



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

Is there legal custody pending? []Yes []No Do you have custody paperwork? []Yes []No
Are you the biological parent? []Yes []No If no, what is your relationship to the student? _____

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Date Withdrawn from Last School: ___/___/___ Grade at Time of Withdrawal: _____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

Street Number & Name Apt or Unit City State Zip

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 learn first? _____
2. What language does your child use the most at home? _____
3. What languages are used in your home? _____

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)

Is this student displaced due to a natural disaster? []Yes []No If yes, name the event/disaster, city and state and date/year it occurred:

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".**

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