

Bowling Green School District Student Registration Form

Ohio Revised Code requires that this information be completed each school year

School Year _____ Grade _____ Teacher _____ School Building _____

Student's Name as printed on birth certificate:

Last Name _____ First Full Name _____ Middle (full) Name _____ Preferred Name _____

Sex Assigned at Birth Male Female Student Identifies as Male Female Other _____

Birth Date _____ City and/or State of Birth _____

Student Home Address _____ Apt/Lot # _____ PO BOX # _____

City _____ Zip Code _____ Telephone # _____

Has this student ever attended a school within the State of Ohio No Yes – School Name _____

Last Date of Attendance _____ Last School Attended _____ City _____

Has this student ever attended Bowling Green School District? Yes No

If yes, please indicate which school building. _____ Year _____ Grade _____

Other Children living at home:

Name: _____ Age: _____ School: _____ Grade: _____

Name: _____ Age: _____ School: _____ Grade: _____

Name: _____ Age: _____ School: _____ Grade: _____

Parent (Parent means either biological parent, unless the parents are separated or divorced, in which case the parent means the parent with legal custody of the child. Only students who live in the school district with a parent as defined by O.R.C. may be registered for admission. Custody and/or other pertinent court documents are required.)

Student lives with (please check):

Natural/Adoptive Parent *Relative, not guardian Custody Pending – hearing date: _____

Both Parents (same residence) *Court Placement (Foster/Court information on other side)

Both Parents (shared custody) *Other: _____

Parent/Guardian: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Email: _____ Does student live with this person? YES NO

Parent/Guardian: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Email: _____ Does student live with this person? YES NO

Step-parent: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Email: _____ Does student live with this person? YES NO

Step-parent: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Email: _____ Does student live with this person? YES NO

Information requested by the State of Ohio / Senate Bill 140

Student Citizen Status (please check all that apply):

- U.S. Citizen
- Exchange Student
- Non-U.S. Citizen
- Education Visa Student
- Migrant
- (Provide copy of visa)
- Other _____

Race/Ethnicity: (questions are from Federal guidelines/requirements)

Is this student of Hispanic or Latino heritage? Yes No

The above question is about ethnicity, not race. Please continue below to indicate what you consider the student's race to include.

	Biological Father	Biological Mother	Child
American Indian or Alaskan native			
Asian			
Native Hawaiian/Other Pacific Islander			
Black/African American (non-Hispanic)			
Hispanic/Latino			
White (non-Hispanic)			

(If biological parents' ethnicity is not the same, the student is considered to be multi-racial/multi-ethnic)

Military Student Status:

- N/A** (Not a Military Student)
- A. Active Duty:** Student is a dependent of a member of the Active Duty Forces (Army, Navy, and Air Force)
- B. National Guard:** Student is a Dependent of a member of the National Guard (Army National Guard of Air National Guard)

Student Disability Condition:

Is there a current IEP in place? Yes No
(If yes and new to BG Schools, please provide a copy of IEP)

- Multiple Disabilities
- Deaf-Blindness
- Hearing Impairment
- Visual Impairment
- Speech/Language Impairments
- Orthopedic Impairment
- Emotional Disturbance (SBH)
- Specific Learning Disability
- Cognitive Disability
- Traumatic Brain Injury
- Preschool Child w/ Disability
- Developmental Delay
- Autism
- Other Health Impaired

Parent public assistance status:

- Yes, parents receive public assistance

Homeless Status:

- No, student is not homeless
- Yes, student is homeless and primary night-time residence is:
 - SHELTER – Transitional (temporary) housing or awaiting foster care
 - UNSHELTERD – living in car, park, public space, campground, abandoned building, etc.
 - DOUBLED-UP – sharing housing with other families or individuals because of loss of housing
 - HOTEL/MOTEL – temporarily living in hotel/motel

Parent/Guardian Signature: _____ **Today's Date:** _____

***Guardian/Foster Home Placement:**

Guardian/Foster Parent: _____ **Relationship to Student:** _____
 Home Phone: _____ Cell Phone: _____
 Address: _____
 Employer: _____ Work Phone: _____
 Email: _____

Guardian/Foster Parent: _____ **Relationship to Student:** _____
 Home Phone: _____ Cell Phone: _____
 Address: _____
 Employer: _____ Work Phone: _____
 Email: _____

*For students under government agency jurisdiction-i.e., foster children, court placed-It is necessary to identify the legal school district or residency for obtaining tuition payments. If the student being admitted falls under this category, the natural parent section on PAGE ONE must be completed with the natural parent's known address and the following:

Agency of Court making placement, if applicable:

Caseworker: _____

Work Phone: _____ Caseworker's Signature: _____

Today's Date: _____