

Riverside Local School District
STUDENT REGISTRATION FORM

(Golden Rod)

Student ID # _____

School _____ Date of Registration _____ Date of Student's First Day _____

Student's Name _____

Age: _____ Date of Birth: _____ Sex: (M/F) _____ Birthplace City / St: _____

School Year: _____ Entering Grade: _____

Name of Previous School _____ Grade at Date of W/D _____

Ethnicity/Race Information: *Required by the U.S. Department of Education Effective 2010-2011 school year.*

RACE: (Required) **Hispanic** **Non-Hispanic**

RACE ETHNICITY-(Check One): **ETHNIC CODE-(Check all that Apply)**

- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> American Indian or Alaskan | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> White |
| <input type="checkbox"/> Pacific Islander | |
| <input type="checkbox"/> White, Non-Hispanic | |

Is your student currently serving an expulsion? YES NO

Special Services (if applicable)

Please check if your child is currently receiving any of the following services:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> IEP | <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Reading Tutor | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Other _____ | | |

*If your student is enrolling in grades 9-12, has he/she ever taken the Ohio Graduation Test (OGT)? Yes or No

If student previously attended a school within the *Riverside Local School District*, please name school, grade and last year attended:

_____	_____	_____
School	Year(s) Attended	Grade

PLEASE CHECK THE APPROPRIATE ENROLLMENT DESCRIPTION:

- | | |
|--|--|
| <input type="checkbox"/> Enrolled in School for the first time-not including Preschool | <input type="checkbox"/> From Out of State/Country |
| <input type="checkbox"/> Preschool Student | <input type="checkbox"/> From Home Schooling |
| <input type="checkbox"/> From a Non-Public School in Ohio | <input type="checkbox"/> Court Referral |
| <input type="checkbox"/> From a Public School in Ohio | |

Family Status (Check One): Never Married Married Re-Married Separated Divorced

STUDENT LIVES WITH:

- | | | |
|---|--|---|
| One Parent Household: | Two Parent Household: | <input type="checkbox"/> Living with Legal Guardian |
| <input type="checkbox"/> Living with Mother | <input type="checkbox"/> Living with Mother and Father | <input type="checkbox"/> Living with Foster Parents |
| <input type="checkbox"/> Living with Father | <input type="checkbox"/> Living with Mother and Stepfather | <input type="checkbox"/> 18 and not living at home with parents |
| | <input type="checkbox"/> Living with Father and Stepmother | <input type="checkbox"/> Under 18 & not at home with parents |

I state that I have: full custody rights OR shared custody rights of said child(ren) for the following reasons:

- Parents are still married and living together.
- I have court documentation for custody and a copy is attached.
- I have no proof of custody because I was never married to the father/mother of my child(ren).
- I am still married to the father/mother of my child(ren). We are separated but not divorced and no custody order exists.
- The father/mother of my child(ren) is deceased.
- Other-please specify: _____

