



Salem City Schools Student Registration Form

Information supplied on this form is required under provisions of Ohio law and the Ohio Department of Education regulations.

School _____	Pupil ID# _____
Date of Entrance _____	
Grade _____	Teacher _____
Bus No. _____	AM _____ PM _____ Walk _____
(office use only)	

STUDENT DATA

Last Name _____

First Name _____

Middle Name _____

Social Security # _____/_____/_____

Date of Birth _____/_____/_____

Sex Male Female

Ethnicity

Is the student of Hispanic/Latino heritage?

YES NO

Race: (check all that apply)

- White Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 American Indian or Alaskan

US Citizen YES NO

Birthplace City/State _____

Street Address _____

Apt/Lot # _____

City _____

Zip _____

Mailing Address including P.O. Box if different from above

Main Phone # _____
(FIRST NUMBER TO BE CALLED)

School District _____

County _____

- Proof of Residency: (required)**
- Rent/Mortgage
 Utility Bill
 Residency Affidavit
 Other

Military: Is student's parent/guardian
 ___ **Active Duty**-Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marines Corp or Coast Guard)
 ___ **National Guard**-Student is a dependent of a member of the National Guard (Army or Air)
 ___ **Reserves**-Student is a dependent of a member of the Reserves.

PREVIOUS SCHOOL DISTRICT INFORMATION

School District _____

Last Attended: _____

Building of Attendance: _____

Phone # _____ Fax # _____

City/State: _____

Has student ever attended Salem City Schools Schools? Yes No

Student was in the following special programs at previous school:	
___ Title One	___ Gifted/Talented
___ I.E.P.	___ Fed Lunch Program
___ 504 Plan	___ Other, please list: _____

- Student lives with (check one)**
- Mother ONLY Father ONLY Mother/Father Mother/Stepfather
- Father/Stepmother Grandparent(s) Ward of Court Legal Guardian
- Other please specify: _____

- CUSTODY (Only if there is a divorce or a court ordered placement)**
- Joint Custody
 Mother Only
 Father Only
 Guardian
 Foster Parent

School District where natural/custodial parent resides: _____

Grandparent
 Agency - Name of Agency _____