

CONNEAUT AREA CITY SCHOOLS

Student Registration Form

Complete **ALL AREAS** on both sides of the form.



www.cacsk12.org

- Conneaut High School
 Conneaut Middle School
 Gateway Elementary School
 Lakeshore Primary School

Please check Building

Office Use Only	
Student Number	Transportation
Grade Level	Homeroom
Admission Date	Effective Start Date

Student Legal Last Name	Student First Name	Student Middle Name	Nick Name
Student Address (house number and 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	
Last School Attended (include Address, City and Zip):			Date Withdrew:
Has child ever attended any Conneaut 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) If Yes, please submit a copy of the IEP at the time of registration.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Student previously received special education services? If Yes, grade and year the IEP was terminated:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Special education services received in previous school district? Speech/Language Occupational Therapy Physical Therapy Academic Other:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was student under a 504 Plan in previous school district? If Yes, submit a copy of the 504 Plan at the time of registration.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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	
**Entry Reason:		**Entry Status:	

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**Office Use Only

REV: 2019

Parent/Guardian Information		
Natural Parent Status:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Deceased: <input type="checkbox"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father	
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 Separated	Married Divorced Single Separated
	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		

Name	DOB	Grade	School

Name of other adult living with custodial parent:	Relationship
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NOTE: If applicable, you must provide a current copy of custody papers allocating the parental rights, responsibilities and residential, custodial parent. If no order is available because the custody is in process, you must submit approved documentation stating such.

__Married __Divorced __Legally Separated __Separated __Never Married

If the child is NOT LIVING WITH EITHER NATURAL PARENT and is in the custody of an agency, guardian, etc., please provide the court order indicating the custody status, placing agency/caseworker and district of financial responsibility.

Court Order # _____ **Placing Agency/Caseworker** _____

District of Financial Responsibility _____

- 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 Conneaut 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.**

Parent/Guardian Signature

Date

Print Parent/Guardian Name

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"/>

Please complete Ethnicity Questionnaire on back.

Tracking Students From Military Families

Military Status (If applicable): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Guard <input type="checkbox"/> Reserve <input type="checkbox"/> NA	Military Branch: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast
Military Status (If applicable): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Guard <input type="checkbox"/> Reserve <input type="checkbox"/> NA	Military Branch: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast

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: ____/____/____