



Cleveland Heights – University Heights City School District



STUDENT REGISTRATION FORM

2016/2017 School Year

New Re-entry

<i>Last Name</i>			<i>First Name</i>			<i>Middle Name</i>			
Student Name:									
Social Security #:			Birth Date:			Entry Grade:			
			<i>Month</i>	<i>Day</i>	<i>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: <small>(Choose One)</small>			Race: <small>(Choose one or more, regardless of Ethnicity)</small>						
<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: <small>(check all that apply)</small>		<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"/> CCDDFS* <input type="checkbox"/> Other (explain): _____				
		*Court Journal Entry: _____			* <input type="checkbox"/> Probate Court		* <input type="checkbox"/> Juvenile Court		
		*Case Number: _____			*Guardian Ad Litem: _____				

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: