

**For School Personnel Use only!!**

Infinite Campus Student ID # for EMIS reporting \_\_\_\_\_

**For Special Needs Students:**

**Original goes to child's school** \_\_\_\_\_

**Copies to:**

**Copies to:** Nurse \_\_\_\_\_

Psychology Aide \_\_\_\_\_

Bus Gar \_\_\_\_\_

Bus # \_\_\_\_\_

Special Ed Supervisor \_\_\_\_\_

Food Serv \_\_\_\_\_



**MORGAN LOCAL SCHOOL DISTRICT  
STUDENT REGISTRATION FORM**



**PLEASE SELECT WHICH BUILDING STUDENT WILL ATTEND**

MHS    MJH    EAST    WEST    SOUTH

Does this child reside in Morgan Local School District?    **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If no, what is the child's district based on residence? \_\_\_\_\_

First Day of Attendance \_\_\_\_\_

Grade \_\_\_\_\_

**STUDENT INFORMATION**

Legal Last Name	Legal First Name	Legal Middle Name	
Nickname (if applicable)	Gender (M/F)	Birthdate (mm/dd/yyyy)	Age
Birthplace: City _____ State _____			

***IS YOUR PRIMARY RACE HISPANIC/LATINO ?***    **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**STUDENT ETHNICITY: (Check all that apply)**

- Asian    Native Hawaiian or other Pacific Islander    American Indian or Alaskan Native  
 Black or African American    White/Caucasian

**MEDICAL INFORMATION**

Please list any medical problems \_\_\_\_\_

Any allergies \_\_\_\_\_

**Immunizations:** Please provide a copy of current immunizations for our records. Any missing immunizations must be provided within 2 weeks of entry date.

**PREVIOUS SCHOOL INFORMATION**

Has your child ever attended any Morgan Local School in the past?    **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If yes, what was the approximate last date of attendance? \_\_\_\_\_

**Last School Attended (If not a Morgan Local School):**

Name of School	District	
Address	Phone #	Fax #
Is this child currently expelled from another Ohio School District? _____		
Is this child presently under suspension or dismissal for academic or disciplinary reasons from any school? _____		
Has this child ever been charged with or convicted of a felony? _____		
Has this child ever been on probation or involved with the court? _____		

**PARENT/GUARDIAN SIGNATURE**

The information that I have supplied on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in Morgan Local School District

**Signature** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parents have the right to request and inspect the Cumulative Record on file for their child.**

## SPECIAL EDUCATION NEEDS

Has your child had a psychological evaluation, multi-factored evaluation, or other evaluation? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Has your child been enrolled in any special education programs? If yes, please check the programs below:

- |                                   |   |   |
|-----------------------------------|---|---|
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Emotionally Disturbed        | <input type="checkbox"/> Visually Impaired      |
| <input type="checkbox"/> Autism   | <input type="checkbox"/> Hearing Impaired             | <input type="checkbox"/> Speech/Language        |
| <input type="checkbox"/> Blind    | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Cognitive Disability   |
| <input type="checkbox"/> Deaf     | <input type="checkbox"/> Multiple Disability          | <input type="checkbox"/> Traumatic Brain Injury |
|                                   | <input type="checkbox"/> Orthopedically Handicapped   | <input type="checkbox"/> Other Health Impaired  |

Other Program: Please describe the program: \_\_\_\_\_

Does your child have a **current IEP** (Individual Education Plan)? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If yes, do you have a copy?

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**Enrollment approved by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**If Open Enrolled:**  **Approved**  **Denied** **Date Letter Sent** \_\_\_\_\_

**Documents Verified at Registration: By** \_\_\_\_\_

\_\_\_\_\_ Certified Birth Record

\_\_\_\_\_ Custody Documents (If applicable)

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Verification of Social Security Number

\_\_\_\_\_ Photo ID of Parent/Guardian

\_\_\_\_\_ Proof of Residency

\_\_\_\_\_ IEP/504 (only need verification that one exists if coming from outside district)

\_\_\_\_\_ Parent Received Report Card

**PRIMARY HOUSEHOLD INFORMATION - RESIDENT ADDRESS - WHERE STUDENT RESIDES**

Street	Apt/Lot #	Home Phone
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City	State	Zip
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**MAILING ADDRESS (IF DIFFERENT FROM ABOVE)**

Street	Apt/Lot #	Home Phone
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City	Street	Zip
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Is there is a custody order pertaining to this child? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Who has custody? \_\_\_\_\_

**\*\*\*We must have a copy of the legal custody papers on file\*\*\***

Student's Natural Parents:  Married  Never Married  Separated  Divorced  Other (specify) \_\_\_\_\_

If a Foster Child: School District of Residence \_\_\_\_\_

**\*\*\*Student must have proper authorization to reside with grandparents or other relative\*\*\***

**RESIDENTIAL PARENT/GUARDIAN #1**

Name Custody: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Relationship to Student

School District of Residence

Work Phone Cell Phone

Email Address

**RESIDENTIAL PARENT/GUARDIAN #2**

Name Custody: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Relationship to Student

School District of Residence

Work Phone Cell Phone

Email Address

**BROTHERS/SISTERS/OTHER HOUSEHOLD MEMBERS**

Name	Grade	School	Relationship

**SECOND HOUSEHOLD MAILING INFORMATION (ONLY if different from primary address)****NON-HOUSEHOLD PARENT/GUARDIAN #1**

Name Custody: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Address City State Zip

Work Phone Cell Phone

Relationship to Student

Email Address

**NON-HOUSEHOLD PARENT/GUARDIAN #2**

Name Custody: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Address City State Zip

Work Phone Cell Phone

Relationship to Student

Email Address