

Office use only
Admission Date:

Student I.D.:

Grade:

**The Amherst Schools 185 Forest Street Amherst, Ohio 44001
(440) 988-4406 Fax (440) 988-4413**

Student Registration

Student's Legal Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Sex: M F Birth Date: _____ Birth County: _____

Birth City: _____ Birth State: _____

Has the student previously attended the Amherst Schools? No Yes

If "Yes", which school(s)? _____

Race (circle one):

W White, Non-Hispanic
B Black, Non-Hispanic
H Hispanic
A Asian or Pacific Islander
I Native American or Alaskan Native
M Multiracial

Citizen Status (circle one):

1 U.S. Citizen
2 Exchange Student
3 Other Non-U.S. Citizen

If you circled Hispanic, please circle one of the following:

Hispanic, White

Hispanic, Black

Hispanic, Asian

Hispanic, Native American

Hispanic, Pacific Islander

Does the student receive any Remedial or Special Education Services? No Yes

(i.e. IEP, 504 Plan, LEP, and/or MFE papers) If "Yes", state type: _____

Is your child on medication? No Yes Reason: _____

Name and Type of medication: _____

Medical Alert:

Diabetic
Epileptic
Asthma
Heart condition
Allergic to bee sting
Allergic to penicillin
Other allergy: _____
Other: _____

Disability Alert:

Ulcer
Hypoglycemia
Kidney disorder
Nose bleeds
Hayfever
Wheelchair
Muscular dystrophy
Multiple sclerosis
Missing appendage
Renal condition
Paraplegic
Quadriplegic
Other: _____

Current Parental Marital Status: (circle one)

Separated

Widowed

Married

Divorced

Never Married

Remarried

Living With: (circle one) Both Parents

Mother/Stepfather

Father/Stepmother

Mother Only

Other: _____

Father Only

Father/Guardian's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Secondary Phone: _____
E-mail: _____ Work Phone: _____
Employer: _____ Occupation: _____

Mother/Guardian's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Secondary Phone: _____
E-mail: _____ Work Phone: _____
Employer: _____ Occupation: _____

Siblings: Name Birthdate Sister/Brother

Language Information:

If the child was not born in the USA, the date the child entered the USA? _____
What language did your child speak when he/she first learned to talk? _____
What language does your child speak most frequently at home? _____
What language do you use most frequently to speak to your child? _____
What language do the adults at home most often speak? _____
How long has your child attended school in the United States? _____
Does your child have a current Limited English Proficient (LEP) plan? No Yes
Parent/Guardian Initial: _____

**PLEASE PROVIDE YOUR STUDENTS OTELA SCORES IF PREVIOUSLY IDENTIFIED AS LEP IN ANOTHER DISTRICT

To be signed by Parent, Guardian, or Legal Custodian:

I certify that I am the parent having legal custody or guardianship of the above named student. I certify that all information contained in this form is correct. If I am a divorced parent or legal guardian, a certified copy of the judgment entry from a court of law establishing the current rights to custody of the above named student is provided for copying by the school. (O.R.C. 3313.6) In addition, I certify I have established residency within the boundaries of the Amherst School District as indicated by the address provided on this form. I understand that if I am not the person having legal custody or guardianship of this student and if my address is not as stated the student will be subject to immediate suspension from school, credits will be withheld and a claim will be filed for tuition.

The undersigned swears and affirms that the information in the foregoing Student Registration is true.

Signed: _____ Date: _____

Student Information/Emergency Contacts:

It is the parent's/guardian's responsibility to keep the information such as telephone numbers, emergency contacts, and email addresses current. Please notify the school office or use your PowerSchool Parent Portal account to update the information.

Parent/Guardian Initial: _____