

**PATRICK HENRY LOCAL SCHOOLS
NEW STUDENT REGISTRATION FORM**

**STUDENT INFORMATION
(Please print)**

Patrick Henry High School (9-12)
 Patrick Henry Middle School (5-8)
 Patrick Henry Elementary (K-4)

For office use:
 School year 20____-20____
 Date entered school_____

Student's LAST name _____ FIRST name _____ MIDDLE name _____ Male Female
As it appears on birth certificate As it appears on birth certificate As it appears on birth certificate

Street address _____ City _____ Zip code _____

Entering grade _____ Date of birth _____ Home phone _____
mm/dd/yyyy

Is the student a US Citizen? Yes No Language spoken _____ Birthplace _____
 In the home is: _____ (city/state/county) _____

SSN: _____ Parent Email: _____

Is the student of Hispanic/Latino Heritage?
 Yes No
Race/Ethnic Group-check all that apply:
 White, non-Hispanic
 Black or African American
 Asian
 Native Indian/Alaskan Native
 Native Hawaiian or Other Pacific Islander
According to Federal regulations, if parent does not provide their child's racial group, the district must use observer identification.

WHO DOES THIS STUDENT LIVE WITH?

Check all that apply	Print first/last name	Cell phone number	Employer	Work phone number
<input type="checkbox"/> Father				
<input type="checkbox"/> Mother				
<input type="checkbox"/> Stepfather				
<input type="checkbox"/> Stepmother				
<input type="checkbox"/> Legal guardian				
<input type="checkbox"/> Foster parent				
<input type="checkbox"/> Grandparent				

Who has legal custody of this child?

Biological/adoptive parents
 Mother (only)
 Father (only)
 Legal guardian
 Grandparent(s)
 Shared parenting/joint custody
 Government agency (DJFS)
 Other (specify) _____

PREVIOUS SCHOOL INFORMATION

Last school attended _____ District _____

School address _____

School phone _____ Fax _____

Check any that apply:
 Student has active IEP (Individual Education Plan)
 Student has 504 Plan
 Student receives gifted/talented services
 Student has been suspended

**SCHOOL BUS
TRANSPORTATION REQUESTED:**

Morning & Afternoon
 Morning only
 Afternoon only

FAMILY INFORMATION:

Please list all siblings who attend Patrick Henry Schools:

First/Last Name (please print)	Date of Birth (mm/dd/yyyy)	Relationship (brother or sister)	School

NON-CUSTODIAL PARENT INFORMATION:

Check one	Name	Address	City/State/Zip	Phone number
<input type="checkbox"/> Father				
<input type="checkbox"/> Mother				

To the best of my knowledge, all of the information provided on this registration form is true. I certify that the student's name is his/her legal name, that I have legal custody, and I reside within the Patrick Henry Local School District boundaries. I understand that if I do not live in Patrick Henry Local School District, open enrollment paperwork must be obtained and approved by the Superintendent of Patrick Henry Local Schools.



PLEASE PRINT Parent/guardian name

SIGNATURE of parent/guardian

Date

The confidentiality of this information will be preserved in accordance with FERPA and Patrick Henry Board of Education policy.

*Sec. 3313.64 of Ohio Revised Code requires a child to attend classes in the school district where the parent with court-determined custody resides. Proof of custody must be furnished or attached to this registration form. **Immediately notify the school office when a change in custody occurs.***