kindergarten include preschool if attended • Include homeschooling</small>	Name of School		School District	City State

Is this student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	Race <small>(choose one or more)</small> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander How Identified: _____
---	--	---

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship <input type="checkbox"/> Dual National <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Resident Alien <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other please name: _____
---	--

Birthplace City State Country	Native / Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other please name: _____
---	---

Student Lives With (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Self
--	---

Legal Custody (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent Court Journal Entry: (____ / ____ / ____) County: _____ District Bearing Cost(for Foster Children only): _____	<input type="checkbox"/> Guardian <input type="checkbox"/> CCDCFS <input type="checkbox"/> Other (explain): _____ <input type="checkbox"/> Probate Court <input type="checkbox"/> Juvenile Court Restrictions: _____
--	--

Is the child in gifted or Advanced Placement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe services:
Does the child have a 504 plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe services:
Has the child ever had an IEP/ETR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list year of most recent evaluation:
If yes, do you have a copy of the IEP/ETR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, indicate program:
Is the child suspended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, from what district?
Is the child expelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, from what district? End Date: _____

I do not consent to the release of email, home address, and home phone number for outreach purposes

For Office Use Only:			
Admission Date: _____		SSID# _____	
Admission Reason: _____			
<input type="checkbox"/> ESL	<input type="checkbox"/> Homeless		
Status: = _____	Citizenship:	Memb Codes: _____	
Program: = _____	<input type="checkbox"/> U.S. Citizenship	_____	
Res/Sped/Att: = _____	<input type="checkbox"/> Immigrant	_____	
<input type="checkbox"/> HS	<input type="checkbox"/> MS	<input type="checkbox"/> ML	<input type="checkbox"/> ELM <input type="checkbox"/> WF

PARENT(S) / GUARDIAN INFORMATION

STUDENT NAME:

Mother		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Name		First Name	
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone			Cellular Phone	

Father		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Name		First Name	
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone			Cellular Phone	

<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Step Parent		<input type="checkbox"/> Foster Parent		<input type="checkbox"/> Other:	
Last Name				First Name			
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone			Cellular Phone	
Social Worker (If Applicable):							

<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Step Parent		<input type="checkbox"/> Foster Parent		<input type="checkbox"/> Other:	
Last Name				First Name			
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone			Cellular Phone	
Social Worker (If Applicable):							

EMERGENCY CONTACT INFORMATION

Name		Relationship		Name		Relationship	
Telephone				Telephone			
Address				Address			
Email				Email			

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

Name	Grade	Date of Birth	Gender	Relationship To Student

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

Date: _____ **Parent/Legal Guardian/Independent Student:** _____

Signature