CHILLICOTHE CITY SCHOOLS
Student Registration Record

Date _____ School _____

Student's Name_____ Student Called_____ Grade_____
First Middle Last
Present Address _____ Home Phone_____
Street *City, State, Zip*
Student's Social Security #_____ Date of Birth ____/____/____ Age _____

Birth City **(required)** _____ [ ] Male [ ] Female

Date of Birth verified: [ ] Birth Certificate [ ] Other _____

Name of Father _____ Phone _____ Cell Phone _____
Father's Employer_____ Occupation _____ Business Phone _____

Name of Mother _____ Mother's Maiden Name **(Required)** _____
Phone _____ Cell Phone _____
Mother's Employer_____ Occupation _____ Business Phone _____

Student Lives with: [ ] Parents [ ] Mother [ ] Father [ ] Other _____

Name of Legal Guardian _____Is the student Court placed? [ ] *or* Foster placed? [ ]
Court/Foster Agency _____

Siblings: Brothers: Older #_____ Younger # _____ Sisters: Older # _____ Younger # _____

Hispanic/Latino: [ ] Yes [ ] No Native Language _____

Choose <u>all</u> that apply: [ ] White [ ] Black, or African American [ ] Asian [ ] American Indian or Alaskan Native
[ ] Native Hawaiian/Other Pacific Island

Name of School and Location of last school attended _____

Previously enrolled in Chillicothe City Schools? [ ] Yes [ ] No If yes, which school? _____ year ____

Is student receiving Special Ed Services? [ ] Yes [ ]No

If receiving Special Ed Services, which program? [ ] IEP [ ] 504 Plan [ ] Speech [ ]Other _____

Is student receiving other services? (Such as previous free/reduced lunch, etc.) If so, what _____

Family Physician: _____ Phone Number: _____

Please list any physical defects, previous illnesses, or need for medication which school authorities should be aware: (Example: asthma, rheumatic fever, diabetes etc) _____
Condition of: Vision_____ [ ] Glasses [ ] Contact Lens Hearing: _____

In case of illness or accident if you can't be reached call:
Name:_____ Relationship: _____ Phone: _____

[ ] I do live in the Chillicothe City School District *or* [ ] I have officially been accepted under Open Enrollment

I affirm the above information is correct _____
Signature of Parent or Guardian

Revised 4/10/2016