



Student Enrollment Form

Office Use		
Enrollment Date	_____	Time _____
Bldg. Assignment	_____	ID # _____
Homeroom	_____	Teacher _____
Bus # _____	Pick-up _____	Drop-off _____
First Day	_____	Code _____

STUDENT'S PERSONAL INFORMATION:

Student Name: _____
Full Last Name (legal) *Full First Name (legal)* *Full Middle Name (legal)*

Address: _____
House Number *Street Name* *Apartment No.*

_____ *City* _____ *Zip Code* _____ *Home Telephone*

Sex: Male Student is enrolling for grade: _____
 Female U.S. Citizen? Yes No If No, list nationality: _____

Birthdate: _____ Birthplace: _____
Month *Day* *Year* *City* *County* *State/Country*

Is student of Hispanic/Latino heritage? Yes No **Native Language:** _____

Racial Group (must choose at least one; check all that apply) Asian Black or African American American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander White

STUDENT'S FAMILY DATA (Please check ALL that apply in the following categories):

Who has legal custody of this child?	Who is student living with?	Marital Status of Parents?
<input type="checkbox"/> Both parents	<input type="checkbox"/> Both parents	<input type="checkbox"/> Married
<input type="checkbox"/> Mother	<input type="checkbox"/> Mother	<input type="checkbox"/> Separated
<input type="checkbox"/> Father	<input type="checkbox"/> Father	<input type="checkbox"/> Divorced
<input type="checkbox"/> Foster Care	<input type="checkbox"/> Grandparent: _____	<input type="checkbox"/> Widowed
<input type="checkbox"/> Step Parent	<input type="checkbox"/> Guardian: _____	<input type="checkbox"/> Never Married
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

Type of Custody: Full Custody Shared/Joint Custody

A complete set of custody and/or guardianship papers must be on file with the school office.

Legal Mother/Guardian Name: _____
Last *First* *Maiden*

Legal Father/Guardian Name: _____
Last *First*

STUDENT'S PREVIOUS EDUCATION: Name of School Last Attended: _____

Withdrawal date from previous school: _____ School Phone: _____

How long did child attend previous district? _____ School Address: _____

Last grade attended at previous district: _____

Has the student ever attended Wadsworth City Schools? Yes No If yes, grade(s) attended: _____

Please also complete reverse side.

PARENT/GUARDIAN DATA:

The following information should be completed referring to parent(s), guardian(s), grandparent(s) with whom the student resides:

Parent/Guardian: _____ <i>Last First</i>	Parent/Guardian: _____ <i>Last First</i>
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Place of Employment: _____	Place of Employment: _____
Work Phone: _____ <i>Include Area Code</i>	Work Phone: _____ <i>Include Area Code</i>
Cell Phone: _____ <i>Include Area Code</i>	Cell Phone: _____ <i>Include Area Code</i>
eMail Address: _____	eMail Address: _____

Do you have court orders restricting the non-custodial parent? Yes No
 Do you have complete custody papers? Yes No

OTHER VITAL DATA:

Does your child have any physical disability that would prevent him or her from participation in school activities? Please describe:

Please check all of the items below that relate to your child:

Identified for Special Education Services (IEP) for:

- SLD – Specific Learning Disability
- CD – Cognitive Disability
- ED – Emotionally Disturbed
- 504 Plan
- Has Received Reading Intervention
- Speech/Language Therapy
- Occupational Therapy
- Physical Therapy
- Other: _____

Identified for Gifted Education:

- Enrichment Services
- Math
- Reading
- Other: _____

Please list any additional information that would be helpful to the school: _____

I hereby state that the information provided on this document is true and correct. I am the legal guardian or custodian of this child.

_____	_____
<i>Parent/Guardian Signature</i>	<i>Date</i>
Signature of Building Administrator: _____	

For Office Use Only

- Re-enrolling took care of all previous obligations (Note: For re-enrollment, past financial obligations shall be paid prior to admittance)
- Provided proof of immunization (4-DPT; 3-Polip; 2-MMR after 1st birthday & during 7th grade; Hepatitis B beginning KDG 2000)
Note: Immunization requirements must be met or child will be excluded from school on the 15th day.
- Provided two proofs of Wadsworth residency. If student is 18 or older and supported by custodial parent, parent must live in Wadsworth. Otherwise, student must provide proof of emancipation.
 - Driver's License Rental Agreement Pay Stub Major Credit Card Bill
 - Bank Statement Mortgage Papers Utility Bill Voter Registration Card
- Parent has been informed of the yearly \$30 instructional assessment, class dues, and other fees, if applicable.
- Kindergarten physical by November 1, as per ORC 3313.673
- 1. The student **may be enrolled**, meets requirements of residency, guardianship, immunizations, and age (birth certificate).
- 2. The student **may be enrolled**, but must provide proof of residency within 90 days and/or provide proof of guardianship within 60 days (circle one or both) or the student may be dropped from our rolls or be billed for tuition retroactive to enrollment date.
Deadline: _____
- 3. The student **may be enrolled**, but must provide proof of immunization/birth certificate (circle one or both) within 14 days or the student will be dropped from our rolls. Deadline: _____
- 4. The student **MAY NOT BE ENROLLED**, does not meet all requirements, and must do the following prior to admittance:
 - Provide proof of custody/guardianship Provide proofs of residency
 - Settle previous financial obligations Provide birth certificate

Comments: