



Cleveland Heights – University Heights City School District



STUDENT REGISTRATION FORM 2016/2017 School Year

☐ New ☐ Re-entry

Student Name:		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
Social Security #:	Birth Date:	Entry Grade:
	<i>Month Day Year</i>	
Address:		
<i>Number</i>	<i>Street</i>	<i>City</i> <i>Zip Code</i> <i>Up</i> <input type="checkbox"/> <i>Down</i> <input type="checkbox"/> <i>Apt. #</i> _____
Previous School Attended:		
<i>Name of School</i> <i>School District</i> <i>City</i> <i>State</i>		
Ethnicity: (Choose One)	Race: (Choose one or more , regardless of Ethnicity)	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Gender:	Birthplace:	Native Language:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<i>City</i> <i>State/Country</i>	<input type="checkbox"/> English <input type="checkbox"/> Other _____
Student Lives With: (check all that apply)		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Host Parents (foreign exchange student) <input type="checkbox"/> Self – Independent Student <input type="checkbox"/> Other (explain): _____	
Legal Custody:		
<input type="checkbox"/> Mother and Father – Legally Married <input type="checkbox"/> Mother – Never legally married to biological father <input type="checkbox"/> Father – Never legally married to mother/ established paternity through the courts <input type="checkbox"/> Shared parenting through divorce or legal separation <input type="checkbox"/> Parents legally married, not living together	<input type="checkbox"/> Student is 18 years old and lives independently <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Grandparent Affidavit/ Power of Attorney* <input type="checkbox"/> CCDCFS* <input type="checkbox"/> Other (explain): _____	
<i>*Court Journal Entry:</i> _____		<i>*Probate Court</i> <i>*Juvenile Court</i>
<i>*Case Number:</i> _____		<i>*Guardian Ad Litem:</i> _____

Parent/Guardian Name: _____

Additional Information:

Is the child in gifted or Advanced Placement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe services:
Does the child have a 504 plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe services:
Has the child ever had an IEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list year of most recent evaluation:
Is the child suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, from what district?
Is the child expelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, from what district?
Is there a pending court action affecting custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain: