

TIFFIN CITY SCHOOLS NEW STUDENT REGISTRATION FORM

For office use:

EMIS ID# _____

School year 20____ - 20____

STUDENT INFORMATION (Please Print)

<input type="checkbox"/> Columbian High School (9-12) <input type="checkbox"/> Tiffin Middle School (6-8) <input type="checkbox"/> Clinton Elementary School (K-5) <input type="checkbox"/> Krout Elementary School (K-5) <input type="checkbox"/> Lincoln Elementary School (K-5) <input type="checkbox"/> Noble Elementary School (K-5) <input type="checkbox"/> Washington Elementary School (K-5)	TIFFIN CITY SCHOOLS NEW STUDENT REGISTRATION FORM		For office use: EMIS ID# _____ School year 20____ - 20____
STUDENT INFORMATION (Please Print)			

Student's Legal Last Name: (as it appears on birth certificate)	Legal First Name: (as it appears on birth certificate)	Middle Name:
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Street address:	City:	Zip Code:
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Check one: Male Female

Entering Grade:	Date of Birth (mm/dd/yyyy):	Home Phone Number:
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Is the student a US Citizen? ____ Yes ____ No	Native language is:	Birthplace: (City/State/Country)
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Mother's Maiden Name:	Ethnicity: Is the student of Hispanic/Latin heritage? ____ Yes ____ No
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Please select each ethnicity that applies:

- W White – People who have origins in any of the original people of Europe, North Africa, or the Middle East
- B Black or African American – Persons having origins in any of the black racial groups in Africa
- A 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.
- I American Indian or Alaskan 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
- P Native Hawaiian or Other Pacific Islander – Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

WHO DOES THE STUDENT LIVE WITH?

Check all that apply:	Print First/Last Name	Cell Phone Number	E-mail Address	Employer	Work Phone Number
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					
<input type="checkbox"/> Stepfather					
<input type="checkbox"/> Stepmother					
<input type="checkbox"/> Legal guardian					
<input type="checkbox"/> Foster Parent					
<input type="checkbox"/> Grandparent					

Who has legal custody of this child? <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother (only) <input type="checkbox"/> Father (only) <input type="checkbox"/> Legal guardian <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Shared parenting/joint custody <input type="checkbox"/> Government agency (Children's Services, Dept. of Job & Family Services, etc.) <input type="checkbox"/> Other (specify) _____	<p style="text-align: center;">PREVIOUS SCHOOL INFORMATION</p> Last school attended _____ District _____ School address _____ School phone number _____ Fax: _____ Check any that apply: <input type="checkbox"/> _____ has active Individual Education Plan (IEP) Specify disability _____ <input type="checkbox"/> _____ receives gifted/talented services. <input type="checkbox"/> _____ has been suspended/expelled from another school. Have you ever been enrolled in Tiffin City Schools? Yes _____ No _____	<p style="text-align: center;">For Office Use Only:</p> Homeroom _____ Locker/Combination _____ _____ Birth Certificate _____ Immunizations _____ Custody Papers _____ Transcripts _____ Proof of Residency
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FAMILY INFORMATION
Please list all brothers or sisters in family

First/Last Name (please print)	Date of Birth (mm/dd/yyyy)	Relationship (brother or sister)	School

Non-Custodial Parent Information

Check one:	Name	Address	City/State/Zip Code	Phone Number	E-mail Address
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					

To the best of my knowledge, all of the information provided on this registration form is true. I certify the student's name is his/her legal name, I have legal custody, and I reside within the Tiffin City School District boundaries. I understand the Tiffin City School District may use legal means to verify my residence in the District.

 PLEASE PRINT PARENT/GUARDIAN NAME	SIGNATURE OF PARENT/GUARDIAN	DATE
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The confidentiality of this information will be preserved in accordance with FERPA and Tiffin City Schools Board of Education policy.

Section 3323.64 of Ohio Revised Code requires a child to attend classes in the school district where the parent with court-determined custody resides.

Proof of custody must be furnished or attached to this registration form. **Immediately notify the school office when a change in custody occurs.**