

# EASTERN LOCAL SCHOOLS

## Student Registration Form

Are you a resident of Eastern Local Schools  Yes  or  No  
If no, are you an employee of the Eastern Local School District:  Yes  or  No

**STUDENT NAME** \_\_\_\_\_  
First Middle Last

CALLED NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street PO Box

City State Zip Telephone \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Circle one: Male Female Mother's maiden name \_\_\_\_\_

**Ethnicity** (Detailed form attached)

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 Islander

**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 Liaison \_\_\_\_\_

Case Manager/Court Liaison contact information \_\_\_\_\_

### FATHER/GUARDIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell/Pager \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_

Step-Mother (if applicable) \_\_\_\_\_

Work/cell phone \_\_\_\_\_

### MOTHER/GUARDIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell/Pager \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_

Step-Father (if applicable) \_\_\_\_\_

Work/cell phone \_\_\_\_\_



**EASTERN LOCAL SCHOOLS  
STUDENT RECORD REQUEST**

\_\_\_\_ Eastern High School  
11557 US Highway 62  
Winchester, OH 45697

ATTN: Records  
Phone: 937-695-6277  
FAX: 937-695-0303

\_\_\_\_ Eastern Middle School  
11519 US Highway 62  
Winchester, OH 45697

ATTN: Records  
Phone: 937-695-6281  
FAX: 937-695-1299

\_\_\_\_ Russellville Elementary School  
239 W. Main Street  
Russellville, OH 45168

ATTN: Records  
Phone: 937-377-4771  
FAX: 937-377-9110

\_\_\_\_ Sardinia Elementary School  
7742 Tri County Hwy  
Sardinia, OH 45171

ATTN: Records  
Phone: 937-446-2250  
FAX: 937-446-3518

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Please release all appropriate past and present academic, discipline, medical, confidential and special education records (including psychological information, diagnostic summaries, IEP's etc.) on the student named below: Records should be sent to the school address indicated above.

____ Student Name	____ Birthdate	____ Grade
____ Signature of Parent/Guardian	____ Relationship	____ Date

Student is enrolling under open enrollment: \_\_\_\_ No \_\_\_\_ Yes

Name and address of school releasing records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Date Records Requested \_\_\_\_\_  
Request Was Faxed \_\_\_\_\_  
Requested Was Mailed \_\_\_\_\_  
ELSD Start Date \_\_\_\_\_