

Building _____
Grade _____

I.D. Number _____
First Day _____

STUDENT Information

<i>Student's name as it appears on birth certificate</i>			
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(first name) (middle name) (last name)

Date of Birth _____ Female Male

Social Security # _____ Age _____ Grade _____

Child's City of birth: _____ Mother's MAIDEN Last name: _____

If child was *not* born in the USA, list country of birth: _____ Child is a U.S. citizen? Yes No

1st time in a Logan Elm School? Yes No 1st time in an Ohio School? Yes No

Previous School: _____ Address: _____

City: _____ State: _____

Race Alaskan Native / American Indian
(check all that apply to this child)
 Asian
 Black / African American
 Native Hawaiian / other Pacific Islander
 White
(If no race is selected, the district is required to make a selection from observation)

Ethnicity (answer required)
Is this student Hispanic / Latino? Yes No
If yes, please list country of origin: _____

Native Language

ADDRESS

(number & street) _____

(city, zip, county) _____

Preferred daytime contact number: _____ (This phone number must be a cell phone, home phone, or a work number that is a direct line (no extensions or receptionist))

FAMILY

Child Lives with: Both Natural Parents Mother & Other Adult Foster
 Mother Only Father & Other Adult Other _____
 Father Only Legal Guardian

Resident Adult:
Name _____
Relationship to child: _____

Resident Adult:
Name _____
Relationship to child: _____

Telephone #'s: home _____
cellular _____
work _____

Telephone #'s: home _____
cellular _____
work _____

Employed by _____

Employed by _____

SPECIAL SERVICES

Please check if your child is currently receiving any special services:

Current IEP Gifted Therapy (PT or OT) Speech ELL (English Language Learner)

Tutoring (list subject) _____ Other _____