



PREPARING STUDENTS
FOR LIFE

Through Academic Achievement · Personal Well-Being · Career Readiness

Welcome to Cincinnati Public Schools

The following documents are required when registering a child to attend Cincinnati Public Schools.

_____ **Student Registration Information Packet**

_____ **Birth Certificate or Passport**

_____ **Child's Immunization Record**

_____ **Child's Most Recent Report Card (not required for Kindergarten)**

_____ **Child's IEP/ETR (if applicable)**

_____ **Child's Transcript from Sending School**

_____ **Photo ID of the Parent/Guardian**

(Only the parent or legal guardian may register a child for school.)

_____ **Proof of Custody** (Legal Guardian must provide legal documentation of custody).

_____ **Proof of Residency**

Must provide one (1) with parent/legal guardian's name on the document.

Example: Current Lease or Mortgage agreement, dated within the last 30 days; a non-cable utility bill, legal document(s) from a U.S. Governmental Agency such as the Internal Revenue Service, Social Security Administration, or Veterans Administration.

_____ **Parent/Owner Affidavit**

Parent/Legal Guardian must complete registration process in person. All documents above must accompany the completed Student Registration Information Packet.

This section is for use by Customer Care Center staff only.

School Selections - Please select up to five (5) schools:

1. _____
2. _____
3. _____
4. _____
5. _____

Date

CPS Staff
Initials

Thank you for choosing Cincinnati Public Schools!

CPS Customer Care Center (513) 363-0123 TDD: (513) 363-0124; Location: 2651 Burnet Avenue, Cincinnati, OH 45219

Cincinnati Public Schools is an Equal Opportunity Employer.

Revised October 2024

To Be Completed By Cincinnati Public Schools Employee

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey is used only to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Record.** Indicate responses from the language background survey (page 2) in table below.

Student's native language What was this student's first language? _____ _____	
Student's home language What language does this student speak most frequently? _____ _____	
Potential English learner A language other than English is listed for any of the 3 questions in the language background section.	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
Immigrant student status Immigrant = Student born outside of U.S. and has attended U.S. schools for less than 3 years.	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

3. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district

Welcome to CINCINNATI PUBLIC SCHOOLS

This box - CPS Use Only:

Student ID

Entry Date ____ / ____ / ____

Entry Code _____

Homeroom _____

STUDENT REGISTRATION INFORMATION FORM

Important: Signature required at bottom of Page 5.

Page 1

School Year: _____ Today's Date: _____

School Name: _____ School Code: _____

Student Information

Please print and provide legal names.

Last Name: _____ First Name: _____ Middle: _____

Entering Grade Level: _____ Gender (Check One): Male Female

Home Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Student Needs Transportation: (Circle) AM PM BOTH

Is student Hispanic or Latino? No Yes

Race/Ethnic Code Black/African-American White/Caucasian Asian
 (Must check all that apply.) American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

Student's Birthplace: City _____ State _____ Country _____

Student's Birthdate ____ / ____ / ____ (month/date/year - xx/xx/xxxx)

Birth Document Source _____ (birth certificate, passport, etc.; provide document)

Nationality _____

Date student was enrolled in U. S. schools: ____ / ____ (month/year - xx/xxxx)

Has student ever received English as a Second Language (ESL) or Bilingual services? No Yes

Is student a Foreign Exchange student? No Yes If Yes, enter I-94 number: _____

Cincinnati Public Schools is required to identify students whose parent is (or parents are) in the U.S. Armed Forces (Active Duty or Reserve status) or in the National Guard.

Parent/Guardian in U.S. Military or National Guard? No Yes

Parent's/Guardian's Name _____ Parent Guardian

Parent's/Guardian's Resident School District (if not CPS) _____

Enrollment Reasons (Check One)

- From out of state / out of country
- From home school in Ohio
- From nonpublic school in Ohio
- From an Ohio public district or charter (community) school
- Not in Ohio public/charter schools since 2003
- First time in Ohio public school due to age
- Not newly enrolled in this district

If not a CPS district resident, select reason for applying:

- Open Enrollment
- Open Enrollment - Outside Ohio (Tuition)
- Out of District - Foster Placement
- Out of District - Homeless
- Out of District - Special Education
- CPS Employee - Employee ID Number: _____
- Other _____

Emergency Contacts

#1 Name: _____

#2 Name: _____

Relationship to Student: _____

Relationship to Student: _____

Cell Phone: _____

Cell Phone: _____

Primary Care Doctor & Phone: _____

Language

Student's Name _____

A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Communication Preferences

Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.

In what language(s) would your family prefer to communicate with the school? _____

Language Background

Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

What language does this student speak most frequently? (primary language) _____

What language is most often spoken by adults at home? (home language) _____

What was this student's first language? (first language) _____

Prior Education

Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding for support for your child.

