



OFFICE USE ONLY HR:  WL-S RES  OE  FOSTER SI# ADM DATE:

**STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE | GRADE: \_\_\_\_\_

IS STUDENT HISPANIC/LATINO:  YES  NO | RACE:  AMERICAN INDIAN/  
ALASKAN NATIVE  BLACK/AFRICAN  
AMERICAN  ASIAN  WHITE  NATIVE HAWAIIAN/PACIFIC ISLANDER

CITY OF BIRTH: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PO BOX: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ SCHOOL DISTRICT OF RESIDENCE: \_\_\_\_\_

PRIMARY #: \_\_\_\_\_ SECONDARY #: \_\_\_\_\_ STUDENT CELL (if applicable): \_\_\_\_\_

**TRANSPORTATION INFORMATION**

\*IF RESIDING IN WEST LIBERTY-SALEM LOCAL SCHOOL DISTRICT, WILL YOUR CHILD NEED TO RIDE THE BUS?

YES – CHOOSE:  MORNING  AFTERNOON  NO  N/A, STUDENT LIVES OUTSIDE OF WL-S SCHOOL DISTRICT  OTHER \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

PARENT 1 CHOOSE:  FATHER  MOTHER  STEP-PARENT  GUARDIAN  GRANDPARENT  FOSTER PARENT  OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS:  (SAME AS STUDENT) or: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PRIMARY PHONE #: \_\_\_\_\_  CELL  HOME (LANDLINE)  WORK | SECONDARY PHONE #: \_\_\_\_\_  C  H  W

PARENT 2 CHOOSE:  FATHER  MOTHER  STEP-PARENT  GUARDIAN  GRANDPARENT  FOSTER PARENT  OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS:  (SAME AS STUDENT) or: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PRIMARY PHONE #: \_\_\_\_\_  CELL  HOME (LANDLINE)  WORK | SECONDARY PHONE #: \_\_\_\_\_  C  H  W

Please complete BOTH sides.

## FAMILY INFORMATION

### OTHER CHILDREN (UNDER 18) IN HOUSEHOLD:

NAME: \_\_\_\_\_ AGE: \_\_\_\_ GRADE: \_\_\_\_ | NAME: \_\_\_\_\_ AGE: \_\_\_\_ GRADE: \_\_\_\_ | NAME: \_\_\_\_\_ AGE: \_\_\_\_ GRADE: \_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_ GRADE: \_\_\_\_ | NAME: \_\_\_\_\_ AGE: \_\_\_\_ GRADE: \_\_\_\_ | NAME: \_\_\_\_\_ AGE: \_\_\_\_ GRADE: \_\_\_\_

### STUDENT IS LIVING WITH:

BOTH PARENTS  MOTHER  
 FATHER  STEP-PARENT  
 GUARDIAN  FOSTER PARENT  
 OTHER (*define*): \_\_\_\_\_

### STUDENT'S NATURAL PARENTS

BOTH PARENTS LIVING  
 FATHER DECEASED  
 MOTHER DECEASED  
 UNKNOWN

### PARENT STATUS:

MARRIED  SEPARATED  DIVORCED\*  LIVING TOGETHER  NEVER MARRIED

IS THERE A COURT ORDER PERTAINING TO THIS CHILD?  YES  NO

IF YES, WHO IS THE RESIDENTIAL PARENT / GUARDIAN? \_\_\_\_\_

*CUSTODY NOTES: In the case of divorce or separation, a copy of the most recent legal custody determination by a court is REQUIRED (Ohio Revised Code 3313.672b). If custody is being sought by the biological/adoptive parent or legal guardian registering a student, an affidavit form must be completed, and proof of legal custody submitted to the school within 60 days. By Ohio Law, both the custodial parent and the non-custodial parent have access to school records and school activities, unless specified to the contrary of the legal custodial document.*

### IF STUDENT IS HOMELESS, CHECK ONE:

SHELTER / TRANSITIONAL HOUSING  HOTEL / MOTEL  
 UNSHELTERED  LIVES WITH RELATIVES / FRIENDS  NOT APPLICABLE

## STUDENT HISTORY

NATIVE LANGUAGE?  ENGLISH  OTHER: \_\_\_\_\_ | IS STUDENT A US CITIZEN?  YES  NO - IF NOT, LIST THE COUNTRY OF ORIGIN: \_\_\_\_\_

HAS STUDENT RECEIVED ENGLISH AS A SECOND LANGUAGE SERVICE AT A PREVIOUS SCHOOL?  YES  NO | IS THIS STUDENT IN A FOREIGN EXCHANGE PROGRAM?  YES  NO

HAS THE STUDENT BEEN IDENTIFIED AS GIFTED?  YES  NO | DOES THE STUDENT HAVE A CURRENT WRITTEN EDUCATION PLAN (WEP)?  YES  NO

IS THE STUDENT CURRENTLY RECEIVING ANY SPECIAL EDUCATION SERVICES, SUCH AS SPEECH?  YES  NO | IF YES, PLEASE DESCRIBE SERVICES: \_\_\_\_\_

DOES THE STUDENT HAVE A CURRENT INDIVIDUALIZED EDUCATION PLAN (IEP)?  YES  NO | DOES THE STUDENT HAVE A CURRENT 504 PLAN?  YES  NO

## SCHOOL HISTORY

NAME OF SCHOOL DISTRICT & LAST BUILDING ATTENDED: \_\_\_\_\_

SCHOOL FULL ADDRESS: \_\_\_\_\_

DATE LAST ATTENDED: \_\_\_\_\_ | HAS STUDENT EVER ATTENDED WL-S SCHOOLS?  YES  NO

PARENT SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

Please return this form to the WL-S office, email to [jewelcoxon@wlstigers.org](mailto:jewelcoxon@wlstigers.org), fax to (937) 465-1095, or mail to 7208 US Hwy 68 N, West Liberty, OH 43357.