

Union Local School District  
Student Registration Form

Student ID# \_\_\_\_\_  
(Office Use Only)

Building \_\_\_\_\_

Date of Student's First Day \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Student's Name \_\_\_\_\_  
First Middle Last

Gender (M or F) \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_

Street Address #1 \_\_\_\_\_ Student's City and State of Birth \_\_\_\_\_

Mailing Address (PO Box if applicable) \_\_\_\_\_ Student's Mother's Maiden Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home/Cell Phone Number \_\_\_\_\_

Family Information

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work or Contact Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work or Contact Number \_\_\_\_\_

Either parent currently serving in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

Names and ages of siblings: \_\_\_\_\_

Statement of Custody

I state that I have \_\_\_\_\_ full custody rights or \_\_\_\_\_ shared custody rights of said child for the following reason:

- Married  Separated  Divorced  Father Deceased  Mother Deceased  Never Married  
 Foster  Court Placed  Grandparent - Power of Attorney required

Note: If the student does not reside with parents, legal documentation must be provided to the school at time of enrollment. Ex: official court papers, legal guardianship papers, power of attorney, etc.

Custody/Court documents on file at school \_\_\_\_\_ Yes \_\_\_\_\_ No

Student lives with: (check one)

- \_\_\_\_\_ Both natural parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only  
\_\_\_\_\_ Shared parenting \_\_\_\_\_ Mother/Stepfather \_\_\_\_\_ Father/Stepmother  
\_\_\_\_\_ Grandparents \_\_\_\_\_ Other -- please specify \_\_\_\_\_

Non-custodial or shared parent:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Previous School Information

Name of previous school:

Name \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Phone Number \_\_\_\_\_

Is student currently serving an expulsion? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Continued on back)

If student is enrolling in grade 10-12, has he/she ever taken the Ohio Graduation Test (OGT)?  Yes  No

Has student previously attended Union Local School District?  Yes  No

If yes, list grade and year last attended: \_\_\_\_\_

Ethnic/Race Information

The United States Department of Education mandates that school districts collect and report racial and ethnic data. The purpose for collecting this information is to "ensure equal access" to education for all students.

Is the student Hispanic/Latino:  Yes  No  
(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Which of the following five racial groups applies to the student? Check all that apply:

American Indian or Alaska Native – persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Asian – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – Persons having origins in any of the black racial groups in Africa.

Native Hawaiian or Other Pacific Islander

White – People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

Citizenship Status (check one):  U.S.A.  Other Country: \_\_\_\_\_

Is student's primary/home language English?  Yes  No: \_\_\_\_\_ Language  
If no, Home Language Survey is required.

Residency Status

Are you a resident of Union Local School District?  Yes  No

If no, name of district of residence (home school): \_\_\_\_\_

If not enrolling as a resident, please check the following:

Open Enrollment  Court Placed  Foster Placed  Other \_\_\_\_\_

Special Services (if applicable)

Please check if your child is currently receiving any of the following services:

Gifted Education  Title I  Tutoring  Speech IEP  Special Education IEP

Limited English  504 Plan  Other \_\_\_\_\_

Any Medical Concerns: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature and Relationship to Student

\_\_\_\_\_  
Date