



SCHOOL LOCATION/NAME: _____

STUDENT ENROLLMENT CHECKLIST

This form is to be completed by the student's custodial parent/legal guardian. Please note that the custodial parent/legal guardian must be present and show a photo ID when enrolling any student in a TPS school. (a copy will be attached to the completed Registration Packet). ****For Agency/Government placed enrollments the Agency Representative must complete this form but the Foster Parent/Group Home Representative can bring in the completed packet (photo ID is still required).***

Student Name: _____ Student ID#: _____

Date of Birth: ____/____/____ Grade: _____

Address: _____ City, State: _____ Zip Code: _____

Parent/Guardian's Name: _____ Contact Number: _____

Please circle 'yes' or 'no' to each statement below indicating if the statement pertains to your student and whether or not you have the document needed for registration. Then, initial the line next to the corresponding statement.

Circle One			Parent/Guardian
Yes	No		Initials
Y	N	Special Education Student - Current IEP/MFE/504	_____
Y	N	Currently under Expulsion and/or Suspension	_____
Y	N	Department of Youth Services/Youth Treatment Center transfer (must go through Pupil Personnel Center)	_____
Y	N	Birth Certificate/Biological Parents	_____
Y	N	Custody Documents/Tuition Location	_____
Y	N	Immunizations (Kdg. requires dental & physical forms)	_____
Y	N	Three Current Proofs of Residency (please see list of accepted documentation)	_____
Y	N	Social Security Card (optional)	_____
Y	N	Withdrawal from previous school, proof of current grade level and withdrawal grades and/or grade cards, State Test results (optional - if available)	_____
Y	N	Foster or Pending Custody Care (non-biological parents) cases must First secure a 'Permission to Enroll' form from the appropriate Pupil Personnel Office before the school can enroll the student.	_____

Falsification of any information on the Enrollment Checklist and Registration Form may be cause for Immediate Withdrawal of the student and relief of liability of any/all services that are provided by Toledo Public Schools.

Custodial Parent/Guardian or Agency Representative Signature

Date