

Student's name is to be listed exactly as it is on the Birth Certificate - No Nicknames

**Trumbull County Schools
McDonald Local Schools
ROOSEVELT ELEMENTARY SCHOOL**

REGISTRATION FORM

Date of Entry _____
NAME _____ () Male, () Female
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

PHONE # _____ UNLISTED? _____ SOCIAL SECURITY # _____

BIRTH DATE _____ BIRTHPLACE _____
(City) (County) (State)

PARENT EMAIL _____

NATURAL PARENTS NAMES:

FATHER _____ ADDRESS _____ PHONE _____

MOTHER _____ ADDRESS _____ PHONE _____

FATHER'S BIRTHPLACE _____ Deceased? _____
(City) (State)

MOTHER'S BIRTHPLACE _____ Deceased? _____
(City) (State)

FATHER'S OCCUPATION _____ EMPLOYER _____ PHONE _____

MOTHER'S OCCUPATION _____ EMPLOYER _____ PHONE _____

ARE PARENTS: DIVORCED? _____ SEPARATED? _____ NEVER MARRIED? _____

If divorced, name of parent who has custody: _____

COPY OF COURT ORDER AWARDING CUSTODY REQUIRED. Child(ren) may enroll, tuition free, for a period not to exceed 60 days.

CASE NUMBER _____ DATE _____

Is the parent who has custody of the student remarried? _____ Name of Step-Parent _____

Occupation of Step-Parent _____ Employer _____ Phone _____

IF STUDENT IS NOT LIVING WITH EITHER NATURAL PARENT, PLEASE COMPLETE THE FOLLOWING:

STUDENT IS LIVING WITH: _____

RELATIONSHIP TO STUDENT: _____

WAS PLACEMENT MADE BY COURT ORDER? _____ YES _____ NO

COPY OF COURT ORDER IS REQUIRED. (CHILD MAY ENROLL, TUITION FREE FOR A PERIOD NOT TO EXCEED 60 DAYS)

CASE NUMBER _____ DATE _____

Placing Agency _____ Caseworker _____ Phone _____

Guardian Foster Father's Employment _____ Work Phone _____

Guardian Foster Father's Employment _____ Work Phone _____

BROTHER'S NAMES

(First) (Last) (Age/Grade)

SISTER'S NAMES

(First) (Last) (Age/Grade)

Birth Certificate and Immunization record must be presented within 14 days after entering school

IF MOVING INTO THE DISTRICT

Previous home address _____

Previous school attended _____

(Street)

(City)

(State)

(Zip)

Verified by Transcript _____ Report Card _____ Health Record _____

Did you ever attend any of the schools in the Trumbull County District? _____

If yes, which school? _____

Proof of Residency in School District _____

(Signature of Parent/Legal Guardian)

(Date)

What is the primary language spoken in the home? _____

Does this child have a Special Education I.E.P.? _____

If so, in what area(s) is the child receiving services? _____

If not, is this child in the process of a multi-factored evaluation? _____

Registration information verified by B.C. _____ Court Order _____ Other _____

LIVING WITH CODE _____

1. One Parent
2. Two Parents
3. Guardian
4. Relative / not Guardian
5. Group facility-local
6. Group facility-state
7. Independent
8. Other
9. Unable to obtain

CURRENT GRADE _____

PERSON COMPLETING THIS FORM:

(Name)

(Title)

(Date)