

☆ PRIVATE/PAROCHIAL SCHOOL ☆

STUDENT INFORMATION

School Year _____ Today's Date ①

School Name _____

School Code _____ . / . / .

Desired Action
School Use Only

Enroll on Date ____ / ____ / ____

From School _____

Withdraw on Date ____ / ____ / ____

To School _____

Modify Student Data as of ____ / ____ / ____

Student has EdChoice Voucher? No Yes

Submitted by (print) _____ Signed _____

Student

Please provide legal names.

(CPS Use)

Student ID

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Last Name _____

First Name _____

Middle Name _____

Entering Grade Level _____

Gender (Check One) Male Female

Resident Address _____

Apartment _____

City _____

State _____

ZIP Code _____

Phone Number _____ Unlisted: No Yes

Birthdate (mm/dd/yyyy) _____ / ____ / ____

Birth Document Source _____

Social Security Number _____ - ____ - ____ (if issued)

Race/Ethnic Code Black White Hispanic

(Check One) Asian/Pacific Islander Multiracial

Native American

Birthplace (City, State) _____

Birthplace (Country) _____

Nationality _____

Nickname (If any) _____

Parent/Guardian _____

Parent/Guardian's Resident District, if not CPS

Emergency Contacts

Name _____

Relation _____

Phone _____

Cell Phone _____

Name _____

Relation _____

Phone _____

Cell Phone _____

Home Language: What was this student's first language (i.e. native language)? _____

What language does this student most frequently speak? _____

What language is most often spoken by adults at home? _____

Withdrawal Authorization

Parent's signature authorizes Cincinnati Public Schools to withdraw this student from the current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

Parent/Guardian Signature _____

Date _____

PRIVATE/PAROCIAL SCHOOL
STUDENT REGISTRATION INFORMATION

Today's Date **2**

/ /

Use additional pages as necessary.

Student Name _____

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorced or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
ZIP Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
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Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

(*) If address is different from student's address.

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

@ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.