

This form is required by the State of Ohio to meet the Requirements of SB#140 and the Statewide Student Identifier (SSID) System. The school district will use this information to complete state forms.

NORTH BALTIMORE LOCAL SCHOOL DISTRICT REGISTRATION FORM

Entering Grade Level _____ Date to Enter _____ Today's Date _____

Legal Last Name _____ Legal First Name _____ Middle Name _____

Address: _____

City: _____ State _____ Zip _____

Gender: Male _____ Female _____ Date of Birth: _____ SSN#: _____

Place of Birth: (City) _____ (County) _____ (State) _____

Mother's Maiden Name _____

School Attended Last Year: (Mark only that which apply)

- 1. Transferred from Home School in Ohio
- 2. Transferred from out of state/out of country
- 3. Transferred from a nonpublic school in Ohio.
- 4. Enrolling for first time in Ohio public school
- 5. NOT enrolled in an Ohio public district or Community School since 2003 for reason other than listed above.
- 6. Transferred from another Ohio public district or community school
- 7. NOT newly enrolled in this school district.

Public: _____ Private: _____ Grade Level: _____

School Name: _____

Address: _____

City: _____ State _____ Zip _____

Other Children Living in Home:

Name	Sex	Age	Attending School	Building	Grade

ODE reporting change --Beginning in FY07, when a parent or guardian refuses to provide the child's racial/ethnic group, the district shall default to "Multiracial". This designation is required to be communicated to the parent or guardian by the district.

Racial/Ethnicity

- (W) White, Non-Hispanic
- (B) Black, Non-Hispanic
- (H) Hispanic
- (A) Asian/Pacific Islander
- (I) American Indian/Alaskan Native
- (M) Multiracial

Homeless Status

- Not applicable (not homeless)
- Student is homeless
- Lives in public shelter
- Lives in private owed shelter
- Lives with relatives/friends
- Other

Disability Condition

- Not Applicable
- Learning Disabled
- Hearing
- Orthopedic
- Speech
- Multi-handicapped (other than deaf/blind)
- Severe Behavior
- Developmentally
- Other

Native Language

- ENG English
- ALB Albanian
- AMH Amharic
- ARA Arabic
- CAM Cambodian
- CAN Cantonese
- CRE Creole (French)
- GER German
- HMG Hmong
- JPN Japanese
- KOR Korean
- LAO Laotian
- NAV Navajo
- PTG Portuguese
- ROM Romanian
- RUS Russian
- SBC Serbo Croat
- SOM Somali
- SPN Spanish
- TAG Tagalog
- TRI Trigriyan
- UKR Ukrainian
- VTM Vietnamese
- OTH Other

Citizenship Status

- US Citizen
- Exchange Student
- Non-US Citizen

Limited English:

- Not Applicable
- Limited English

Public Assistance:

- Not Applicable
- Yes, family receives assistance

“Parent” means either parent unless the parents are separated or divorced, in which case, “Parent” means the parent with legal custody of the child. Only students who live in the school district with a “parent” as defined above may be registered for admission to the North Baltimore School District. School administrators may require proof of legal custody prior to admitting any student.

Student resides with:

____ Mother ____ Father ____ Both Parents ____ Court Ordered Agency ____ Relative
____ Group Facility ____ State ____ Independent ____ Other

Student/Parent Information

Father’s Name: _____	Mother’s Name: _____
Address: _____ (Street, Apt.#, Lot#, P.O. Box)	Address: _____ (Street, Apt.#, Lot#, P.O. Box)
_____ (City, State, Zip)	_____ (City, State, Zip)
Home Phone: _____	Home Phone: _____
Emergency Phone: _____	Emergency Phone: _____
Resides with Family: Yes _____ No _____	Resides with Family: Yes _____ No _____

Sign below to indicate the person registering the student is a “parent” as defined above.

Parent Signature: _____

FOSTER HOME PLACEMENT

Father’s Name: _____ Mother’s Name: _____
Address: _____
(Street, Apt.#, Lot#, P.O. Box)
City: _____ State _____ Zip _____
Home Phone: _____
Place of Employment: _____
Work Phone: _____

For students under government agency jurisdiction (for example, foster children), it is necessary to identify the legal school district residency for obtaining tuition payments. If the student being admitted falls in this category please provide the following information:

Father’s Name _____
Mother’s Name _____
Last Known Address: _____
(Street, Apt.#, Lot#, P.O. Box)
City: _____ State _____ Zip _____
Prior School District of Residence _____
Address: _____
City: _____ State _____ Zip _____ Phone #: _____
Agency or Court Making Placement: _____
Caseworker: _____ Work Phone _____

Caseworker Signature: _____