

WEST LIBERTY-SALEM LOCAL SCHOOL DISTRICT - STUDENT REGISTRATION FORM

OFFICE USE ONLY:	HOMEROOM	WLS RES <input type="radio"/> OE <input type="radio"/>	SI#	LOCKER #
STUDENT INFORMATION				
ADMISSION DATE: September 2018		GRADE LEVEL:		SCHOOL YEAR: 2018-2019
NAME: _____				
(Student Last)		(Student First)		(Student Middle)
(Called Name)				
HOME ADDRESS:			PO BOX:	COUNTY:
CITY:		ZIP:	DISTRICT OF RESIDENCE:	
PRIMARY #:		SOCIAL SECURITY #:		<input type="radio"/> MALE <input type="radio"/> FEMALE
SECONDARY #:		MOTHER'S MAIDEN NAME:		
DATE OF BIRTH:		CITY OF BIRTH:		
IS STUDENT HISPANIC/LATINO: <input type="radio"/> YES <input type="radio"/> NO		RACE (Check all that apply):		
		<input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Island <input type="radio"/> American Indian/Alaskan Native		

PARENT/GUARDIAN INFORMATION: choose one
<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Step-Parent <input type="radio"/> Guardian <input type="radio"/> Grandparent <input type="radio"/> Foster Parent Other: _____
Name:
Address (or same as student):
City/State/Zip:
Primary #:
Secondary #:
Work #:
Employer:
Email Address:

PARENT/GUARDIAN INFORMATION: choose one
<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Step-Parent <input type="radio"/> Guardian <input type="radio"/> Grandparent <input type="radio"/> Foster Parent Other: _____
Name:
Address (or same as student):
City/State/Zip:
Primary #:
Secondary #:
Work #:
Employer:
Email Address:

OTHER CHILDREN (under 18) IN HOUSEHOLD								
NAME	GENDER	AGE	GRADE		NAME	GENDER	AGE	GRADE

Please complete BOTH sides

FAMILY INFORMATION		
A. STUDENT IS LIVING WITH: <input type="radio"/> both parents <input type="radio"/> mother <input type="radio"/> father <input type="radio"/> step parent <input type="radio"/> guardian <input type="radio"/> foster parent <input type="radio"/> relative (define): _____ <input type="radio"/> other (define): _____ If student is homeless, check one: <input type="radio"/> lives in public operated shelter <input type="radio"/> lives in privately operated shelter <input type="radio"/> lives with relatives or friends <input type="radio"/> other: _____	B. STUDENT'S NATURAL PARENTS: <input type="radio"/> both living <input type="radio"/> father deceased <input type="radio"/> mother deceased C. PARENT STATUS: <input type="radio"/> married <input type="radio"/> separated <input type="radio"/> divorced* <input type="radio"/> living together <input type="radio"/> never married	CUSTODY NOTES: In the case of divorce or separation, a copy of the most recent legal custody determination by a court is REQUIRED (Ohio Revised Code 3313.672b). If custody is being sought by the biological/adoptive parent or legal guardian registering the student, an affidavit form must be completed and proof of legal custody submitted to the school within sixty (60) days. By Ohio Law, both the custodial parent and the non-custodial parent have access to school records and school activities, unless specified to the contrary in the legal custodial agreement. * Is there a court custody order pertaining to this child (circle one): <input type="radio"/> YES <input type="radio"/> NO If so, who is the residential parent? _____

STUDENT HISTORY	
What is the student's native language? _____	Is student a US Citizen? <input type="radio"/> YES <input type="radio"/> NO
Has the student received English as a Second Language services at a previous school? <input type="radio"/> YES <input type="radio"/> NO	If no, what is student's the country of origin? _____
Is this student currently receiving any special education services? <input type="radio"/> YES <input type="radio"/> NO	
If yes, please describe: _____	
Does the student have a current Individualized Education Plan (IEP)? <input type="radio"/> YES <input type="radio"/> NO	504 Plan? <input type="radio"/> YES <input type="radio"/> NO
Has this student been identified as gifted? <input type="radio"/> YES <input type="radio"/> NO	Written Education Plan (WEP)? <input type="radio"/> YES <input type="radio"/> NO

SCHOOL HISTORY	
Name of School District & Building Last Attended: _____	
School Address: _____	
School City/State/Zip: _____	Date last attended previous school: _____
Has student ever attended WL-S Schools? <input type="radio"/> YES <input type="radio"/> NO	

OFFICE USE ONLY: <input type="radio"/> Birth Certificate <input type="radio"/> Social Security Card <input type="radio"/> Immunization Records <input type="radio"/> Proof of Residency <input type="radio"/> Grades/Transcript <input type="radio"/> Withdrawal Papers If applicable: <input type="radio"/> Custody Papers <input type="radio"/> Court Order <input type="radio"/> IEP <input type="radio"/> 504 <input type="radio"/> WEP

PLEASE RETURN THIS FORM TO THE CENTRAL OFFICE, EMAIL TO registration@wlstigers.org, OR MAIL TO 7208 US HWY 68 N, WEST LIBERTY OH 43357

Please complete BOTH sides