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GENEVA AREA CITY SCHOOLS

Student Registration Form

Complete **ALL AREAS** on both sides of the form. Do not leave any area unanswered.

Geneva High School • Geneva Middle School
 Austinburg Elementary School
 Cork Elementary School
 Geneva Platt R. Spencer Elementary School

Office Use Only	
Student Number	Date Enrolled:
Grade Level	Building
Admission Date	Admission Code

Student Legal Last Name	Student First Name	Student Middle Name	Nick Name
Student Address (house number, street name, apartment number, city, state, zip code)			
Parent/Guardian Name: _____ Main phone #: _____ Other phone #: _____		Parent/Guardian Name: _____ Main phone #: _____ Other phone #: _____	
Date of Birth	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade	SSN
Last School Attended (include Address, City and Zip):			Date Withdrew:
Has child ever attended a Geneva Area City Schools Building? If yes, building and year last attended.			
Is the student enrolling as Open Enrollment or School Choice from another district? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, School District's name: _____			
Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Other		Place of Birth:	
Language Survey			
<i>If yes to any question(s) below, please specify language.</i>			
Is a language other than English used in the home?		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Does the student have a first language other than English?		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Does the student most frequently speak a language other than English?		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Special Education			
Student currently has an IEP (Individualized Education Plan)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please submit a copy of the IEP at the time of registration.			
Student previously received special education services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, grade and year the IEP was terminated:			
Special education services received in previous school district?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Speech/Language Occupational Therapy Physical Therapy Academic Other:			
Was student under a 504 Plan in previous school district?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, submit a copy of the 504 Plan at the time of registration.			
Does your child have any medical condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child take any prescribed medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a copy of the complete immunization record on file?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Homeless Survey			
Are your (or the student) homeless based on meeting any of the 7 criteria found in the McKinney-Vento Act definition?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Information		
Student lives with: Please check ALL that apply	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other: _____	
Custody of Student: Please check ALL that apply	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other: _____	
	Parent/Guardian 1	Parent/Guardian 2
Name (Last, First)		
Street Address		
City/State/Zip		
Home Phone	(____) - _____	(____) - _____
Cell/pager No.	(____) - _____	(____) - _____
Email Address		
Employer		
Work Telephone No.	(____) - _____	(____) - _____
Relationship to student (Mother, Father, Grandparent, Guardian etc.)		
Please circle one:	Married Divorced Single	Married Divorced Single
	Parent/Guardian 3	Parent/Guardian 4
Name (Last, First)		
Street Address		
City/State/Zip		
Home Phone	(____) - _____	(____) - _____
Cell/pager No.	(____) - _____	(____) - _____
Email Address		
Employer		
Work Telephone No.	(____) - _____	(____) - _____
Relationship to student (Mother, Father, Grandparent, Guardian etc.)		
Please circle one:	Married Divorced Single Separated	Married Divorced Single Separated
Parents/Guardians named above will be contacted first...	Emergency Contact 1 (other than above)	Emergency Contact 2 (other than above)
Name (Last, First)		
Relationship to student (step-parent, Grandparent, Guardian, Friend, etc.)		
Phone No.	(____) - _____	(____) - _____

Siblings in Geneva Area City Schools		
Name	Grade	School
Name of other adult living with custodial parent:		Relationship
NOTE: If the child is NOT living with both parents, you must provide a certified copy of a temporary or permanent order/decreed allocating parental rights and responsibilities and/or a certified copy of any future modification order. If no order is available because of pending legal action, a notarized letter stating the date of court proceedings from your attorney must be presented. If you are not a parent and are in the process of obtaining custody, you must present a notarized statement from your attorney that you are an adult legal resident of the district and have begun legal measures for custody of the child.		
Please indicate if you have shared or joint custody: <input type="checkbox"/> Yes <input type="checkbox"/> No		

- I hereby certify that, under the penalties of perjury, the facts and representations set forth in this Student Registration Form are, to the best of my knowledge, true and complete. I also understand the Geneva Area City Schools reserves the right to make additional inquiries into the student's residency status and prior school records.

- I will notify the school immediately if there is a change of address, phone number or custody.** If changes occur over the summer, please call the Mrs. Horvath, Central Registration Office at 440.466.4831 X2002

Parent/Guardian Signature

Date

Print Parent/Guardian Name

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Office Use Only

Documentation Check List			
Identification <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>	Proof of Residency <input type="checkbox"/>	
Request for Records <input type="checkbox"/>	Immunization Record <input type="checkbox"/>	SSN <input type="checkbox"/>	
Home Language Survey <input type="checkbox"/>	Emergency Medical Authorization <input type="checkbox"/>	Custody papers <input type="checkbox"/>	

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Please complete Ethnicity Questionnaire on back.

Student Name _____

Ethnicity Questionnaire

Per United States Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two part question found below.

Student Name _____

Birth Date ____/____/____

Part 1: ETHNICITY

Is the student **Hispanic/Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) **Yes** **No**

Regardless of whether your answer is Yes or No to Part 1, you must also select 1 or more racial groups in Part 2.

Part 2: RACIAL GROUP

Is the student from one or more of the following racial groups (check all that apply):

_____ **(W) White**

People who have origins in any of the original peoples 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.

_____ **PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP**

I (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

Parent or Guardian Signature _____

Date ____/____/____

FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE

School District's determination of child's ethnicity based on observation:

_____ Hispanic/Latino

_____ White

_____ Black or African American

_____ Asian

_____ American Indian or Alaskan Native

_____ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child's ethnicity (please print) _____

Employee Signature: _____ Date: ____/____/____