



Student Name \_\_\_\_\_ Grade Enrolling \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_  
(optional) Month/Day/Year

Primary Phone (Will be used for One Calls) (\_\_\_\_\_) \_\_\_\_\_

Student Home Address \_\_\_\_\_ Apt# \_\_\_\_\_  
Number Street City Zip

Has this student ever attended Northridge before?  Yes  No  
If "yes" where? \_\_\_\_\_

Gender  Male  Female  
Is this student Hispanic/Latino?  No  Yes  
Race (choose one or more)  
 Asian  Black/African American  White  Multiracial  
 American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander

Citizenship of Student  U.S. Citizen  Non U.S. Citizen  Exchange Student

Native Language  English Other \_\_\_\_\_

Language spoken at home by parent \_\_\_\_\_ by student \_\_\_\_\_

**SPECIAL SERVICES**

Has your child been identified or received services for any of the following?

**DOES THE STUDENT HAVE AN IEP?**  Yes  No

504 Individualized Accommodation Plan?  Yes  No

Is the student in Gifted or Advanced Placement  Yes  No

English as Second Language (ESL)  Yes  No

Is the student currently expelled or under suspension from any other school district?  Yes  No

Disciplinary Status: Ohio House Bill 64, in effect since 1964, clearly states that a student currently under an expulsion order from another school district may NOT register in a new district until the expulsion expires. Failure to provide accurate information will result in immediate dismissal.

Birthplace \_\_\_\_\_ City State  
Mother's Maiden Name \_\_\_\_\_

**Student resides with:**

Both Parents  Mother Only  Father Only  Shared Parenting  Guardian/Foster/Host  
 Grandparent  Mother/Stepfather  Father/Stepmother  Parent/Partner  Self/Over 18 yrs old

If the parents are divorced or legally separated, you are required to submit a certified copy and any modifications of an order or decree allocating parental rights and responsibilities for the care of a child and designating a residential parent and legal custodian of the child (Ohio Revised Code 3313.67.2).

Who is designated as the student's residential parent and legal custodian? \_\_\_\_\_

Does the non custodial parent have limited access to the student during school hours?  Yes  No  
(If "yes" then documentation is required)

**MOTHER**    Single    Married    Divorced    Separated    Remarried    Deceased  
 Name \_\_\_\_\_ Can Pick up From School?  Yes  No  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Address \_\_\_\_\_  
*(If different from student)*                      *Number*                      *Street*                      *City*                      *State*                      *Zip*

**FATHER**    Single    Married    Divorced    Separated    Remarried    Deceased  
 Name \_\_\_\_\_ Can Pick up From School?  Yes  No  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Address \_\_\_\_\_  
*(If different from student)*                      *Number*                      *Street*                      *City*                      *State*                      *Zip*

**GUARDIAN/FOSTER/HOST**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 What district did the natural parent(s) reside in at the time you received custody \_\_\_\_\_  
 Foster Agency \_\_\_\_\_  
 Case Worker \_\_\_\_\_

**EMERGENCY CONTACT**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Can pick up from school?  Yes  No

**EMERGENCY CONTACT**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Can pick up from school?  Yes  No

**Previous Schools Attended:**  
 Grade \_\_\_\_\_ Name of School \_\_\_\_\_ City/State \_\_\_\_\_  
 Grade \_\_\_\_\_ Name of School \_\_\_\_\_ City/State \_\_\_\_\_  
 Grade \_\_\_\_\_ Name of School \_\_\_\_\_ City/State \_\_\_\_\_

**PLEASE LIST ALL OTHER CHILDREN UNDER THE AGE OF 22 WHO LIVE AT THE HOME ADDRESS**

NAME(s)	GRADE	GENDER	RELATIONSHIP TO STUDENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify, under penalty of perjury, that all of the information I have given is correct in all respects to the best of my knowledge.  
 Signature of Parent/Legal Guardian or Independent Student \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Date \_\_\_\_\_