RIVER VIEW LOCAL SCHOOLS REGISTRATION FORM

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated.

PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION.

1. STUDENT DATA	Grade student will be entering			ver attended River View Loc If YES: School	
Student Name (LEGAL NAM	TE AS IT APPEARS ON BIRTH CER			Grade(s) Enrolled	
Student Name (LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE): Last Name Suffix (Jr., III, etc)					
First	Middle	Last	La	si name sumx (jr., m, etc)_	
Gender (circle one) F or M	M			County of Residence	(circle one):
Home Phone: Area Code		Unlisted? Ye	es No	Coshocto	on
Primary Cell phone #: Area	Code			Knox H	lolmes
Street Address				Licking M	luskingum
P.O. Box # City	7	Zip			
PARENT E-MAIL address					
STUDENT'S BIRTH DATA Date of Birth: Month Birth City Citizenship of student:US If child was born outside the	Day Year State A Other (specify country) U.S., how many years has he/she b	Mother's M If child was be Native Language species attending a U.S	Maiden Nan orn outside oken in home S. school?	U.S., list country e:English Other(specify	language)
	ETUNIC DATA				
	ETHNIC DATA	3. PREVIOL	JS SCHO	OL INFORMATION	
PLEASE ANSWE	R BOTH A AND B	3. PREVIOU A. Does your	JS SCHO		he/she
PLEASE ANSWE A. Is the student Hispani (Hispanic/Latino means a person	CR BOTH A AND B c/Latino? of Cuban, Mexican, Puerto Rican, South	3. PREVIOU A. Does your	JS SCHO child have special edu	OL INFORMATION e an IEP or 504 plan or has	he/she
PLEASE ANSWE A. Is the student Hispani (Hispanic/Latino means a person	c/Latino? of Cuban, Mexican, Puerto Rican, South h culture or origin, regardless of race.)	3. PREVIOUS A. Does your received Yes(If yes, 1)	JS SCHO child have special edu No_ provide a co	OL INFORMATION e an IEP or 504 plan or has ucation services in the past? urrent copy of IEP and ETR	he/she ?
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collect and report this information for all students who enroll in the

school district on or after July 1, 2010.

PLEASE COMPLETE REVERSE SIDE



RIVER VIEW LOCAL SCHOOLS REGISTRATION FORM

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PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION

Student Name	Grade_			
4. FAMILY & CUSTODIAL DATA				
◆ Status of Biological Parents:Parents	Married Parents Separated Father Deceased	Parents Divorced Mother Deceased		
♦ Who has legal custody of this student? If a divorce or guardianship situation exis		I copy of the order of decree. This is pe	r State of Ohio Law	
◆ Student lives with: Mother & Father Foster Parent		er & Stepfather Father only appointed Guardians/Grandparents		
INFORMATION for Mother /Guardian/ Fos	ter Parent (circle one)	BROTHERS AND SISTERS		
Name First M.I.	Last	Name	Age Grade	
	City State Zip			
Home Phone: Cell Pho		-		
Employer				
INFORMATION for Father /Guardian/ Fost	er Parent(circle one)			
Name First M.I.	Last			
Home address Street Address Cell Pho	City State Zip			
Employer W			,,	
INFORMATION for Step-Mother /Step-Fathe		OFFICE STA		
NameFirst M.I.	Last	HAVE YOU COLL Legal Birth Certificate	ECTED? Y N	
Home address Ci	ty State Zip	Proof of Residency	Y N	
Home Phone: Cell	Phone	Immunization Record Legal Custody Documen	ts Y N	
Employer		Court/Foster Placement I Copy of IEP, if applicab		
5. PARENT / GUARDIAN SIGNATURE		Marie Marie Paris		
I, the undersigned, state that I am the partinformation provided is true and correct.		he above named student and tha	t the registration	
Signature of Parent/Legal Guardian X		Date: X		