

NILES CITY SCHOOL DISTRICT REGISTRATION FORM

FOR OFFICE USE ONLY

Building _____ Grade _____ Homeroom _____ Start Date ____/____/____

Ethnicity: H W B A I P M

SSID _____

Child has Court/Custody Documentation Yes No

Child has an IEP Yes No

STUDENT INFORMATION

Student's Name _____ Preferred first name _____
(Legal First Name) (Middle Name) (Legal Last Name)

Male Female

Birth date: ____/____/____
(Month) (Day) (Year)

Birthplace: _____
(City) (State)

Student's Address _____ Apt _____ PO Box _____
(Street)

(City) (State) (Zip) County _____

Home Phone (will be used for automated calls) _____ Unlisted

Is English your child's first language: Yes No If no, what is child's first language: _____
(If NO, parent must complete Home Language Survey)

PREVIOUS SCHOOL

Name of Last School Building Attended _____ District _____

Address _____ City _____ State _____ Zip _____

Did your child previously attend Niles City Schools? No Yes School _____ Year _____

List previous Headstart, daycare or pre-school (KG-1 students only) _____

INDICATE ISSUES YOUR CHILD MAY EXPERIENCE RELATED TO HEALTH AND/OR SCHOOL

Eyesight Hearing Speech Heart Abnormal Fears Diabetes

Allergies (list): _____ Life-Threatening? Yes No Other _____

Does your child have a 504 plan? Yes No If yes, do you have a copy? Yes No

Does your child have a current Individualized Education Plan (IEP)? Yes No

If no, was your child in the process of a multi-factored evaluation? Yes No

If yes, do you have a copy of the multi-factored evaluation? Yes No

If your child has an IEP, list the child's disability condition: _____

Has your child received any other services? (Title I, Reading Recovery, Speech, Physical Therapy, etc.)

Please list services currently receiving: _____

PARENT/GUARDIAN INFORMATION

Natural Father _____ Deceased Employer _____

Residential Address Street _____ City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

Natural Mother _____ Deceased Employer _____

(First) (Maiden) (Last)

Residential Address Street _____ City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

Parents are: Married Divorced Separated Never Married

IF DIVORCED, COMPLETE THIS SECTION

COURT DOCUMENT AWARDING CUSTODY WITH A JUDGE’S SIGNATURE MUST BE PROVIDED

Name of Custodial Parent _____ Is custodial parent remarried? Yes No

If yes, name of step-parent _____

Does non-residential or non-custodial parent wish to receive copies of school correspondence? Yes No

IF STUDENT IS NOT RESIDING WITH NATURAL PARENT, COMPLETE THIS SECTION

Was placement made by Court Order? Yes No

COURT DOCUMENT AWARDING CUSTODY WITH A JUDGE’S SIGNATURE MUST BE PROVIDED

Name of person with whom the child resides _____ Relationship _____

Placing Agency _____ Caseworker _____ Phone: _____

MILITARY DEPENDENT QUESTIONNAIRE

<p>Has child’s mother served in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, check one:</i> <input type="checkbox"/> A-Active Duty in Army, Navy, Air Force, Marines or Coast Guard <input type="checkbox"/> B-Member of Army or Air National Guard</p>	<p>Has child’s father served in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, check one:</i> <input type="checkbox"/> A-Active Duty in Army, Navy, Air Force, Marines or Coast Guard <input type="checkbox"/> B-Member of Army or Air National Guard</p>
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SIBLINGS FIRST/LAST NAMES **AGE** **GRADE** **SCHOOL OF ATTENDANCE**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE

I verify that all information above is accurate and that my child fulfills all the requirements for attending the Niles City School District.

(Parent/Legal Guardian Signature)

(Date)