Riverside Local School District

STUDENT REGISTRATION FORM Student ID #_____

School_____ Date of Registration_____ Date of Student's First Day _____

Student's Name _____ Preferred Name _____

First **Middle** **Last** **Nickname**

Address: _____ Phone: _____

_____

City **State** **Zip**

Mailing Address (if different):_____

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

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

Is the Student of Hispanic/Latino heritage? ☐ YES ☐ NO

(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Is the Student Multi-racial? ☐ YES ☐ NO

If multi-racial is **Yes,** indicate two or more Race Categories Below:

☐ (W) White
Origins in any of the original peoples of Europe, the Middle East, or North Africa

☐ (B) Black or African American
Having origins in any of the black racial groups of Africa.

☐ (A) Asian
Original peoples of the Far East, Southeast Asia or the Indian subcontinent

☐ (I) American Indian or Alaskan Native
Original people of North or South America who maintain tribal affiliation or Community attachment

☐ (P) Native Hawaiian/Pacific Islander
Original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

If Multi-racial is **NO,** indicate ONE (1) Race Category Below:

☐ (W)
Origins in any of the original peoples of Europe, the Middle East, or North Africa

☐ (B) Black or African American
Having origins in any of the black racial groups of Africa

☐ (A) Asian
Original peoples of the Far East, Southeast Asia or the Indian subcontinent

☐ (I) American Indian or Alaskan Native
Original people of North or South America who maintain tribal affiliation or community attachment

☐ (P) Native Hawaiian/Pacific Islander
Original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

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Citizenship Status (Check one): U.S.A. _____ **or** Other ____ Country _____

Date First Enrolled in U.S. School: _____

Last school (or accredited preschool) attended: _____ Last Grade: _____

Address: _____

Street City State Zip

Is your student currently serving an expulsion? ☐ YES ☐ 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

For Office Use Only

_____ Birth Certificate _____ Proof of Residency _____Release of Records _____Academic Records

_____ Immunizations _____ Proof of Custody _____Special Education Records _____Home Language Survey

_____ Academic Records

Revised 06/10

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STUDENT REGISTRATION FORM Student ID #_____

FAMILY/GUARDIAN INFORMATION

Mother/Guardian

Name: _____

Place of Employment: _____

Work Phone No: _____

Cell Phone No: _____

Home Address

If different than student's: _____

Street

_____

City State Zip

Home Phone if different than Student's: _____

Mother's email address: _____

Father/Guardian

Name: _____

Place of: Employment: _____

Work Phone No: _____

Cell Phone No: _____

Home address

If different than student's: _____

Street

_____

City State Zip

Home Phone if different than Student's: _____

Father's email address: _____

*Duplicate mailing to Parent/Guardian if living at a different address? _____ YES _____NO

STATEMENT OF CUSTODY

Student lives with: (check one)

_____ Both natural Parents _____ Mother only _____Father only _____Mother/Stepfather

_____ Father/Stepmother _____ Foster Parents _____ Guardian: relationship if applicable: _____

_____ Shared parenting _____ Other _____

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: _____

Names & Grade of siblings: _____ _____

_____ _____

Special Services (*if applicable)*

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

_____ IEP _____ English Language Learner _____ Occupational Therapy

_____ Speech _____ Reading Tutor _____ Gifted

_____ Reading Tutor _____ Other_____

*If your student is enrolling in a secondary school, grades 9-12, has he/she ever taken the Ohio Graduation Test (OGT)?

___Yes ___NO

Parent Previous Address: _____

I agree that the Riverside Local School District, should it be deemed necessary, has the right to investigate my residency, including but not limited to conducting unscheduled home visits. I agree to allow the release of housing information, and also utility customer information, to a representative of the Riverside Local School district. **I realize that should any of the above statements be false, I am liable under the Criminal Code for any penalties that the law provides.**

Signature of Parent/Guardian _____ Date _____

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