

WEST HOLMES LOCAL SCHOOL DISTRICT Student Registration Form

STUDENT ENROLLING INTO _____ SCHOOL AND GRADE _____

PARENT/GUARDIAN RESIDES IN _____ SCHOOL DISTRICT

REQUIRED DOCUMENTS TO REGISTER YOUR STUDENT:	
BIRTH CERTIFICATE	CUSTODY DOCUMENT (if applicable)
IMMUNIZATION RECORDS	OPEN ENROLLMENT FORM (if applicable)
PROOF OF RESIDENCY	MOST RECENT ETR AND IEP (if applicable)

STUDENT NAME _____
First Middle Last Called Name

Parent/Guardian Name _____

Mailing Address (P. O. Box or House No. & St or Rd) _____

Physical Address of Residence (if mailing address is P. O. Box) _____

County: _____
City State Zip Code

Home Telephone No. (_____) _____ Mobile Telephone No. (_____) _____

Student's Gender: M F Student's Social Security No. _____ / _____ / _____ (Optional)

Date of Birth _____ / _____ / _____ Place of Birth _____
Month Day Year City State County

Birth Certificate Mother's Maiden (Last) Name _____

Is this student of Hispanic/Latino Heritage? Yes No

Racial group(s) Checkmark all that apply:

Asian Black or African American American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander White
(Includes North, South, Central)

(Based on USDOE requirements, if a response is not provided by a parent/guardian, the district is to use observer identification of the student's racial/ethnic group. This designation is required to be communicated to parent/guardian prior to designation) Observer Identification _____

Primary Language Spoken in Home: English _____ Other, please list - _____

Name of last school attended _____

Address of last school attended _____
City State Zip Code

Telephone Number of last school attended _____

Student has a current ETR/IEP from the previous school? Yes No

Is student serving or in the process of an expulsion hearing from previous school? Yes No

Has this student ever attended school in the West Holmes School District? Yes No

If yes, what building did student attend? _____ Year withdrawn _____

Student lives with:

<input type="checkbox"/> Both birth parents	<input type="checkbox"/> Father
<input type="checkbox"/> Mother	<input type="checkbox"/> Step-mother
<input type="checkbox"/> Step-father	<input type="checkbox"/> Grandparents*
<input type="checkbox"/> Foster	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Self (18 yr. old)	

Continue on back, please

