

- New  
 Re-entry

## EAST CLEVELAND CITY SCHOOLS

### STUDENT REGISTRATION FORM

<b>Student Name</b>	Last Name	First Name	Middle Name	Entry Grade
<b>Social Security #</b> <small>(optional)</small>	- -	<b>Birth Date</b>	Month / Day / Year	
<b>Student Home Address</b>	Number	Street	City	Zip Code Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. #
<b>Parent/Guardian</b>	Name		Phone Number	
<b>Previous school attended</b> <ul style="list-style-type: none"> <li>• Kindergarten include preschool if attended</li> <li>• Include homeschooling</li> </ul>	Name of School	School District	City	State

Is this student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	<b>Race</b> <small>(choose one or more)</small> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander How Identified: _____
---	--	---

<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Citizenship</b> <input type="checkbox"/> Dual National <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Resident Alien <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other please name: _____
---	--

<b>Birthplace</b> City _____ State _____ Country _____	<b>Native / Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Other please name: _____
---	---

<b>Student Lives With</b> (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Self
--	---

<b>Legal Custody</b> (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent Court Journal Entry: ( ____ / ____ / ____ ) County: _____ District Bearing Cost(for Foster Children only): _____	<input type="checkbox"/> Guardian <input type="checkbox"/> CCDCFS <input type="checkbox"/> Other (explain): _____ <input type="checkbox"/> Probate Court <input type="checkbox"/> Juvenile Court Restrictions: _____
--	--

Is the child in gifted or Advanced Placement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe services:
Does the child have a 504 plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe services:
Has the child ever had an IEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list year of most recent evaluation:
If yes, do you have a copy of the IEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, indicate program:
Is the child suspended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, from what district?
Is the child expelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, from what district?      End Date:

I do not consent to the release of email, home address, and home phone number for outreach purposes