

★ CHARTER/COMMUNITY SCHOOL ★

STUDENT INFORMATION

School Year _____

Today's Date **1** _____

School Name _____

School Code _____

_____/_____/____

**Desired Action
School Use Only**

Enroll on Date ____/____/____

From School _____

Withdraw on Date ____/____/____

To School _____

Modify Student Data as of ____/____/____

Submitted by (print) _____

Signed _____

Student

Please provide legal names.

Last Name _____

First Name _____

Middle Name _____

Entering Grade Level _____

Gender (Check One) Male Female

Resident Address _____

Apartment _____

City _____

State _____

Zip Code _____

Phone Number _____ Unl: No Yes

Birthdate(mm/dd/yyyy) ____/____/____

Birth Document Source _____

Social Security Number _____ - _____ - _____ (if issued)

Race/Ethnic Code Black White Hispanic

(Check One) Asian/Pacific Islander Multi-Racial

Native American

Birthplace (City,St) _____

Birthplace (Country) _____

Nationality _____

Nickname (If Any) _____

Parent/Guardian _____

(CPS Use)

Student ID _____

Parent/Guardian Resident District if not CPS

Emergency Contacts

Name _____

Relation _____

Phone _____

Alt/Cell Ph _____

Name _____

Relation _____

Phone _____

Alt/Cell Ph _____

Withdrawal Authorization

Parent signature authorizes the Student Information Systems Department, Cincinnati Public Schools to withdraw this student from their current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

Parent/Guardian Signature

Date _____

**CHARTER/COMMUNITY SCHOOL
STUDENT REGISTRATION INFORMATION**

Today's Date / /

Use additional pages as necessary.

Student Name _____

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Fosterparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorce or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
Zip Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Alt/Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Fosterparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
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Phone Number _____ Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Alt/Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

(*) If different from student's address

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

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