



Cleveland Heights – University Heights City School District



STUDENT REGISTRATION FORM

2018/2019 School Year

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>	
Student Name:					
Social Security #:		Birth Date:		Entry Grade:	
		<i>Month Day Year</i>			
Address:					
<i>Number</i>		<i>Street</i>		<i>City Zip Code Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. # _____</i>	
Ethnicity: <small>(Choose One)</small>		Race: <small>(Choose one or more, regardless of Ethnicity)</small>			
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
Gender:		Birthplace:		Native Language:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<i>City State/Country</i>		<input type="checkbox"/> English <input type="checkbox"/> Other _____	
Student Lives With: <small>(check all that apply)</small>					
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Host Parents (foreign exchange student) <input type="checkbox"/> Self – Independent Student <input type="checkbox"/> Other (explain): _____			
Legal Custody:					
<input type="checkbox"/> Mother and Father – Legally Married <input type="checkbox"/> Mother – Never legally married to biological father <input type="checkbox"/> Father – Never legally married to mother/ established paternity through the courts <input type="checkbox"/> Shared parenting through divorce or legal separation <input type="checkbox"/> Parents legally married, not living together		<input type="checkbox"/> Student is 18 years old and lives independently <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Grandparent Affidavit/ Power of Attorney* <input type="checkbox"/> CCDCFS* <input type="checkbox"/> Other (explain): _____			
*Court Journal Entry: _____		*Probate Court <input type="checkbox"/>		*Juvenile Court <input type="checkbox"/>	
*Case Number: _____		*Guardian Ad Litem: _____			

Parent/Guardian Name:

List all schools this student attended beginning with the most recent:

School District/ School Name	City/State	Grade	Dates Enrolled

Additional Information:

Does this student have a 504 plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe services:
Has this student ever had an IEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list year of most recent evaluation:
Is this student suspended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, from what district?
Is this student expelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, from what district?
Is there a pending court action affecting custody?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain: