

Mason City Schools

Student Registration Form

Student ID: _____
Start Date: _____

Student Legal Name _____
First Middle Last

Preferred Name _____

Grade _____ Date of Birth: _____ City and State of Birth: _____

Home Address _____

In what county does student reside? _____

Home Phone _____ Mother's Maiden Name: _____

Circle one: Male Female Circle one: US citizen Non-US citizen/Immigrant* Foreign Exchange Student

*Immigrant Students are those who:
 1. Are age 3 – 21
 2. Were not born in the United States, and
 3. Have not attended one or more schools in any one or more of the states for more than three academic yrs.

Parent Information:

Status of biological parents (circle one): Married Divorced Separated Widowed Never Married

If divorced, who has legal custody? Mother Father Shared If shared, who is residential? _____

Are you the natural/adoptive parent(s) of the child? Yes or No ~ If no, what is your relationship to the child? _____

If foster/guardian, what district did the natural parent(s) reside in at the time you received custody? _____
 (if other than Mason, assignment of tuition is required)

Father/Guardian:

Name: _____

Address: _____

Home Phone: _____

Cell / Pager: _____

Email: _____

Place of Employment: _____

Business Phone: _____

Step-Mother (if applicable): _____

Work Phone: _____

Cell / Pager: _____

Mother/Guardian:

Name: _____

Address: _____

Home Phone: _____

Cell / Pager: _____

Email: _____

Place of Employment: _____

Business Phone: _____

Step-Father (if applicable): _____

Work Phone: _____

Cell / Pager: _____

Previously enrolled in Mason City Schools? Yes or No

If yes, what year did you withdraw? _____

Have you ever been enrolled in any other Ohio School District? Yes or No

If yes, name of last Ohio District attended _____

Are you currently expelled or suspended from your previous school district? Yes or No

Home Language Survey:

What language did your son/daughter speak when he/she first learned to talk? _____

What language does your son/daughter use most frequently at home? _____

What language do you use most frequently to your son/daughter? _____

What language do the adults at home most often speak? _____

If born outside of US, give date of entry _____ First Date in US school _____

Special Services:

Has your child received any of the following services? (Please check all that apply)

- Gifted Education
 Multifactorial/Psychological Evaluation
 Individual Education Plan (IEP) or
 504 Individualized Accommodation Plan

Other siblings in the district:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Transportation Schedule: Wheelchair Transportation Safety Restraint (if stated in the IEP)

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
PICK UP / DROP OFF LOCATION:	Pick Up	Drop Off	Pick Up	Drop Off	Pick Up	Drop Off	Pick Up	Drop Off	Pick Up	Drop Off
HOME										
CAREGIVER (please list address/phone):										
	DO NOT WRITE IN SHADED AREAS									
SHARED PARENTING:										
MOTHER										
FATHER										
	DO NOT WRITE IN SHADED AREAS									
CALENDAR ATTACHED										
WALKER / CAR RIDER										

I, the undersigned, do hereby state and declare under penalty of falsification (*) that I am the parent or legal guardian of the above named student and that this registration information is true and correct.

Parent / Guardian Signature

Date

(*) Falsification under Ohio Revised Code section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both.

Requested information is mandated under Senate ORC Bill 140 and Education Management Information Systems (Sections 3301-0714).