

Bowling Green School District Student Registration Form

Ohio Revised Code requires that this information be completed each school year

School Year _____ Grade _____ Teacher _____ School Building _____

Student's Name _____

[as printed on birth certificate] Last Name First Full Name Middle (full) Name Called Name

Birth Date _____ Male _____ Female _____ Child's Social Security Number _____

City and/or State of Birth _____

Student Home Address _____ Apt/Lot # _____ PO BOX # _____

City _____ Zip Code _____ Telephone # _____

Has this student ever attended a school within the State of Ohio _____ No _____ Yes – School Name _____

Last Date of Attendance _____ Last School Attended _____ City _____

Is your child currently attending any other early childhood (preschool) setting? _____ Yes, name of preschool _____

(Example: Head Start, home daycare with other preschool children, nursery school Address _____

_____ No, my child does not attend any other early childhood setting _____

Has this student ever attended Bowling Green School District _____ Yes _____ No

If yes, please indicate which school building. _____ Year _____ Grade _____

If preschool _____ am or _____ pm preference – Rationale for preference _____

If kindergarten (choose one) Full Day Every Day (M, T, W, Th, F) option Full Day Every Other Day (M, W, F) option

Other Children living at home:

Name: _____ M F Age: _____ School: _____ Grade: _____

Name: _____ M F Age: _____ School: _____ Grade: _____

Name: _____ M F Age: _____ School: _____ Grade: _____

Parent (Parent means either biological parent, unless the parents are separated or divorced, in which case the parent means the parent with legal custody of the child. Only students who live in the school district with a parent as defined by O.R.C. may be registered for admission. Custody and/or other pertinent court documents are required.)

Student lives with (please check):

_____ biological mother _____ both parents (same residence) _____ *relative, not guardian
_____ biological father _____ both parents (shared custody) _____ *court placement (Foster/Court information on bottom of other side)
_____ custody pending – hearing date _____ *other _____

Biological Father Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City State Zip: _____

Place of Employment: _____ Work Phone: _____

Email: _____

Biological Mother Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City State Zip: _____

Place of Employment: _____ Work Phone: Email: _____

Email: _____

Step-father name: _____

Step-mother name: _____

**Information requested by the State of Ohio / Senate Bill 140
(check all that apply)**

Student Citizen Status: (check all that apply)

- U.S. Citizen Non-U.S. Citizen
 Migrant Exchange Student
 Education Visa Student
 (provide copy of visa)
 Other _____

Race/Ethnicity: (questions are from Federal guidelines/requirements)

Is this student of Hispanic or Latino heritage Yes ___ No ___

The above question is about ethnicity, not race. Please continue below to indicate what you consider the student's race to include.

	Biological Father	Biological Mother	Child
American Indian or Alaskan native			
Asian			
Native Hawaiian/Other Pacific Islander			
Black/African American (non-Hispanic)			
Hispanic/Latino			
White (non-Hispanic)			

(If biological parent's ethnicity is not the same, the student is considered to be to be multi-racial/multi-ethnic)

What language did your son/daughter speak when he/she first learned to talk?	
What language does your child use most frequently at home?	
What language do you use most frequently with your child?	
What language do the adults at home most often speak?	
How long has your son/daughter attended School in the United States?	

Student Disability Condition:

Is there a current IEP in place? Yes ___ No ___
(if yes and new to BG Schools, Please provide a copy of IEP.)

- | | |
|--|---|
| <input type="checkbox"/> Multi-Disabilities | <input type="checkbox"/> Deaf-Blindness |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairments |
| <input type="checkbox"/> Speech & Language Impairments | <input type="checkbox"/> Orthopedic Impairments |
| <input type="checkbox"/> Emotional Disturbance (SBH) | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Preschool Child w/Disability | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other Health Impaired |

Parent public assistance status:

Yes, parents receive public assistance

Homeless Status:

No, student is not homeless

Yes, student is homeless and primary night-time residence is:

SHELTER – Transitional (temporary) housing or awaiting foster care

UNSHELTERED – living in car, park, public space, campground, abandoned building, etc.

DOUBLED-UP – sharing housing with other families or individuals because of loss of housing

HOTEL/MOTEL – temporarily living in hotel/motel

Parents Signature: _____ **Today's Date** _____

***Guardian/Foster Home Placement:**

Guardian/Foster Father: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City State Zip: _____

Place of Employment: _____ Work Phone: _____

Email: _____

Guardian/Foster Mother: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City State Zip: _____

Place of Employment: _____ Work Phone: _____

Email: _____

*For students under government agency jurisdiction-i.e., foster children, court placed-It is necessary to identify the legal school district or residency for obtaining tuition payments. If the student being admitted falls under this category, the biological parent section on PAGE ONE must be completed with the biological parent's last known address and the following:

Agency or Court making placement, if applicable: _____

Caseworker: _____

Work Phone: _____

Caseworker's Signature: _____ Today's Date: _____