

Talawanda School District
Enrollment and Update Form

Entry Date this Year: _____
 School Year: _____ Grade: _____
 Age: _____ Date of Birth: _____/_____/_____
 Contact Teacher: _____

Student Name _____ Sex: _____ Male _____ Female
 (full name as listed on birth certificate)

Home Address _____
 Street Address _____ City _____ Zip Code _____

Primary Phone: (____) _____ - _____ U. S. Citizen: Yes No If no, Country of Citizenship _____

Emergency Notification Phone Number(s): _____

If none of the below choices are circled for ethnic or racial group, the district shall use observer identification.

Ethnic Origin (Please circle):

White Black Hispanic/Latino Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Multiracial

Racial Group: (Please circle one. The State of Ohio mandates the district to track the following information.)

Asian Black/African American American Indian/Alaska Native Native Hawaiian/Other Pacific Islander White/Caucasian

Social Security Number: _____ Religious Pref. (optional): _____

Mother's Maiden Name: _____ Student's Birth City/State: _____

Name and address of school last attended: _____

If new to the Talawanda School District this year, has your child ever attended Talawanda Schools: _____ Yes _____ No

If yes, which Talawanda school did the student last attend: _____

Did your child receive special education services at his/her previous school? _____ Yes _____ No

If yes, what services were received? _____ Speech _____ Special Education _____ Gifted _____ Title _____ ESL

Other program, please specify: _____

Has your child attended kindergarten? _____ Yes _____ No _____ Half Day _____ Preschool

	Father	Mother	Step Parent	Guardian
	(First & Last Name)	(First & Last Name)	(First & Last Name)	(First & Last Name)
Names:				
Child lives with:	Yes No (please circle)	Yes No (please circle)	Yes No (please circle)	Yes No (please circle)
Occupation:				
Place of Employment:				
Employer's Address				
Work/Daytime phone:				
Cell phone:				
Email Address:				

CUSTODY:

If parents are divorced, separated, or never married, who is the residential parent? _____

Does the district have custody papers from the court on file? _____ Yes _____ No

(State Law requires that parents provide the school district with custodial papers for their child.)

Student's Name: _____ Home Phone Number: _____

Siblings	Age	Grade in school	Siblings	Age	Grade in school

Please list names, addresses, and phone numbers of relatives or neighbors who **may be allowed** to pick up my child in case of emergency **when parents cannot be reached**.

Name	Address	Relationship	Daytime Phone	Cell Phone

The following people **may not be allowed** to pick up my child.

Name	Relationship	Name	Relationship

Student Handbook Certification:

We have received and read the student handbook. We understand the rights and responsibilities pertaining to students and agree to support and abide by the rules, guidelines, procedures, and policies of the Talawanda School District.

Signature of Parent/Guardian

Date

Signature of Student

Date

Bus Information (Elementary Only): Please fill out what applies to your child

Bus number coming to school: _____ Bus number going home: _____

Or Please Circle what applies to your child below.

Yes----- My Child will walk to and from School Daily.

Yes-----My Child will be picked up Daily.