## EASTERN LOCAL SCHOOLS

## Student Registration Form

Are you a resident of Eastern Local Schools If no, are you an employee of the Eastern Local School District:	Yes or No Yes or No	
STUDENT NAME		
First	Middle Last	
CALLED NAME	SOCIAL SECURITY NUMBER	
ADDRESSStreet	no n	
City State	Telephone	
Grade Date of Birth	Place of Birth	
Circle one: Male Female M  Ethnicity (Detailed form attached)	other's maiden name	
Is the student Hispanic or Latino? Yes No	What is the student's race? Circle at least one below:	
White Black/African Am. Asian	American Indian/Alaskan Native Native Hawaiian/Pacific Isla	ander
PARENT/GUARDIAN(S) NAME		
RELATIONSHIP TO STUDENT (Circle one)	PARENT GUARDIAN	
STATUS OF PARENTS (Circle one) Married	Divorced Widowed Separated Single Parent	
If divorced, who has legal custody	Mother or Father	
Are you natural/adoptive parent(s) of the child:	Yes or No If no, your relationship	
If foster guardian, what district did the natural parent(	s) reside in at the time you received custody?	
If foster/guardian, please list Case Manager/Court Lia	ison	
Case Manager/Court Liaison contact information		
FATHER/GUARDIAN	MOTHER/GUARDIAN	
Name	Name	
Address	Address	
Homo Dhono		
Home Phone		
Cell/Pager		
EmailPlace of Employment		
Business Phone		
Step-Mother (if applicable)		
Work/cell phone		
one con phone		

FAMILY STRUCTURE (Circle	one) One Parent Present	Two Parents Present	Living w/Gi	randparent(s)
Guardian Relative/No Guar	rdian Step Parent Presen	t Emancipated Minor	Majority	age student
Previously enrolled in Eastern Lo	ocal Schools?	Yes or	No	
If yes, what year did yo	u withdraw?			
Have you ever been enrolled in a	any other Ohio School District	t? Yes o	or No	
If yes, name of last Ohio	o District attended			
Last school attended		·		
Are you currently expelled or sus	spended from your previous s	chool district Yes	or	No
Has your child received any of th	ne following services: (Pleas	e circle all that apply)		
Gifted Education Or	Multifactor/Psychological E 504 Individualized Accom		ducation Plan	(IEP)
Ol	304 Ilidividualized Accoll	iniodation Fian		
SIBLINGS IN DISTRICT				
NAME	GRADE	NAME		GRADE
I, the undersigned, do hereby starnamed student and that this regis			ne parent or leg	gal guardian of the above
Parent/Guardian Signature			Date	
(*) Falsification under Ohio Rev months imprisonment or a fine o		a misdemeanor of the first de	gree punishab	le by a maximum of six (6)
Requested information is manda		0 and the Education Manage ons 3301-0714).	ement Informat	ion System
FOR OFFICE USE ONLY: ADM. DATE	GRADE	HOMEROOM AS	SIGNMENT _	
DASL ID				

## EASTERN LOCAL SCHOOLS STUDENT RECORD REQUEST

Eastern High School	Eastern Middle School		
11557 US Highway 62	11519 US Highway 62		
Winchester, OH 45697	Winchester, OH 45697		
ATTN: Records	<b>ATTN</b> : Records Phone: 937-695-6281		
Phone: 937-695-6277			
FAX: 937-695-0303	FAX: 937-695-1299		
Russellville Elementary School	Sardinia FI	ementary School	
239 W. Main Street	7742 Tri County Hwy		
Russellville, OH 45168	Sardinia, OH 45171		
ATTN: Records			
Phone: 937-377-4771	ATTN: Records		
FAX: 937-377-9110	Phone: 937-446-2250		
	FAX: 937-446-3518		
Student Name	Birthdate	Grade	
Signature of Parent/Guardian	Relationship	Date	
Student is enrolling under open enrollment:	NoYes		
Name and address of school releasing records	:		
Phone:	Date Records	s Requested	
Phone:	Date Records Request Was	RequestedFaxed	
	Request Was	Requested Faxedas Mailed	