

NORTHWESTERN LOCAL SCHOOL DISTRICT**STEM PRESCHOOL APPLICATION**

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education.

Monthly payments of \$198.00 are due the 10th of each month (August-May)

STUDENT INFORMATION

Student's legal name as shown on Birth Certificate:

First Name _____ Middle _____ Last _____

Nickname _____ Social Security Number _____

Date of Birth _____ Age _____ Gender (M/F) _____

Place of Birth (city/state) _____

Ethnicity (circle) Asian/Pacific Islander, Black/African American, Hispanic/Latino, American Indian, Multiracial, White

Language Spoken at Home _____ English _____ Other-specify _____

Mother's Maiden Name _____

District of Residence (if other than Northwestern Local) _____

Address of Student _____

City/State _____ Zip Code _____

Home Phone Number _____

Does your child have an IEP? ____ Yes ____ No If yes, state handicap _____

GUARDIAN/CUSTODIAL INFORMATION

Student lives with (check all that apply):

____ Both Parents ____ Mother ____ Father ____ Step-Parent ____ Foster Parents ____ Guardian

____ Alternates between Parents ____ Other-specify _____

Legal Custody is with ____ Both Parents

____ Shared Parenting – custody documents on file with school

____ Mother only (parents were unmarried at time of birth)

____ Mother only – custody documents on file with school

____ Father only – custody documents on file with school

____ Guardian – custody documents on file with school

____ Please state name & relationship _____

____ Parents still Married, but separated, not divorced – no custody order exists

Parents are:

____ Married ____ Never Married ____ Separated ____ Divorced

____ Mother Deceased ____ Father Deceased

Custodial Father or Guardian:

Name _____ Home Phone _____

Address _____

Cell Phone _____ Work Phone _____

Email Address _____

Custodial Mother or Guardian:

Name _____ Home Phone _____

Address _____

Cell Phone _____ Work Phone _____

Email Address _____

Spouse of Custodial Parent:

Name _____ Cell Phone _____

Work Phone _____

I affirm that the information below is correct and give my permission to verify my residence, if necessary.

Custodial Parent/Guardian Signature _____

Date _____