

BLUFFTON EXEMPTED VILLAGE SCHOOLS REGISTRATION FORM

Part I- Student Information:

- MUST PRESENT COPY OF BIRTH CERTIFICATE WHEN REGISTERING STUDENT**

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

Called Name: _____ Sex: M F Date of Birth: _____

Address: _____
(Street) (City) (State) (Zip Code) (County)

Date of Entry: _____ Grade Level of Entry: _____

Birthplace on Birth Certificate: _____ (Birthplace will be city or state)

HISPANIC/LATINO: _____ Yes, the student is Hispanic/Latino _____ No, the student is not Hispanic/Latino

Circle the RACE: A=Asian-Pac. Isl. B= Black Non Hispanic H=Hispanic I=Indian/Alaskan M=Multiracial
P=Native Hawaiian- Other Pacific Islander W= White

If Multiracial – circle at least two race groups or more:

Circle the RACE: A=Asian-Pac. Isl. B= Black Non Hispanic H=Hispanic I=Indian/Alaskan W= White
P=Native Hawaiian- Other Pacific Islander

Has the student received special education services: _____ Yes _____ No Is the student on a IEP?: _____ Yes _____ No

Has the student ever attended another school in the State of Ohio?: _____ Yes _____ No

Citizenship: _____ U.S. _____ Exchange _____ Other Non U.S. – Country _____

Immigrant Status: _____ Yes _____ No

Per Section 3301 (6) of the Elementary and Secondary Education Act, an immigrant student is a student

- is age 3 through 21;
- was not born in any State; and
- has not been attending one or more schools in any one or more States for more than 3 full academic years.

Native Language:

- What first language did your child speak? _____
- Native language in present household? _____
- What Language do you speak to your child? _____
- What Language does the adults at home speak? _____

Is the student LEP (Limited English Proficiency)? Yes _____ No _____

Current Family Status – Below select and mark with an “X” which describes the student’s situation

- Parent’s divorce status must have court custody document stating who is the custodial parent.**

- | | | |
|--------------------------------|---------------------------------|------------------------------|
| _____ Two Natural Parents | _____ Adoptive Parent | _____ Homeless |
| _____ Single Natural Parent | _____ Independent Student | _____ Grandparent Custodian |
| _____ Step-Parent with Custody | _____ Foster Parent | _____ Group Facility - Local |
| _____ Divorced | _____ Court Appointed Custodian | _____ Group Facility - State |

_____ Other – Please explain: _____

ADMISSION CRITERIA: (circle one code)

1. Student transferred from Home School in Ohio
2. Student transferred from out of state/out of country
3. Student transferred from a nonpublic school in Ohio
4. Student enrolling for the first time in Ohio public school/community school because of age (Preschool/Kindergarten)
5. Not enrolled in an Ohio public district or community school since 2003 for a reason other than listed above
6. Transferred from another Ohio public/community school
7. Not newly enrolled in this school district
8. Student previously enrolled in Early Childhood (Preschool < 3years of age) program
- C. Board of Regents student previously enrolled in an Ohio higher education program

Name of Previous School: _____

Address of Previous School: _____

****If the student is court placed, foster or in a group facility skip Part II and go to Part III****

PART II: PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Address: _____
(Street) (City) (State) (Zip Code) (County)

Telephone Number: _____ Place of Employment: _____

Cell Number: _____ Email: _____

Father's Name: _____

Address: _____
(Street) (City) (State) (Zip Code) (County)

Telephone Number: _____ Place of Employment: _____

Cell Number: _____ Email: _____

PART III: TO BE COMPLETED FOR STUDENTS UNDER COURT REFERRAL, I.E. FOSTER, GROUP FACILITY ETC.

- **MUST HAVE COPY OF COURT JOURNAL ENTRY BEFORE ADMISSION IS COMPLETE.**

BIOLOGICAL PARENTS:

Mother's Name: _____

Address: _____
(Street) (City) (State) (Zip Code) (County)

Father's Name: _____

Address: _____
(Street) (City) (State) (Zip Code) (County)

School District in which biological parents live:

District Name: _____

Address: _____