

Student Information please print

Today's Date: _____

Student's Legal Name: _____
(First Name) (Full Middle Name) (Last Name)

Social Security #: _____ - _____ - _____ **Birth date:** _____ **City of Birth:** _____

Gender: ___ Female ___ Male **Grade Level:** _____ **Mother's Maiden Name:** _____
(Last name)

Racial Code: ___ Asian **Student was born in the US?** **1st time in an Ohio school?**
Please check ___ Black/African American ___ yes ___ no ___ yes ___ no
all that may ___ Indian-Native/Alaskan **Student is a US citizen?** **1st time in Hamilton Local schools?**
apply to your ___ Native Hawaiian/Other Pacific ___ yes ___ no ___ yes ___ no
child ___ White **If NO, list country of citizenship** **If NO, when did they attend Hamilton?**
Is this child Hispanic/Latino? ___ yes ___ no _____

Name of last school attended: _____ **City:** _____ **State:** _____

Residency Information please print

Current Address: _____ **City:** _____ **Zip:** _____
(number and street)

Do you own this property? ___ yes ___ no **Primary Phone #:** _____

Family/Custodial Information please print

Mother/Guardian Information

Name: _____
Relationship to student: _____
Employer's Name: _____
Cell Phone: _____
Work Phone: _____ **Ext. #** _____
Email: _____

Father/Guardian Information

Name: _____
Relationship to student: _____
Employer's Name: _____
Cell Phone: _____
Work Phone: _____ **Ext. #** _____
Email: _____

Child lives with: ___ Both Natural Parents ___ Father Only
___ Mother Only ___ Father/Stepmother
___ Mother/Stepfather ___ Other
___ Foster _____

Brothers/Sisters – Names & Ages

Special Services – please check all that apply if your child is currently receiving any of the following services:

___ Gifted/Enrichment ___ Current IEP ___ English as a Second Language ___ 504 Plan ___ Special Transportation

Additional Information please print

Please estimate your child's overall academic performance: ___ Above Average ___ Average ___ Below Average

Approximately how many days of school has your child missed this year? _____

Does your child have any medical or other problems the school should be aware of? ___ yes ___ no

If yes, please explain: _____

Does your child need to take any medication during the school day? ___ yes ___ no

If yes, please ask for a Medical Authorization Form. It must be completed by your physician before we can administer any medications or your child can use an inhaler at school.

Is the student currently under a suspension or expulsion from another school district? ___ yes ___ no

Signature: Name of Parent/Guardian Registering (print) _____ **Date:** _____

Signature of Parent/Guardian Registering the student: _____

ADMIN OFFICE USE: DASL: ___ Student I.D. Number Assigned: _____ Building: _____

BLDG OFFICE USE: First Day of Attendance: _____ Initial: _____ revised 7/15/14