

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

Student Profile/Registration Form

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 only)

Racial Code: Asian Black/African American Indian-Native/Alaskan Native Hawaiian/Other Pacific child White
Please check all that may apply to your child
Is this child Hispanic/Latino? yes no

Student was born in the US? yes no
Student is a US citizen? yes no
If NO, list country of citizenship: _____

1st time in an Ohio school? yes no
1st time in Hamilton Local schools? yes no
If NO, when did they attend Hamilton? _____

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.

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

OFFICE USE ONLY:

DASL: _____ Student I.D. Number Assigned: _____ Building: _____