

# 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 \_\_\_\_\_

## 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: \_\_\_\_\_