

BIG WALNUT

LOCAL SCHOOL DISTRICT

STUDENT REGISTRATION FORM

Today's Date: _____ Enrollment Date: _____ Enrolling Grade: _____ Gender: Male Female

Student Legal Name: _____

Last Name
First Name
Middle Name

Student Address: _____

Street Address
(Subdivision)
(Apt #/Lot#)
City, State, Zip

Mailing Address if different from above: _____

Street Address
(Subdivision)
(Apt.#/Lot#)
City, State, Zip

Age: _____ Date of Birth: _____ Home Phone: _____ SS#: _____

Proof of Residency: Mortgage Deed Rental Agreement Pay Stub (showing BWLSD tax withheld) Utility Bill
(gas, electric, or water)

Ethnicity: (check one)

- W-White, Non-Hispanic
- B-Black, Non-Hispanic
- H-Hispanic
- A-Asian
- I-American Indian or Alaskan Native
- P-Native Hawaiian or other Pacific Islander
- M-Multi-Racial

(If left blank, it will default to Multi-Racial)

Citizenship Status: (check one)

- U.S. Citizen
- Exchange Student
- Other/Non-U.S. Citizen

Entry Date of a US School _____

If a student is a Non-U.S. Citizen

Country of origin: _____

Date entered U.S.: _____

Date entered Ohio: _____

Checklist/Office Use Only

- Completed Registration
- Birth Certificate
- Verification of Residence
- Legal Papers (Divorce, Separation, Foster Parent, Guardianship)
- Immunization Record
- Social Security Number
- Medical Pack
- Food Service Application

HOME LANGUAGE SURVEY (must be completed by everyone)

What language did your son/daughter speak when he/she first learned to talk? _____

What language does your son/daughter use most frequently at home? _____

What language do you use most frequently to speak to your son/daughter? _____

What language is most spoken by the adults at home? _____

How long has your son/daughter attended school in the United States? _____

Office use only: If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in eSIS and forward a copy of this page to the Special Service Department.

Previous School District Attended: _____ Building: _____

Address: _____

Street Address
City, State, Zip

Phone: _____ Fax: _____ Last Grade Enrolled/Completed: _____

Is your child currently expelled from another Ohio District? Yes No

Is the child presently under suspension or dismissal for academic or disciplinary reasons from any school? Yes No

Custody Information/Office Use Only:
Full copy of Custody Judgment
(If Applicable)

STATEMENT OF CUSTODY
(Biological parent information)

Please check any statements that apply

Biological Parents married to each other? Yes No
Parents separated from each other? Yes No
Parents divorced from each other? Yes No

If divorced, from what County _____ State _____

Who has Legal custody of this student? _____

*If a divorce or guardianship situation exists, we must have a certified full copy of the order or decree.
This is per State of Ohio Law (ORC 3313.672) and the Missing Children's Act.*

Parents Deceased? Father Mother

Office Use Only:
District Responsible for Tuition

LEGAL COURT PLACEMENT -Court documents are required to enroll a student.

Name of Placement Agency _____

Case Worker's Name: _____

Foster Parent: _____ Address: _____
Street Address City, State, Zip

Phone #: _____ Cell #: _____

If student is foster placed please provide name and address of biological parents in section below.

Biological Father: _____

Biological Mother: _____

Address: _____
Street Address (Subdivision/Apt #/Lot#)

Address: _____
Street Address (Subdivision/Apt #/Lot#)

City, State, Zip

City, State, Zip

Employer: _____

Employer: _____

Home Phone #: _____

Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Cell Phone #: _____

E-mail: _____

e-mail: _____

Living with student Yes No

Living with student Yes No

Step Mother: _____

Step Father: _____

Employer: _____

Employer: _____

Work Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Cell Phone #: _____

e-mail: _____

e-mail: _____

