



BUCYRUS CITY SCHOOL DISTRICT STUDENT REGISTRATION FORM

All personal information will be kept in the strictest confidence in accordance with the school district's policies on confidentiality of personally identifiable student information.

- OFFICE USE ONLY**
Checklist:
 Completed Student Registration Form
 Child's Birth Certificate
 Immunization Forms
 Proof of Residency
 Health History Form
 Custody Papers/ Court Papers/ Protection Orders
 School Year

Today's Date: _____ Expected Start Date: _____ Enrolling in Grade: _____

Students Name (As printed on Birth Certificate): _____

Student's Preferred Name: _____ Date of Birth: _____ Gender: Male Female

Social Security Number: _____ Age: _____ Mother's Maiden Name: _____

City and State of Birth (As listed on Birth Certificate): _____

Student's Permanent Address: _____

This address is within Bucyrus City School District Yes No Student's Home Phone: _____

ETHNICITY: (Check One)

- No, Not Hispanic/ Latino
- Yes, Hispanic/ Latino—A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin; regardless of race.

RACE: (Check One or **More**—regardless of ethnicity)

- American Indian or Alaskan Native—People having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliation or community attachment
- Asian—People having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam
- Black or African American—People having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander—People having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White—People having origins in any of the original peoples of Europe, the Middle East or North Africa

CITIZENSHIP STATUS: (Check One) United States (US) Citizen Foreign Exchange Student Non-US Citizen/ Other

If student is NOT a US Citizen, please answer questions below:

Country of Origin: _____ How long as student attended school in the US? _____

Date Student Entered US: _____ Date Student Entered Ohio: _____

PARENT/ GUARDIAN MILITARY STATUS: (Check One)

- Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)
- Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)
- Not a dependent of a military member, not a military student

HOME LANGUAGE SURVEY: (Must be completed by everyone) Student's Native Language: _____

What language did your student speak when he/she first learned to talk? _____

What language does your student use most frequently at home? _____

What language do you most frequently speak to your student at home? Mother _____ Father _____

What is the student's parents' native language? Mother _____ Father _____

Does the student's mother speak English? Yes No Does the student's father speak English? Yes No

Does the student's mother read English? Yes No Does the student's father read English? Yes No

Will you need an interpreter? Yes No

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1 Name: _____ Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Place of Employment: _____

Work Phone: _____

Does this student live with this parent/guardian? Yes No

If No, home address if different from student: _____

Email: _____

Parent/Guardian #2 Name: _____ Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Place of Employment: _____

Work Phone: _____

Does this student live with this parent/guardian? Yes No

If No, home address if different from student: _____

Email: _____

Additional Contact Person: _____ Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

STATEMENT OF CUSTODY: (Student's Biological Parent Information)

Parents married to each other? Yes No Parents separated from each other? Yes No

Have biological parents ever been married to each other? Yes No Parents divorced from each other? Yes No

If a divorce or guardianship situation exists, the school must have a certified full copy of the order or decree.

This is per State of Ohio Law (ORC 3313.672) and the Missing Children's Act.

If divorced, from what County _____ State _____

Either parent deceased? No Yes—Mother Yes—Father

Who has Legal Custody of this student? _____

Is this student Court or Foster Placed? Yes No

If Yes, home address of biological parents: _____

Does the biological mother have legal right to see the student? Yes No To review the student's grades? Yes No

Does the biological father have legal right to see the student? Yes No To review the student's grades? Yes No

SIBLINGS:

Name _____ Grade _____ Age _____

OTHERS LIVING IN THE HOME:

Name _____ Relationship _____

PREVIOUS SCHOOL(S) INFORMATION:

Last School District Attended: _____ Last grade enrolled or completed: _____

Name of last building attended: _____

Address: _____
Street City

State Zip code School Phone: _____ School Fax: _____

Has your student previously been retained or repeated a grade? Yes No If yes, what grade(s)? _____

Previous Kindergarten Enrollment Experience: (check one regardless of current grade level)

Full Day Half Day Full Day Every Other Private Other: _____

Please list previous preschools attended: _____

Is your student currently expelled from another Ohio School District? Yes No

Is your child currently suspended or under dismissal for discipline reasons? Yes No Academic reasons? Yes No

If yes, please explain: _____

Has your student ever attended Bucyrus City School District? Yes No

If yes, what school years and grades did he/she attend? _____

Last Bucyrus City Schools Building Attended: Bucyrus Elementary (BES PK-5) Bucyrus Secondary (BSS 6-12)

SPECIAL SERVICES: (if applicable)

- Individualized Education Program (IEP)
- Special Education Tutoring
- Special Education Classroom
- Tutoring other than Special Education
- Gifted Education
- Limited English Proficiency Services (LEP)
- Multi-Factored Evaluation (MFE)
- Adapted Physical Education
- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech
- Title 1 Reading
- 504 Plan
- Other: _____

Special Education Comments: _____

PARENT/GUARDIAN CERTIFICATION:

I state that the information provided is true and correct. I understand that I am to notify Bucyrus City Schools if my and/or my student's address or contact information changes. I am aware that the Bucyrus City School District may use any legal means to verify my residency. I understand that falsification of information may be cause for withdraw of my child from the Bucyrus City School district and subject me to an applicable civil and criminal penalties.

Parent/Guardian Signature: _____ Date: _____

Data Entry Secretary Signature: _____ Date: _____