Has your child ever received formal education outside the United States? No Yes

If yes, how many years/months? _____ / _____
Years Months

If yes, what was the language of instruction? _____

Has your child attended school in the United States? No Yes

If yes, when did your child first attend a school in the United States? _____ / _____ / _____
Month Day Year

Additional Information**Additional space needed? Use back of this page.**

Share information to help us understand your child's language experiences and educational background.

Student's Name _____

Prior Education

Additional space needed? Use back of this page.

List student's previous schools, beginning with most recent school, including preschool:

School Name _____ Address (Street, City, State, Country) _____ Grades _____ From – To _____

School Name _____ Address (Street, City, State, Country) _____ Grades _____ From – To _____

Preschool Experience (Check all that apply.)

- At a CPS preschool / Head Start program
- At a non-CPS Head Start program
- At a full-day, full-year childcare center
- At a part-time private preschool
- At a family childcare home
- At home
- Other

Kindergarten Experience

- Half day
- All Day

Siblings

Additional space needed? Use back of this page.

Last Name _____ First Name _____ Middle Name _____

Gender - Male Female

School Attending _____ Grade _____ Age _____

Last Name _____ First Name _____ Middle _____

Name _____

Gender - Male Female

School Attending _____ Grade _____ Age _____

Last Name _____ First Name _____ Middle _____

Name _____

Gender - Male Female

School Attending _____ Grade _____ Age _____

Student's Name _____

Use additional pages as necessary.

Parent

Mother Father Guardian Stepparent Foster parent * Grandparent Surrogate Parent Other

Last Name _____

First Name _____

Marital Status Married Unmarried Widowed
 Separated Divorced

Deceased? No Yes

District of Residence _____

District of Primary Residence _____

Resides with Student? No Yes

If you check Separated or Divorced, we require current legal documentation related to the children.

Address ** _____
 City _____ State _____
 Zip Code _____
 Phone _____ Unlisted? No Yes
 Cell Phone _____
 Email Address _____

Employer _____
 Work Address _____
 Work Phone _____

Custodial Parent? No Yes
 Legal Guardian? No Yes
 Grandparent POA? *** No Yes
 Caregiver Authorization? No Yes

Migrant Worker? No Yes
 Receive School Mail (if not Custodial Parent)?
 No Yes

Parent

Mother Father Guardian Stepparent Foster parent * Grandparent Surrogate Parent Other

Last Name _____

First Name _____

Marital Status Married Unmarried Widowed
 Separated Divorced

Deceased? No Yes

District of Residence _____

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 Phone _____ Unlisted? No Yes
 Cell Phone _____
 Email Address _____

Employer _____
 Work Address _____
 Work Phone _____

Custodial Parent? No Yes
 Legal Guardian? No Yes
 Grandparent POA? *** No Yes
 Caregiver Authorization? No Yes

Migrant Worker? No Yes
 Receive School Mail (if not Custodial Parent)?
 No Yes

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

** If address is different from student's address; addresses required for natural or adoptive parents.

*** If parent is not custodial, include copy of **Grandparent Power of Attorney (POA) and Caregiver Authorization**.

Students With Special Needs

Student's Name _____

Provide documents where needed.

- Does child require mobility assistance? (i.e. wheelchair, etc.) No Yes
- Has child ever had an ETR (Education Team Report)? No Yes
- If **Yes**, is there an evaluation form available? No Yes
- Did child receive Special Education and related services in most recent school? No Yes
- Does this child have a current IEP (Individualized Education Program)? No Yes
- Does child have a 504 Accommodation Plan? No Yes
- If **Yes**, is there an ETR (Education Team Report) available? No Yes
- Did child receive Gifted services in most recent school? No Yes
- If **Yes**, is there a WEP or WAP (Written Education Plan; Written Acceleration Plan) available? No Yes

To Staff: If Yes to questions above, obtain copies of available documentation and forward to appropriate school staff.

Temporary Living Arrangements

The following questions address the McKinney-Vento Act 42 U.S.C.

Answers to these questions will help determine what services the student may be eligible to receive.

- Is student's current address a temporary living arrangement? No Yes
- Is this temporary living arrangement due to loss of housing or economic hardship? No Yes
- If answer to both of these questions is Yes, the student is entitled to immediate enrollment.**

Where is the student living now?

- In a motel or hotel Doubled up with family or friend
- In a homeless shelter Unaccompanied youth
- Other (a place not designed for ordinary sleeping accommodations)

To Staff: If Yes to questions above, fax this page and Page 1 to Project Connect: 363-3220.

FOCUS	Do you have a FOCUS website account? <input type="checkbox"/> Yes <input type="checkbox"/> No
FOCUS is a website where parents can see their child's grades, attendance, assignments, discipline and more.	If No , would you like to sign up for one? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes , give us your email address: _____

To Staff: If new FOCUS account, give copy of this page and Page 1 to FOCUS Coordinator at your school.

