



Toledo Public Schools Student Registration Form

PLEASE PRINT LEGIBLY

OFFICE USE ONLY: *As a reminder, make sure all sections and forms are complete and legible.*

Enrollment Date ___/___/___ Start Date ___/___/___ School _____ LOC # _____

Student ID# _____ Current Grade _____ Teacher _____ Room # _____ Transportation
Needed Yes No Bus # _____

Age Verification Yes No Address Verification Yes No Parent/Guardian Info Yes No Birth Certificate Yes
 No Immunization Records/Waiver Yes No Special Services Yes No Emergency Card Yes No
Free/Reduced Lunch Form Yes No

If NOT school of residence: Out of District Application Yes No

Cumulative File Yes No Records Requested ___/___/___ Records Received ___/___/___

**Please note that each year's registration forms (should be stapled together before putting them in the cumulative folder).*

STUDENT INFORMATION

Are you the biological parent? Yes No If no, what is your relationship to the student?

Is there legal custody pending? Yes No Do you have custody paperwork? Yes No

Who has legal custody of the student? Both Parents Mother Only Father Only Shared Parenting
 Gov't Agency/Group Home Host Parent/Guardian (Foreign Exchange Students) Other

Is your student currently under suspension/expulsion from another school or school district? Yes No

At your child's last school, did he/she receive special services? Special Education Services: Yes No
504 Accommodation Plan: Yes No Medical Accommodations Yes No ESL Services? Yes No
Academically or Intellectually Gifted Services? Yes No Other Services Yes No

Student's Legal Name (as it appears on birth certificate)

First Name Middle Name Last Name Nickname

Date of Birth ___/___/___ Male Female (as it appears on birth certificate) Social Security Number _____

Date Withdrawn from Last School: ___/___/___ Grade at Time of Withdrawal: _____

Has student **EVER** attended a TPS School? Yes No Name of Last TPS School: _____

If No, Name of Last Non-TPS School Attended _____

Address of Last School Attended _____
Street Number & Name(if available) City State Zip(if available)

Student's Physical Address: Is this address different from last year? Yes No **Office Note: POR is needed for new address*

Street Number & Name Apt or Unit City State Zip

Student's Mailing Address (if different than physical address):

Native Language/Primary Language of Child Spoken in Home (circle one): English • Albanian • Amharic • Arabic • Cambodian Cantonese • Creole (French) • German • Hmong • Japanese Korean • Laotian • Navajo • Portuguese • Romanian • Russian • Serbo • Croatian • Somali • Spanish • Tagalog • Tigrinya • Ukrainian • Vietnamese • Other _____

- 1. What language did your child speak when he/she first learned to talk? _____
2. In what language do you most often speak to your child? _____
3. What language do the adults at home most often speak? _____

Student's Place of Birth _____ If Born Abroad, Date of Entry to the U.S.: ____/____/____
(City, State/Country)

Date of FIRST Enrollment in a U.S. School: ____/____/____

If 18 or older, is student registered with Selective Service? []Yes []No []Does Not Apply, (is under 18 or female)

Names of brothers/sisters in TPS Schools (first & last name) and Name of School(s) attending:

PARENT/GUARDIAN INFORMATION

Is this student an Agency or Court placement? []Yes []No If yes, please note that for students under government agency jurisdiction, the government agency must be listed below and a government agency representative MUST complete and sign ALL paperwork for this student.

Caseworker's Name: _____

Agency Name and Address: _____

Work phone: (____) _____ ext: _____ Cell phone: (____) _____

Student Lives with (check all that apply): []Mother []Father []Step Mother []Step Father []Grandparent(s)
[]Other Relative/Foster Parent []Host Parent/Guardian []Other _____

RESIDENTIAL PARENT/GUARDIAN (1st Priority Contact) INFORMATION: Residential Parent/Guardian will be the first to be contacted in cases of emergency.

Name: _____ / ____/____/____ / _____
First Last (Date of Birth) Relationship to Student

Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

E-Mail Address: _____

Is this Parent/Guardian in the military? []Yes []No If yes, []Active Military Duty []Reserve Military Duty

RESIDENTIAL PARENT/GUARDIAN (2nd Priority Contact) INFORMATION: Residential Parent/Guardian will be the first to be contacted in cases of emergency.

Name: _____ / ____/____/____ / _____
First Last (Date of Birth) Relationship to Student

Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (_____) _____

E-Mail Address: _____

Is this Parent/Guardian in the military? [] Yes [] No **If yes,** [] Active Military Duty [] Reserve Military Duty

EMERGENCY/OTHER CONTACT INFORMATION

Other than Parent/Guardian, please list additional adults (over the age of 18) who could be contacted for school emergencies in the event that the parents(s)/guardian(s) cannot be reached. **UNLESS NOTED THEY WILL NOT BE ALLOWED TO PICK UP THE STUDENT FROM SCHOOL.** Please note: except in cases of school emergencies, Parent/Guardian permission will be required. **Please see the Student Handbook and/or Board Policy regarding "Student Dismissal Precautions".** If more space is needed, please ask for an additional Emergency Contact Sheet.

Name: _____
 First Last Relationship to Student

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

[] Emergency Contact OR [] Other Contact Does this person have permission to pick up student from school [] Yes [] No

Name: _____
 First Last Relationship to Student

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

[] Emergency Contact OR [] Other Contact Does this person have permission to pick up student from school [] Yes [] No

Name: _____
 First Last Relationship to Student

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

[] Emergency Contact OR [] Other Contact Does this person have permission to pick up student from school [] Yes [] No

ETHNIC CODE: Please circle the accurate responses pertaining to your student's ethnicity and race.

| Is student of Hispanic/Latin origin? | | Race/Ethnic Group | | Student Demographic-Race |
|--------------------------------------|------------------|--|---|---|
| Yes | If Yes then → | (H) Hispanic (Cuban, Mexican, South or Central American, Puerto Rican or Other Spanish culture or Origin regardless of race) | Is there another racial group that may apply? If Yes, then choose all that may apply in the next column → | Choose all that may apply: (W) White, Non Hispanic (European, Mid East, North African) ‡ (B) Black or African American ‡ (A) Asian (Far East incl. India) ‡ (I) American Indian or Alaskan native ‡ (P) Native Hawaiian! Pacific Islander |
| No | If No then → | Choose only one: (M) *Multiracial (go to next column) ‡ (W) White, Non-Hispanic (European, Mid East, North African) ‡ (B) Black or African American (A) (Asian (Far East incl. India) ‡ (I) American Indian or Alaskan Native ‡ (P) Native Hawaiian/ Pacific Islander | If M, choose all that apply in the next column → | Choose all that may apply: ‡ (W) White, Non Hispanic (European, Mid East/North African) (B) Black or African American (A) Asian (Far East incl. India) ‡ (I) American Indian or Alaskan native (P) Native Hawaiian/Pacific Islander |

Falsification of any information on the Registration Form and Enrollment Checklist may be *Cause for Immediate Withdrawal* of the student and relief of liability of any/all services to be provided by Toledo Public Schools. ORC 2913.42

Custodial Parent/Guardian or Agency Representative Signature

Date