

**YOU WILL NEED THE FOLLOWING TO
REGISTER:**

- 1. BIRTH CERTIFICATE**
- 2. SOCIAL SECURITY CARD**
- 3. SHOT RECORDS**
- 4. CUSTODY PAPERS (if applicable)**

OHIO SCHOOL LAW

In order to facilitate the enforcement of the Missing Child Law, the law requires each entering student to provide, a certified copy of any child custody order or decree which has been issued with respect to the student. The custodial parent of such a student must also provide the school with certified copies of any later court orders which modify the original custody order or decree.

COSHOCTON CITY SCHOOLS REGISTRATION FORM

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated.

PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION.

1. STUDENT DATA

Grade student will be entering _____

Has student ever attended Coshocton City Schools?
Yes ___ No ___ If YES: School _____

Grade(s) Enrolled _____

Student Name (LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE):

First

Middle

Last

Last Name Suffix (Jr., III, etc) _____

Gender (circle one)

F or M

Social Security # _____

County of Residence (circle one):

Home Phone: Area Code _____ --- _____ Unlisted? Yes ___ No ___

Coshocton

Street Address _____

Knox Holmes

P.O. Box # _____ City _____ Zip _____

Licking Muskingum

STUDENT'S BIRTH DATA

Date of Birth: Month _____ Day _____ Year _____ Mother's Maiden Name _____

Birth City _____ State _____ If child was born outside U.S., list country _____

Citizenship of student: ___ USA Other _____ Native Language spoken in home: ___ English Other _____
(specify country) (specify language)

If child was born outside the U.S., how many years has he/she been attending a U.S. school? _____

2. RACIAL / ETHNIC DATA

PLEASE ANSWER BOTH A AND B

A. Is the student Hispanic/Latino?

(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

___ Yes ___ No (go to part B)

B. Is the student: (check all that apply)

___ **American Indian or Alaska Native** (Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)

___ **Asian** (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

___ **Black or African American** (Persons having origins in any of the black racial groups in Africa.)

___ **Native Hawaiian or Pacific Islander** (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

___ **White** (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

(If left blank, ethnicity will be determined by observer identification)

Coshocton City Schools is mandated by the United States Department of Education, under the No Child Left Behind Act, to collect and report this information for all students who enroll in the school district.

3. PREVIOUS SCHOOL INFORMATION

◆ Does your child have an IEP or 504 plan or has he/she received special education services in the past?

Yes ___ No ___
(If yes, provide a current copy of IEP and ETR.)

◆ Is student under expulsion from previous school?

Yes ___ No ___

◆ School where child was most recently enrolled:

District _____

School _____

School Address _____

Phone # _____

Fax # _____

PLEASE COMPLETE REVERSE SIDE →

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Student Name _____ Grade _____

4. FAMILY & CUSTODIAL DATA

◆ **Status of Biological Parents:** _____ Parents Married _____ Parents never Married _____ Parents Separated _____ Parents Divorced
 _____ Father Deceased _____ Mother Deceased

◆ **Who has legal custody of this student?** _____
If a divorce or guardianship situation exists, we must have a certified full copy of the order of decree. This is per State of Ohio Law (ORC 3313.672) and the Missing Children's Act.

◆ **Student lives with:** _____ Mother & Father _____ Mother only _____ Mother & Stepfather _____ Father only _____ Father & Stepmother
 _____ Foster Parent _____ Host parent _____ Court appointed Guardians/Grandparents _____ Other

INFORMATION for Mother /Guardian/ Foster Parent (circle one)

Name _____
First M.I. Last

Home address _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

Employer _____ Work phone _____

INFORMATION for Father /Guardian/ Foster Parent(circle one)

Name _____
First M.I. Last

Home address _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

Employer _____ Work phone _____

INFORMATION for Step-Mother /Step-Father (circle one)

Name _____
First M.I. Last

Home address _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

Employer _____ Work phone _____

BROTHERS AND SISTERS

Name	Age	Grade

OFFICE STAFF

HAVE YOU COLLECTED?

Legal Birth Certificate	Y	N
Proof of Residency	Y	N
Immunization Record	Y	N
Social Security Card	Y	N
Legal Custody Documents	Y	N
Court/Foster Placement Form	Y	N
Copy of IEP, if applicable	Y	N

5. PARENT / GUARDIAN SIGNATURE

I, the undersigned, state that I am the parent or legal guardian of the above named student and that the registration information provided is true and correct.

Signature of _____
 Parent/Legal Guardian **X** _____ Date: **X** _____

COSHOCTON CITY SCHOOLS

1207 Cambridge Road
COSHOCTON , OHIO 43812
Phone 740-622-1901 Fax 740-623-5805

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

The undersigned hereby requests the release of any of the items checked below from the school records of:

_____	_____
Name of Student	School Previously Attended
_____	_____
Social Security Number	Date of Birth

To the following person or agency: Coshocton City Schools
Attn.: Becky Fletcher
1207 Cambridge Road
Coshocton, Ohio 43812

becky.fletcher@omeresanet.net

- Required records (name, address, birth date, sex, parents' address, attendance record, grades grade level, subjects completed, credits earned, and grades at time of withdrawal).
- Standardized Test Results (Ability, Achievement, Aptitude)
- Proficiency and Competency Test Results (Indicate per area: scores, passed, failed and dates tested)
- Personality and Interest Inventory Results
- Family Background Data - Guardianship Papers
- Record of Extracurricular Activities
- Health and Shot Records
- Psychological Reports (Multifactor or Team Reports) Most Recent
- IEP, 504 Plan and Placement Data - Special Education
- Individual Career Records (ICP)

Signature of Parent or Guardian

OR

Date

I hereby certify that I am 18 years old or am an emancipated minor, and I authorize the release of the school information marked above to the person or agency listed above.

Signature

Date