

# RIVER VIEW LOCAL SCHOOLS REGISTRATION FORM

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated.

**PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION.**

## 1. STUDENT DATA

Grade student will be entering \_\_\_\_\_

Has student ever attended River View Local Schools?  
Yes \_\_\_ No \_\_\_ If YES: School \_\_\_\_\_  
Grade(s) Enrolled \_\_\_\_\_

Student Name (LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE):

\_\_\_\_\_ Last Name Suffix (Jr., III, etc) \_\_\_\_\_  
First Middle Last

Gender:

County of Residence:

Home Phone with Area Code: \_\_\_\_\_ Unlisted? Yes \_\_\_ No \_\_\_

Primary Cell phone with Area Code: \_\_\_\_\_

Street Address \_\_\_\_\_

P.O. Box # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

PARENT E-MAIL address \_\_\_\_\_

### STUDENT'S BIRTH DATA

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Birth City \_\_\_\_\_ State \_\_\_\_\_ If child was born outside U.S., list country \_\_\_\_\_

Citizenship of student: \_\_\_ USA Other \_\_\_\_\_ Native Language spoken in home: \_\_\_ English Other \_\_\_\_\_  
(specify country) (specify language)

If child was born outside the U.S., how many years has he/she been attending a U.S. school? \_\_\_\_\_

## 2. RACIAL / ETHNIC DATA

PLEASE ANSWER BOTH A AND B

### A. Is the student Hispanic/Latino?

(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

\_\_\_ Yes \_\_\_ No (go to part B)

### B. Is the student: (check all that apply)

\_\_\_ **American Indian or Alaska Native** (Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)

\_\_\_ **Asian** (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

\_\_\_ **Black or African American** (Persons having origins in any of the black racial groups in Africa.)

\_\_\_ **Native Hawaiian or Pacific Islander** (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

\_\_\_ **White** (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

(If left blank, ethnicity will be determined by observer identification)

River View School District is mandated by the United States Department of Education, under the No Child Left Behind Act, to collect and report this information for all students who enroll in the school district on or after July 1, 2010.

## 3. PREVIOUS SCHOOL INFORMATION

### A. Does your child have an IEP or 504 plan or has he/she received special education services in the past?

Yes \_\_\_ No \_\_\_  
(If yes, provide a current copy of IEP and ETR)

### B. Has your child been identified as gifted? Yes \_\_\_ No \_\_\_ (If yes, provide a current copy of Gifted Identification)

### C. Is student under expulsion from previous school?

Yes \_\_\_ No \_\_\_

### D. School where child was most recently enrolled:

District \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE** 

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Student Name \_\_\_\_\_ Grade \_\_\_\_\_

## 4. FAMILY & CUSTODIAL DATA

◆ **Status of Biological Parents:** \_\_\_\_\_ Parents Married \_\_\_\_\_ Parents never Married \_\_\_\_\_ Parents Separated \_\_\_\_\_ Parents Divorced  
\_\_\_\_\_ Father Deceased \_\_\_\_\_ Mother Deceased

◆ **Who has legal custody of this student?** \_\_\_\_\_  
*If a divorce or guardianship situation exists, we must have a certified full copy of the order of decree. This is per State of Ohio Law (ORC 3313.672) and the Missing Children's Act.*

◆ **Student lives with:** \_\_\_\_\_ Mother & Father \_\_\_\_\_ Mother only \_\_\_\_\_ Mother & Stepfather \_\_\_\_\_ Father only \_\_\_\_\_ Father & Stepmother  
\_\_\_\_\_ Foster Parent \_\_\_\_\_ Host parent \_\_\_\_\_ Court appointed Guardians/Grandparents \_\_\_\_\_ Other

### INFORMATION for Mother /Guardian/ Foster Parent

Name \_\_\_\_\_  
First M.I. Last

Home address \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

### INFORMATION for Father /Guardian/ Foster Parent

Name \_\_\_\_\_  
First M.I. Last

Home address \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

### INFORMATION for Step-Mother /Step-Father

Name \_\_\_\_\_  
First M.I. Last

Home address \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

### BROTHERS AND SISTERS

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### OFFICE STAFF

#### HAVE YOU COLLECTED?

Legal Birth Certificate	Y	N
Proof of Residency	Y	N
Immunization Record	Y	N
Legal Custody Documents	Y	N
Court/Foster Placement Form	Y	N
Copy of IEP, if applicable	Y	N

## 5. PARENT / GUARDIAN SIGNATURE

I, the undersigned, state that I am the parent or legal guardian of the above named student and that the registration information provided is true and correct.



Signature of

Parent/Legal Guardian **X** \_\_\_\_\_

Date: **X** \_\_\_\_\_