

RIVER VIEW LOCAL SCHOOLS REGISTRATION FORM

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated.

PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION.

1. STUDENT DATA

Grade student will be entering _____

Has student ever attended River View Local Schools?
Yes ___ No ___ If YES: School _____

Grade(s) Enrolled _____

Student Name (LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE):

Last Name Suffix (Jr., III, etc) _____

First

Middle

Last

Gender (circle one) F or M

County of Residence (circle one):

Home Phone: Area Code _____ Unlisted? Yes ___ No ___

Coshocton

Primary Cell phone #: Area Code _____

Knox Holmes

Street Address _____

Licking Muskingum

P.O. Box # _____ City _____ Zip _____

PARENT E-MAIL address _____

Is either parent a member of the Active Duty Military? Yes ___ No ___ Is either parent a member of the National Guard? Yes ___ No ___

STUDENT'S BIRTH DATA

Date of Birth: Month _____ Day _____ Year _____ Mother's Maiden Name _____

Birth City _____ State _____ If child was born outside U.S., list country _____

Citizenship of student: USA Other _____ Native Language spoken in home: English Other _____
(specify country) (specify language)

If child was born outside the U.S., how many years has he/she been attending a U.S. school? _____

2. RACIAL / ETHNIC DATA

PLEASE ANSWER BOTH A AND B

A. Is the student Hispanic/Latino?

(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

___ Yes ___ No (go to part B)

B. Is the student: (check all that apply)

___ American Indian or Alaska Native (Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)

___ Asian (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

___ Black or African American (Persons having origins in any of the black racial groups in Africa.)

___ Native Hawaiian or Pacific Islander (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

___ White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

(If left blank, ethnicity will be determined by observer identification)

River View School District is mandated by the United States Department of Education, under the No Child Left Behind Act, to collect and report this information for all students who enroll in the school district on or after July 1, 2010.

3. PREVIOUS SCHOOL INFORMATION

A. Does your child have an IEP or 504 plan or has he/she received special education services in the past?

Yes ___ No ___
(If yes, provide a current copy of IEP and ETR)

B. Has your child been identified as gifted? Yes ___ No ___ (If yes, provide a current copy of Gifted Identification)

C. Is student under expulsion from previous school? Yes ___ No ___

D. School where child was most recently enrolled:

District _____

School _____

School Address _____

Phone # _____

Fax # _____

PLEASE COMPLETE REVERSE SIDE 

PLEASE COMPLETE REVERSE SIDE 