How Did You Hear About CPS?	<input type="checkbox"/> Billboards	<input type="checkbox"/> Radio
<input type="checkbox"/> CPS Publication	<input type="checkbox"/> Letter or Postcard	<input type="checkbox"/> Printed Advertisement
<input type="checkbox"/> CPS Website	<input type="checkbox"/> Television News Story	<input type="checkbox"/> Newspaper Story
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> CPS Staff Member	<input type="checkbox"/> CPS Event

To Staff: Please fax this page to CPS' Communications and Engagement Office: 363-0025.

I understand that any inaccurate information provided about this student on any page of this Student Registration Information Form may result in a change of grade level, a change of class, or an immediate transfer or withdrawal from this school.

Parent's / Guardian's Signature _____ **Date** _____

Request to Restrict Privacy Information

Federal and Ohio laws prohibit Cincinnati Public Schools (CPS) from publicly releasing information about our students, except for designated "Directory Information." Per Board Policy No. 8330, **CPS defines Directory Information as the following:**

A student's name, school, grade level, parent-guardian's name, home address, telephone number, email address, participation in officially recognized activities and sports, and awards received

Under Ohio public records law, CPS is required upon request to provide the above Directory Information to any member of the public who requests it. CPS' primary purpose for releasing Directory Information is to highlight students' accomplishments.

Parents, legal guardians, or students age 18 or over may refuse to allow CPS to release Directory Information. **Please indicate if you wish to restrict CPS from releasing Directory Information on the student named below by checking the appropriate box and returning this form to your child's school.**

General Public Release (including to media, potential employers, colleges and universities, etc.)

CPS **may not** release directory information about my child

Media Release

CPS **may not** release photos and /or video/audio of my child

Military Recruiters

Per federal law, CPS must release the names, addresses and telephone numbers of high school students to military recruiters, unless the parent or legal guardian, or student age 18 or over, specifically objects.

CPS **may not** release my child's name, address and phone number to military recruiters.

(Please Print) Student's Last Name

First Name

Student's Birthdate

_____/_____/_____
Month / Day / Year

Please check one:

- I am the student, and I am 18 years of age or older.
 I am the parent, guardian, or custodian of the student, and the student is under 18 years of age.

Name (Please Print)

Signature

Date

Please Note: Student records may be routinely shared among Cincinnati Public Schools staff with a legitimate interest in a student's education. A CPS official is a person employed by CPS or a person CPS determines has a legitimate educational interest in a record. A person has a legitimate educational interest if there is a need to review a record in order to fulfill his or her professional responsibility.

Parents and/or eligible students who believe their rights under the Federal Education Rights and Privacy Act (FERPA) have been violated may file a complaint with:

Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW,
Washington, D.C., 20202- 4605 Website: www.ed.gov/offices/OM/fpco

Informal inquiries may be sent to the Family Policy Compliance Office at this email address: FERPA@ed.gov

I, _____ authorize the release of records pertaining to
 (Please Print) **Name of Parent / Guardian or Student 18 years old**

(Please Print) **Student's Last Name** _____ **First Name** _____ **Middle Initial** _____

Student's Birthdate ____ / ____ / ____ (month/date/year - XX/XX/XXXX)

From the following school or institution:

Most Recent School _____
 Address _____
 City, State, Zip Code _____
 Telephone No. _____ Fax No. _____
 Grade Level _____

The following records* should be released:

- | | |
|---|--|
| Transcript of subjects and grades | Ohio Achievement and Graduation Test Results |
| Attendance Record | Standardized Test Results |
| Psychological or Other Individual Test Results | Gifted Assessments |
| 504 Accommodation Plan | Health Records |
| English Language Proficiency Assessments | |
| Special Education Records, including IEP, MFE or ETR, and behavior plan | |

** Records that cannot be withheld due to non-payment of fees or obligations: State test scores, Individualized Educational Program (IEP), IEP progress reports, Multifactorial Evaluation (MFE) or Education Team Report (ETR), and immunization records.*

Release records to:

New School _____
 Address _____
 City, State, Zip Code _____
 Telephone No. _____ Fax No. _____

I am authorizing the release of these records because (Check one):

- I am the subject of these records, and I'm 18 years of age or older.
 I am the parent, guardian or custodian of the subject of these records, and the subject is under 18 years.

Signature _____ **Date** _____

REQUEST FOR STUDENT RECORDS - STAFF USE ONLY

To Registrar:

Please send the records identified above for this student as soon as possible.
 If records are not available, please return our request indicating the following:

- No Records Available. Reason(s): _____
 Unable to Send Records. Reason(s): _____

We would appreciate receiving additional information to enable us to meet the student's needs.
 Thank you for your prompt cooperation.

_____ / ____ / ____
 CPS School Registrar Date

CPS enrollment start date for this school: ____ / ____ / ____