

**BELLEFONTAINE CITY SCHOOL DISTRICT - STUDENT ENROLLMENT FORM
TO BE COMPLETED BY THE STUDENT'S LEGAL CUSTODIAL PARENT OR LEGAL GUARDIAN**

Today's Date: _____ Student's Assigned ID#: _____

Building Student Is Entering: HS _____ MS _____ Intermediate _____ Elementary _____ Grade: _____ Sex: F _____ M _____

Student's Full LEGAL Name: _____ Date of Birth: _____
Last First Middle MM / DD / YYYY

Name child prefers to be called: _____ Social Security Number (Opt.) _____ - _____

Student's Birth Place-City: _____ Student's Mother's Maiden Name: _____

Residence Address: _____ Telephone: _____
Number Street City Zip Unlisted? Yes _____ No _____

School year student started 9th grade: 20____ --20____ Student's Cell Phone: _____
(i.e. 2018--2019. Full school year needed.)

Has this student ever attended Bellefontaine City Schools before? Yes _____ No _____ If yes, give date: _____

If no, has this student ever been enrolled in any other Ohio public school or Community School? _____

Has student attended Discovery Center Preschool? Yes _____ No _____ Is student an exchange student? Yes _____ No _____

Is student a U.S. citizen? Yes _____ No _____ If no, in what country is this student a citizen? _____

What is the student's native language? _____

Has student received *English as a Second Language* services at previous school? Yes _____ No _____

Is this student currently receiving any special education or gifted services? Yes _____ No _____

If yes, please describe: _____

Does student have a current: Individualized Educational Plan (IEP) Yes _____ No _____ ; 504 Plan Yes _____ No _____ ; or
 Written Education Plan (WEP)? Yes _____ No _____

Student resides with: Biological/Adoptive Father _____ Biological/Adoptive Mother _____
 Step-Father _____ Step-Mother _____
 Foster Parent(s): _____ Grandparent(s) _____
 Guardian(s): _____ Is Guardian a family member? Yes _____ No _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR BOTH:		IF LIVING WITH PERSON OTHER THAN PARENT(S):
Father's NAME:	Mother's NAME:	
Email:	Email:	NAME:
Address:	Address:	Address:
City, State:	City, State:	City, State:
Cell Phone: ()	Cell Phone: ()	Cell Phone: ()
Daytime Phone: ()	Daytime Phone: ()	Daytime Phone: ()
Employer:	Employer:	Employer:

Is either parent deceased? Yes _____ No _____ If yes, which parent? _____

Are parents separated? Yes _____ No _____ Divorced? Yes _____ No _____ Never Married? _____ (Check if applicable.)

** Who has legal custody of this student? _____

****In the case of divorce or separation, a copy of the most recent legal custody determination by a court is REQUIRED.**

If custody is being sought by the biological/adoptive parent or legal guardian registering the student, an affidavit form must be completed and proof of legal custody submitted to the school within sixty (60) days. By Ohio law, both the custodial parent and the non-custodial parent have access to school records and school activities, unless specified to the contrary in the legal custodial agreement.

Is the student currently living in any of the following: (If any of these apply, please complete the Residency Information Form.)

- a. Motel, car, or campsite
- b. Shelter or other temporary housing.
- c. With friends or family members (other than, or in addition to, parent/guardian).

We are required by the Federal Government to report the following information. **Please answer BOTH of the following questions:**

→1) **Is this student of Hispanic / Latino origins?** Yes _____ No _____

→2) **What is this student's race?** (If Multiracial, please mark all that are applicable.)

White *People who have origins in any of the original peoples of Europe, North Africa, or the Middle East*

Black or African American *Persons having origins in any of the black racial groups in Africa*

Asian *Persons having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam*

American Indian or Alaskan Native *Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.*

Native Hawaiian or Other Pacific Islander *Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands*

NOTE: When the parent or guardian refuses to provide their child's racial group, the District shall use observer identification. This designation is required to be communicated to the parent or guardian by the District prior to designation.

Student is enrolling from _____
Name of School Address City State

Is this student being enrolled from another school district as an Interdistrict Open Enrollment student? Yes _____ No _____

If yes, please indicate the custodial or designated residential parent's COUNTY: _____ and DISTRICT of residence:

Benjamin Logan _____ Indian Lake _____ Riverside _____ West Liberty-Salem _____ Other: _____

AN APPLICATION FOR INTERDISTRICT OPEN ENROLLMENT MUST BE COMPLETED AND SUBMITTED TO THE BUILDING PRINCIPAL ANNUALLY.

Is this student being enrolled due to a court placement? Yes _____ No _____ If yes, what is COUNTY of residence? _____

If yes, by Ohio Law: A COPY OF THE COURT'S JUDGMENT ENTRY DOCUMENT IS REQUIRED **AT THE TIME OF ENROLLMENT.**

Does this student have special physical or medical needs? Yes _____ No _____

If yes, please describe: _____

Does student have siblings currently attending Bellefontaine City Schools? If yes, please provide first and last name(s) and grade(s):

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Parent/Guardian SIGNATURE Date Signed

A COPY OF THIS FORM - ALONG WITH COPIES OF PERTINENT COURT OR CUSTODY DOCUMENTS - MUST BE SENT TO THE EMIS COORDINATOR AT THE CENTRAL OFFICE.