

☆ PRIVATE/PAROCHIAL SCHOOL ☆

**STUDENT INFORMATION**

School Year \_\_\_\_\_

Today's Date ① \_\_\_\_\_

School Name \_\_\_\_\_

School Code \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Desired Action**

Enroll on Date \_\_\_\_/\_\_\_\_/\_\_\_\_

From School \_\_\_\_\_

**School Use Only**

Withdraw on Date \_\_\_\_/\_\_\_\_/\_\_\_\_

To School \_\_\_\_\_

Modify Student Data as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Student has EdChoice Voucher?  No  Yes

Submitted by (print) \_\_\_\_\_

Signed \_\_\_\_\_

**Student**

*Please provide legal names.*

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Entering Grade Level \_\_\_\_\_

Gender (Check One)  Male  Female

Resident Address \_\_\_\_\_

Apartment \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Unlisted:  No  Yes

Birthdate (mm/dd/yyyy) \_\_\_\_\_

Birth Document Source \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (if issued)

Race/Ethnic Code  Black  White  Hispanic

(Check One)  Asian/Pacific Islander  Multiracial

Native American

Birthplace (City, State) \_\_\_\_\_

Birthplace (Country) \_\_\_\_\_

Nationality \_\_\_\_\_

Nickname (If any) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**(CPS Use)**

Student ID

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Parent/Guardian's Resident District, if not CPS

**Emergency Contacts**

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Home Language: What was this student's first language (i.e. native language)?** \_\_\_\_\_

**What language does this student most frequently speak?** \_\_\_\_\_

**What language is most often spoken by adults at home?** \_\_\_\_\_

**Withdrawal Authorization**

Parent's signature authorizes Cincinnati Public Schools to withdraw this student from the current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

**Parent/Guardian Signature**

Date \_\_\_\_\_

**PRIVATE/PAROCHIAL SCHOOL  
STUDENT REGISTRATION INFORMATION**

Today's Date **2**  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Use additional pages as necessary.

Student Name \_\_\_\_\_

Mother Father Guardian Stepparent @Foster Parent Grandparent Surrogate Parent Other

Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorced or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
ZIP Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
Cell Phone _____	
Email Address _____	
Work Phone _____	

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Cell Phone _____	
Email Address _____	
Work Phone _____	

(\*) If address is different from student's address.

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

@ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.