

# NORTHWESTERN LOCAL SCHOOLS STUDENT ENROLLMENT FORM

Date \_\_\_\_\_

Has this student ever attended the Northwestern Local School District before?

NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, where and when \_\_\_\_\_

Legal Name As It Appears On Birth Certificate \_\_\_\_\_  
(Last) (First) (Middle)

Name Student Goes By \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Unlisted? Yes \_\_\_\_\_ No \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

P.O. Box \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Legal Custody of pupil is with \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian

Custody Alert: \_\_\_\_\_ Yes \_\_\_\_\_ No Any other Alerts (Allergy, or other Medical Condition): \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Custody Papers Provided Upon Enrollment \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ (N/A) \_\_\_\_\_ Parents were never married

Pupil lives with \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Step-Father \_\_\_\_\_ Step-Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Other

Sex \_\_\_\_\_ (M) or (F) Date of Birth \_\_\_\_\_ Birth Certificate Provided Upon Enrollment \_\_\_\_\_ Yes \_\_\_\_\_ No

Place of Birth \_\_\_\_\_ (Birth City and State)

Mother's Maiden Name: \_\_\_\_\_

Race \_\_\_\_\_ (A-Asian, B-Black or African American, H-Hispanic, I-American Indian or Alaska Native, P-Native Hawaiian or other Pacific Islander, W-White)

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Present Grade Level \_\_\_\_\_

Admission Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Admission Code _____	1-first school attended	7-from home schooling
	2-from non-public school	8-from an institution
	3-from another school	9-from MR/DD
	district in same county	10-previously dropped out
	4-from another school district in	11-court referral
	Ohio (not same county)	12-from a licensed pre-school other than a JVSD
	5-from another public school in	13-from a licensed Kindergarten
	another state	14-from Head Start
	6-from another country	15-from a JVSD pre-school
		16-from a Community School

Previous school attended \_\_\_\_\_

Address \_\_\_\_\_

Street City State

Phone (\_\_\_\_\_) \_\_\_\_\_

Is student identified as Gifted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does student have a 504 Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does student have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state handicap \_\_\_\_\_ 1-Multiple Disabilities (Other than deaf-blind), 2-Deaf-Blindness, 3-Hearing Impaired, 4-Visually Impaired, 5-Speech and Language Impairments, 6-Orthopedically Handicapped, 8-Emotional Disturbance (SBH), 9-Cognitive Disabilities, 10-Specific Learning Disability, 12-Autism, 13-Traumatic Brain Injury (TBI), 13-Other Health Impaired (Major), 14-Other Health Impaired (Minor)

Father's Employment \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Names of Siblings: \_\_\_\_\_ School District Attending: \_\_\_\_\_

Does Student Ride School Bus? \_\_\_\_\_ If yes, number of school bus \_\_\_\_\_ Driver's Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_