

Office Use Only
 W/D Date: _____
 Code: _____

Lima City Schools
 Dr. Earl A. McGovern Educational Center
 755 St. Johns Avenue - Post Office Box 2000
 Lima, Ohio 45802-2000

Office Use Only
 SIS ID# _____
 Grade: _____
 Home Room #: _____
 Date Entered: _____

STUDENT REGISTRATION FORM

Student's Legal Name _____ Male Female Grade _____
Last Name First Name Middle Name [MANDATORY]

Address _____
Street City State Zip Code

Phone # _____ Unlisted Student's County of Residence _____

Birth Date: _____ Place of Birth [City & State - MANDATORY] _____

Social Security #: _____ IEP/Special Education/Other Special Services Yes No

Ethnic - is this student Hispanic/Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin - regardless of race. Yes _____ No _____

Race - please indicate YES or NO in each of the following:

American Indian or Alaskan Native	Yes _____	No _____
Asian	Yes _____	No _____
African-American/Black	Yes _____	No _____
Native Hawaiian or Other Pacific Islander	Yes _____	No _____
Caucasian/White	Yes _____	No _____

Observer ID Designation _____
 [District designation must be communicated to custodial parent[s]/legal guardian prior to designation.]

Student's Native Language _____ Language spoken in home: by student _____ by adults to student _____ by adults to each other _____

Who has LEGAL custody of this student? Both Parents _____ Mother _____ Father _____ Other Court Appointed Person _____

Custodial Parent[s]/Court Appointed Legal Guardian/Emergency Contact Person & Relative/Child Care Provider Information

Father's Name _____ Home Phone # _____
 Home Address _____ Cell Phone #: _____
 Home e-mail address _____ Employer _____
 Work Phone # _____

Mother's Name _____ Home Phone # _____
 Home Address _____ Cell Phone # _____
 Home e-mail address _____ Employer _____
 Work Phone # _____ Mother's Maiden Name _____

Court Appointed Legal Guardian's Name _____ Home Phone # _____
 Home Address _____ Cell Phone # _____
 Home e-mail address _____ Employer: _____
 Work Phone #: _____ Copy of Court Document Provided. Yes No Date received. _____

Emergency Contact Person's Name: (Other than listed above) _____ Phone #: _____

Name of Other Relative or Child Care Provider _____ Phone #: _____
 Relationship _____ Address: _____

YOU MUST COMPLETE AND SIGN THE BACK OF THIS FORM.

Student's Living Environment – Please circle one number [1 to 9].

- | | | | | | | |
|--|----------------|-------------------------|----------|----------------|----|------|
| 1. One parent | Please circle: | Natural | Adoptive | Foster | OR | Step |
| 2. Two parents | Please circle: | Natural | Adoptive | Foster | OR | Step |
| 3. <u>Court Appointed</u> Legal Guardian | | | | | | |
| 4. Relative [not a guardian] | | 5. Shelter | | 6. Motel | | |
| 7. Local Group Facility | | 8. State Group Facility | | 9. Independent | | |
- Citizenship – Please circle one.** U.S. Citizen Exchange Student Not a U.S. Citizen

Name of last school attended: _____ Phone #: _____
 Complete address of last school attended: _____
 Last Lima City School attended: _____ Grade: _____
 Date attended: _____

DIRECTORY INFORMATION

During the year, the school district receives requests for **Directory Information**. Directory information includes student name; address; telephone number; date and place of birth; major field of study; participation in officially recognized activities and sports; height and weight, if a member of an athletic team; dates of attendance; date of graduation; awards received or honor rolls and scholarships.

Directory information is used in many school activities including booster groups, sports, honor rolls and awards. Non-profit organizations may also request directory information. Directory information is not released to for-profit organizations.

- The annual notice regarding **Directory Information** is included each year in the Student and Parent Rights and Responsibilities Handbook.

Please choose **one** option below regarding your child's Directory Information:

- OPTION 1** - Release my child's Directory Information only to school related groups and for school associated activities. Stories may be covered by media including television, newspaper, radio, and/or serve as school district promotion. Examples: honor roll, school events, boosters and awards
- OPTION 2** - Release my child's Directory Information to all in Option 1, plus other organizations allowed by law to receive it. Examples: non-profit organizations and private schools
- OPTION 3** - **Do not release** my child's Directory Information.

In accordance with Federal and State law, the Board shall release the names, addresses, and telephone listings of secondary students to recruiting offices of all branches of the United State Armed Forces or institutions of higher education. A secondary student or parent of the student may request in writing to the Board that the student's name, address and telephone listing not be released for this purpose without prior consent.

****I certify that all of the above information is true.***

_____ **Date**

_____ **Custodial Parent/Court Appointed Legal Guardian's Signature**

*** Any falsification of information provided on this Student Registration Form could be considered violation of law.**