

CLARK-SHAWNEE LOCAL SCHOOLS SPRING KINDERGARTEN ENROLLMENT FORM

_____ Possum Elementary

_____ Reid Elementary

_____ Rockway Elementary

STUDENT INFORMATION

All applicable information MUST be taken directly off of the student's certified birth certificate

Legal First Name _____ **Middle Name** _____ **Legal Last Name** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Date of Birth _____ **Birth City** _____ **Gender** _____ **Native Language** _____

The following information is required to be reported by the United States Department of Education. If any of these areas are not answered the student will be coded on a visual basis, per government reporting regulations.

- 1. Is the student from Hispanic/Latino heritage?** _____ (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- 2. Race Detail Element: Please indicate the following – you must choose at least one option, if multiracial choose all that apply:**
 White Black Asian Pacific Islander American Indian/Alaskan Native

Did the student attend a Pre-School? _____ **If Yes, where?** _____

PARENT INFORMATION – custodial parent(s)/guardian(s) with whom the student resides

Both parents Shared Parenting Mother only Father only Guardian/Foster Care Grandparent Other

Mothers First Name _____ **Mothers Last Name** _____ **Maiden Name** _____

Mothers Address _____ **Does student live here full time?** _____

Mothers Phone Number: Home _____ **Cell** _____ **Work** _____

Fathers First Name _____ **Fathers Last Name** _____

Fathers Address _____ **Does student live here full time:** _____

Fathers Phone Number: Home _____ **Cell** _____ **Work** _____

EMERGENCY CONTACT INFORMATION – other than parents – list two

_____	_____	_____	_____
Name	Home phone	Cell phone	Relationship

_____	_____	_____	_____
Name	Home phone	Cell phone	Relationship

The information on this form will be used to assist the Ohio Department of Education in issuing a Statewide Student Identifier Number for the student to keep throughout his/her years in the public school system in Ohio and to meet the requirements of the State and Federal governments.

For Office Use Only:

Resident Student _____ OE Student _____ Home IRN _____ CP Student _____ Home IRN _____

Admission Date _____ Initials of person entering into DASL _____