

# Avon Lake City Schools Registration Form

Registration Date \_\_\_\_\_

Year of Graduation \_\_\_\_\_

I.D. # \_\_\_\_\_  
(Office Use)

\_\_\_\_\_ Former School

Address \_\_\_\_\_

City/State \_\_\_\_\_

If child attended Avon Lake City Schools before, give month/year/grade at withdrawal \_\_\_\_\_  
Month Year Grade

## **STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Unlisted (Y/N) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ U.S. Citizenship \_\_\_\_\_  
Month/Day/Year Yes/No/ Foreign Exchange

Place of Birth \_\_\_\_\_  
City/State

The school needs a phone number where a parent or guardian can be reached during school hours. The parent's first and last name, area code, phone number and extension (if necessary) are needed. Please indicate whether it's a Work (W), Pager (P), or Home (H) number.

Parent's Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Work/Pager/Home \_\_\_\_\_

Primary Language Spoken in home other than English \_\_\_\_\_

Ethnic Code (Circle One) W - White B - Black H - Hispanic A - Asian I - American Indian M - Multi-Racial

## **FAMILY INFORMATION**

Student lives with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Step-Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Independent \_\_\_\_\_ Other

Father \_\_\_\_\_ Home \_\_\_\_\_ Business ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Mother \_\_\_\_\_ Home \_\_\_\_\_ Business ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Step Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Business ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

(See Back)

\*If there is a disability, please read and sign the following: (Please circle applicable disabilities)

- Disability Conditions:**
- |    |                                    |    |  |    |                |       |                        |
|----|------------------------------------|----|--|----|----------------|-------|------------------------|
| 01 | Multihandicapped                   | 02 | Deaf-Blind                               | 03 | Hearing        |       |                        |
| 04 | Visually                           | 05 | Speech                                   | 06 | Orthopedically | 14/15 | Other Health Condition |
| 08 | SBH (Severe Emotional Disturbance) | 09 | CD (Cognitive Disability)                |    |                |       |                        |
| 10 | SLD (Specific Learning Disabled)   | 11 | Pre-School Child (1-5) with a disability |    |                |       |                        |
| 12 | Autism                             | 13 | TBI (Traumatic Brain Injury)             |    |                |       |                        |

I acknowledge that all stated information is correct.

Signature of Person Enrolling Student: \_\_\_\_\_

I understand placement will be in accordance with the current IEP from the previous school.

Signature of Parent/Guardian \_\_\_\_\_

\*\*\*\*\*HIGH SCHOOL INDEPENDENT STUDENT ONLY\*\*\*\*\*

If student is living independent of his/her family, he/she must be living on/by their own means. Validation requires the following:

<u>Monthly Income</u>	<u>Monthly Expenses</u>
_____ W-2 form or paycheck stub showing withholding taxes. (We may call R.I.T.A. to validate your tax address)	_____ Property tax bill, rental lease (School will call to validate)
_____ Check stub from investment dividends	_____ If driving to school, school will copy Ohio insurance card.
_____ Check stub from social security or other public assistance	_____ Utility Bills

\*\*\*\*\* *FOR OFFICE USE ONLY* \*\*\*\*\*

First Active Date of Attendance \_\_\_\_\_ New/Chg \_\_\_\_\_ School \_\_\_\_\_

Teacher \_\_\_\_\_ HMRM \_\_\_\_\_ Counselor \_\_\_\_\_

% Attend \_\_\_\_\_ District Ind \_\_\_\_\_ Stu Status \_\_\_\_\_ Dir Rel \_\_\_\_\_ HDCP \_\_\_\_\_