

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 _____ (Last) (First) (Middle) ()Male ()Female

ADDRESS _____ (Street) (City) (State) (Zip)

PHONE # _____ UNLISTED? _____ SOCIAL SECURITY # _____

BIRTHDATE _____ BIRTHPLACE _____ (City) (County) (State)

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 may enroll, tuition free, for a period not to exceed 60 days.

CASE NUMBER _____ DATE _____

Is parent who has custody of 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 Mother'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 DISTRICT

Previous home address _____

Previous school attended _____

(Street) (City) (State) (Zip)

Verified by Transcript _____ Report Card _____ Health Record _____

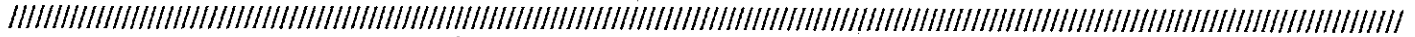
Did you ever attend any of the schools in the Trumbull County District? _____

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)