

Montpelier Exempted Village Schools - Registration Form

Office Use Only

Student ID#

Start Date

School Year Enrolled

Grade

STUDENT

Last Name _____
 First Name _____
 Preferred First Name _____
 Middle Name _____
 Birth Date _____ Gender M F

PROPERTY ADDRESS

Street, PO, & Apt# _____
 City _____
 State _____ Zip Code _____
 School District _____
 Home Phone # _____ Unlisted Y N

1

TRANSPORTATION

Address _____ Pick Up Drop Off M T W Th F Contact Person _____ Phone _____

2

MISCELLANEOUS

City and Country of Birth _____
 What language does the student use most frequently?
 English Spanish
 Other _____
 What language does Parent/Guardian use most frequently?
 English Spanish
 Other _____

Is the student of Hispanic/Latino Heritage?
 Yes, Hispanic/Latino No
 Is the student from one or more of the following race racial groups?
 (You may choose more than one)
 W – White A - Asian
 B – Black or African American
 I – American Indian or Alaskan Native
 P – Native Hawaiian or Other Pacific Islander

3

PARENT / GUARDIAN

Who has legal custody of this student? _____
 The student lives with: _____

What is the parental status? _____
 Ohio School District responsible for tuition: _____

1. Relationship to student _____
 Last Name _____
 First Name _____
 Living with student? Y N
 Address same as student? Y N
 Address (if different than above) _____
 Work/Employment _____
 Occupation _____
 Work Phone # _____
 Available at work? Y N
 Home Phone # _____
 Cellular Phone # _____
 E-mail Address _____

2. Relationship to student _____
 Last Name _____
 First Name _____
 Living with student? Y N
 Address same as student? Y N
 Address (if different than above) _____
 Work/Employment _____
 Occupation _____
 Work Phone # _____
 Available at work? Y N
 Home Phone # _____
 Cellular Phone # _____
 E-mail Address _____

4

SCHOOL HISTORY

Previous District _____
 Previous School _____
 Previous School Address _____
 Previous School Phone _____
 Previous School Fax _____

Is this child currently expelled from another Ohio district? _____
 Is this child presently under suspension from another school? _____
 Has this child ever been charged with/convicted of a felony? _____
 Has this child ever been on probation or court-involved? _____

Does this child have a current IEP (Individual Education Plan) for special education services? _____
 Has this child been identified as gifted? _____
 Is this child currently receiving intervention (e.g. Title I Reading) services? _____

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Montpelier Exempted Village Schools - Registration Form Continued

6 **EMERGENCY CONTACTS** (other than Parents/Guardians listed on the previous page)

<p>1. Last Name _____ First Name _____ Relationship to student _____ Address _____ _____ _____ Home Phone # _____ Unl? <input type="checkbox"/>Y <input type="checkbox"/>N E-mail Address _____ Work Place _____ Work Phone # _____ Ext. _____ Cellular Phone # _____</p>	<p>2. Last Name _____ First Name _____ Relationship to student _____ Address _____ _____ _____ Home Phone # _____ Unl? <input type="checkbox"/>Y <input type="checkbox"/>N E-mail Address _____ Work Place _____ Work Phone # _____ Ext. _____ Cellular Phone # _____</p>
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7 **MEDICAL**

Doctor _____ Phone # _____ Dentist _____ Phone # _____
 Health Ins/Medicaid _____ Preferred Hospital _____
 Allergies _____
 Life Threatening? Y N Other _____
 Health Factors _____
 Last Physical Exam _____ Pass/Fail? _____ Athletic Status Participating Not Participating

8 **SIBLINGS**

Name	1. _____	2. _____	3. _____	4. _____
Relationship	_____	_____	_____	_____
Birth Date	_____	_____	_____	_____
Age	_____	_____	_____	_____
Grade	_____	_____	_____	_____
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F

9 **OTHER INFORMATION**

 Parent/Guardian Signature

 Date