

Homeroom \_\_\_\_\_ Building \_\_\_\_\_ I.D. Number \_\_\_\_\_  
 Bus Route \_\_\_\_\_  
 Locker # \_\_\_\_\_  
 Combination \_\_\_\_\_ Grade \_\_\_\_\_ First Day \_\_\_\_\_

<b>STUDENT Information</b>			
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(first name) (middle name) (last name)

Date of Birth \_\_\_\_\_ Female  Male

Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

City of child's birth: \_\_\_\_\_ Previous School \_\_\_\_\_

Child is a U.S. citizen?  Yes  No  Yes  No  
 Country of child's birth if not born in the USA: \_\_\_\_\_ 1<sup>st</sup> time in a Canal Winchester School?  Yes  No  
 1<sup>st</sup> time in an Ohio School?  Yes  No

Mother's Maiden LAST name: \_\_\_\_\_

**Race** (check all that apply to this child)  
 Alaskan Native / American Indian  Asian  Black / African American  
 Native Hawaiian / other Pacific Islander  White  
*\*If no race is selected, the school district is required to make a selection from observation.*

**Ethnicity**  Yes  No This student is Hispanic / Latino If yes, please list country of origin \_\_\_\_\_

**ADDRESS**

(number & street) \_\_\_\_\_

(city, zip, county) \_\_\_\_\_

Preferred daytime contact number: \_\_\_\_\_ (This phone number must be a cell phone, home phone, or a work number that is a direct line (no extensions or receptionist))

**FAMILY**

Child Lives with:  Both Natural Parents  Mother & Other Adult  Foster  
 Mother Only  Father & Other Adult  Other \_\_\_\_\_  
 Father Only  Legal Guardian

**Resident Adult: (Legal Guardian)**  
 Name \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

**Resident Adult: (Legal Guardian)**  
 Name \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

Telephone #'s: home \_\_\_\_\_  
 cellular \_\_\_\_\_  
 work \_\_\_\_\_

Telephone #'s: home \_\_\_\_\_  
 cellular \_\_\_\_\_  
 work \_\_\_\_\_

Employed by \_\_\_\_\_

Employed by \_\_\_\_\_

**SPECIAL SERVICES**

*Please check if your child is currently receiving any special services:*

Current IEP  Gifted  Therapy (PT or OT)  Speech  ELL (English Language Learner)  
 Tutoring (list subject) \_\_\_\_\_  Other \_\_\_\_\_