

Walnut Township Local School District Registration Form

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education

PLEASE PRINT – FORM TO BE FILLED OUT BY LEGAL PARENT/GUARDIAN – COMPLETE INFORMATION USING STUDENT LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE

Student First Name Middle Name Last Name Called Name

Social Security # Birth Date Age Gender Grade

Ethnicity Hispanic/Latino American Indian/Alaska Native Black/African American Native Hawaiian/Pacific Islander Multiracial White

Citizenship (circle one) Dual National Non-Resident Alien Resident Alien United States Citizen Other

Native Language Birth Place City Home Language

Child resides with (Circle one) Biological Parents Joint Custody Grandparent Court Appointed Guardian Foster Family

Foster Placement:

Name of Caseworker Phone Number of Caseworker

If not with biological parents please indicate the name and current school district of biological parents:

Biological Parents Name (include mother's maiden name if known) Biological Parent School District of Residence

Street Address City State Zip P.O. Box

Home Phone Mother Cell Father Cell

Name of Person Registering Child Relationship to Child

Name of Mother Place of Employment Work Phone

Name of Father Place of Employment Work Phone

Student is on (circle one if applicable) IEP 504 Special Needs

SCHOOL USE ONLY

Student ID# Grade Teacher Room # School Year Bus # Admission Date

Previous School Attended Phone Grade

High School Use Only – Year student entered 9th grade _____