

★ PRIVATE/PAROCHIAL SCHOOL ★

STUDENT INFORMATION

School Name _____

School Year _____

Today's Date **1** _____

School Code _____

_____/_____/_____

Desired Action

Enroll on Date ____/____/____

From School _____

School Use Only

Withdraw on Date ____/____/____

To School _____

Modify Student Data as of ____/____/____

Student has EdChoice Voucher? No Yes

Submitted by (print) _____

Signed _____

Student

Please provide legal names.

Last Name _____

First Name _____

Middle Name _____

Entering Grade Level _____

Gender (Check One) Male Female

Resident Address _____

Apartment _____

City _____

State _____

ZIP Code _____

Phone Number _____ Unlisted: No Yes

Birthdate (mm/dd/yyyy) _____

Birth Document Source _____

Social Security Number _____ - _____ - _____ (if issued)

Race/Ethnic Code Black White Hispanic

(Check One) Asian/Pacific Islander Multiracial

Native American

Birthplace (City, State) _____

Birthplace (Country) _____

Nationality _____

Nickname (If any) _____

Parent/Guardian _____

(CPS Use)

Student ID

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Parent/Guardian's Resident District, if not CPS

Emergency Contacts

Name _____

Relation _____

Phone _____

Cell Phone _____

Name _____

Relation _____

Phone _____

Cell Phone _____

Home Language: What was this student's first language (i.e. native language)? _____

What language does this student most frequently speak? _____

What language is most often spoken by adults at home? _____

Withdrawal Authorization

Parent's signature authorizes Cincinnati Public Schools to withdraw this student from the current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

Parent/Guardian Signature _____

Date _____

PRIVATE/PAROCIAL SCHOOL
STUDENT REGISTRATION INFORMATION

Today's Date **2**

Use additional pages as necessary.

Student Name _____

Mother Father Guardian Stepparent @Foster Parent Grandparent Surrogate Parent Other

Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorced or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
ZIP Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

Mother Father Guardian Stepparent @Foster Parent Grandparent Surrogate Parent Other

Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
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ZIP Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

Mother Father Guardian Stepparent @Foster Parent Grandparent Surrogate Parent Other

Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
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ZIP Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

(*) If address is different from student's address.

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

@ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.