



Cleveland Heights – University Heights City School District

STUDENT REGISTRATION FORM 2023/2024 School Year

The Cleveland

First Ring
Superintendents'
Collaborative

Last Name		First Name		Middle Name					
Student Name:									
		Month		Day		Year			
		Birth Date:		Entry Grade:					
Number		Street		City		Zip Code		Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. # _____	
Address:									
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander							
Ethnicity: (Choose One)		Race: (Choose one or more, regardless of Ethnicity)							
<input type="checkbox"/> Male <input type="checkbox"/> Female		City		State/Country		<input type="checkbox"/> English <input type="checkbox"/> Other _____			
Gender:		Birthplace:		Native Language:					
Student Lives With: (check all that apply)		<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/ Legal Custody through the courts <input type="checkbox"/> Residential Parent 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		*Juvenile Court					
*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:

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PARENT / GUARDIAN INFORMATION

Guardian #1 – Lives with Student (select one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self						
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widow						
Military Status (active duty only): Branch of the Military _____ <input type="checkbox"/> Active Duty, Not Deployed <input type="checkbox"/> Active Duty, Deployed						
Last Name			First Name		Birth Date:	
Name:						
Current Address:		Number	Street	City	Zip Code	Up <input type="checkbox"/> Down <input type="checkbox"/> Apt # _____
Previous Address:		Number	Street	City	Zip Code	Up <input type="checkbox"/> Down <input type="checkbox"/> Apt # _____
Workplace:			Work Phone:			
Home Phone:		Cell Phone:		Email:		
Owns home currently living in? <input type="checkbox"/> Yes <input type="checkbox"/> No Rents home currently living in? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a Lease agreement? Yes___ No___ If homeless, check here <input type="checkbox"/> Landlord's Name: _____ Phone Number: _____						

Guardian #2 – Lives with Student (select one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____					
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widow					
Military Status (active duty only): Branch of the Military _____ <input type="checkbox"/> Active Duty, Not Deployed <input type="checkbox"/> Active Duty, Deployed					
Last Name			First Name		Birth Date:
Name:					
Workplace:			Work Phone:		
Cell Phone:			Email:		

NON-HOUSEHOLD RELATIONSHIP

Guardian #3 – DOES NOT live with Student (select one) <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> Caseworker <input type="checkbox"/> Other _____

Name: Last Name First Name		Birth Date:	
Address: Number Street City Zip Code Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. # _____			
Workplace:		Work Phone:	
Home Phone:		Email:	



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Cleveland Heights – University Heights City School District

RESIDENCY AND CUSTODY AFFIDAVIT

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For the purpose of establishing school residence and custody (To be completed by parent or legal guardian)

SIGN ONLY AFTER CAREFULLY READING AND IN THE PRESENCE OF A NOTARY

THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT:

I, _____, certify that I am the custodial parent/legal guardian of named student(s) (Parent's or Legal Guardian's Full Name)

and that I have established residency at _____
(Street Number, Name, Apt. #) (City) (State) (Zip Code)

I understand that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the Cleveland Heights-University Heights City School District address and also, that the residence where meals are taken, and where the resident parent sleeps must be this residence.

Please read each statement and then place your initials to the left of the statement.

- _____ I/we certify that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named students in the Cleveland Hts-University Hts City School District.
- _____ I/we understand that I/we are responsible for informing school officials of any change in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the CHUH City School District, I will **immediately** notify the Registration Department of the CHUH City School District. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the CHUH City School District, I will withdraw my child(ren) from the district.
- _____ I/we have provided the CHUH City School District with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the children being enrolled as per Ohio Revised Code 3313.672. I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).
- _____ I/we acknowledge the student who is being registered **has not been expelled** or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.
- _____ I/we understand that if the student attends school while not being eligible to do so tuition free, **the student and all responsible parties will be liable for tuition** at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08 and the **student will immediately be withdrawn from** the Cleveland Hts-University Hts City School District. The tuition rate for the 2020/2021 school year is \$67.53 per day.
- _____ I/we understand that the CHUH City School District **may use whatever legal means it has at its disposal to verify my residency**. I/we hereby waive my rights to confidentiality of information relative to my/our residence and give permission to the Cleveland Hts-University Hts City School District, the City tax Administrator, and the Regional Income Tax Agency (RITA) to release selected information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.
- _____ I/we have been informed of the Ohio Department of Health immunization requirements for school attendance. I/we understand that failure to provide a complete record of these immunizations **before** the 15th day of school attendance will result in the student being excluded from attending school. This exclusion process will be initiated if written verification of updated immunizations is not received before August 23, 2021; or on the day of enrollment if after this date.

NOTE: Be sure you have read this statement carefully before you sign. Giving false information under oath is punishable as a criminal offense under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor of the first degree with a maximum fine of \$1,000 and/or a jail term of six months. In cooperation with the City Prosecutors, each violation may be thoroughly and vigorously prosecuted.

Signature(s):

Parent/Legal Guardian/Custodian: _____

Student 18 years of age or older: _____

STATE OF OHIO
COUNTY OF CUYAHOGA } ss

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20__

Notary Public