

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

CORY-RAWSON LOCAL SCHOOLS

3930 CR 26

Rawson, Ohio 45881

Student Registration Form

Office Use Only
 Student ID# _____
 SSID ID# _____
 Grade _____
 Home Room # _____
 Date Entered _____

This institution is an equal opportunity provider and employer.

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

Address _____
Street City State Zip Code

Email Address _____

Nickname (if preferred) _____ Social Security # _____

Birth Date _____ Place of Birth (City & State – **mandatory**) _____

Ethnicity – Black White Asian Hispanic American Indian/Alaskan Native Multiracial

Language spoken in the home _____ Are parents separated (yes or no)? _____

Does this student's educational program include an individualized education plan (IEP)? Yes No **If yes**, what type of program? _____

Custodial Parent(s)/Legal Guardian/Family

Father's Name _____ Home Address _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work Phone # _____

Mother's Name _____ Home Address _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work Phone # _____

Mother's Maiden Name (**mandatory**) _____ Email _____

Please list any siblings and their ages below:

Name _____ Age ____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Name _____ Age ____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name _____ Age ____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Name _____ Age ____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Name _____ Age ____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Name _____ Age ____ <input type="checkbox"/> Male <input type="checkbox"/> Female

Student's Living Environment – Please circle one number:

- | | |
|---|-------------------------|
| 1. One parent (please check): <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive <input type="checkbox"/> Foster <input type="checkbox"/> Step | 5. Local Group Facility |
| 2. Two parents (please check): <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive <input type="checkbox"/> Foster <input type="checkbox"/> Step | 6. State Group Facility |
| 3. Legal Guardian | 7. Independent |
| 4. Relative (not a guardian) | 8. Other |

Citizenship – Please check one: U.S. Citizen Exchange Student Not a U.S. Citizen

Office Use Only
 Birth Certificate
 Social Security Card
 Immunization Records
 Request for Records form completed
 Court Documents (custody, other)
 IEP Records (if applicable)

School Admission Information – Please circle one number

1. Entering from approved home schooling program.
2. Entering from another state. (State _____) or another country. (Country _____)
3. Enter Cory-Rawson from a non-public school. **Name of school** _____ Phone # _____
 Address of last non-public school attended _____
4. Student enrolled for 1st time in Ohio public school/community school because of age (PS/K).
5. Not enrolled in Ohio public district/community school since 2003 for reasons other than above. **State reasons** _____
6. Transferred from another Ohio public district/community school. **Name of school** _____
 Address of last school attended _____ Phone # _____
7. Not newly enrolled in Cory-Rawson school district.
8. Entering through open enrollment. **Name of Resident District** _____

I certify that all of the above information is true.

Custodial Parent/Legal Guardian's Signature _____ Date _____