

Talawanda School District

Enrollment and Update

Entry Date this Year: _____

School Year: _____ Grade: _____

Age: _____ Date of Birth: _____/_____/_____

Contact Teacher: _____

Student Name _____ Sex: **Male** **Female**

First Name Middle Name Last Name (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 _____

Ethnic Origin (Please check or circle): (If none of the below choices are circled, the district shall use observer identification.)

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

Racial Group: (Please check or 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: _____

Please check or circle the following:

If new to the Talawanda School District this year, has your child previously 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 Name:				
Last Names:				
Child lives with:	Yes No <i>(Please check or circle)</i>	Yes No <i>(Please check or circle)</i>	Yes No <i>(Please check or circle)</i>	Yes No <i>(Please check or circle)</i>
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 *(please check or circle)*? **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 Check or 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.