

Dayton Public Schools REGISTRATION FORM

Grade _____

School _____

Student ID # _____

Date _____

PART I: STUDENT INFORMATION (PLEASE PRINT)

First Name	Middle Name	Last Name	Suffix (Jr., II, III, etc.)	Nickname
Male / Female _____				
(Circle One)	Date of Birth _____	Home Language _____	Native Language _____	Language of Correspondence _____
<small>(Please list your home and native languages and language of correspondence if other than English)</small>				

ETHNICITY/RACE DATA COLLECTION

Part I – Is this student of Hispanic/Latino heritage? (Choose only one): _____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino *(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)*

The above question is about ethnicity, *not* race. No matter what you selected above, **please continue to answer the following** by checking one or more options to indicate what you consider your student's race to be.

Part II – Race (Choose one or more, regardless of Ethnicity):

_____ American Indian or Alaskan Native • _____ Asian • _____ Black or African American • _____ Native Hawaiian or Other Pacific Islander • _____ White

Home Address _____	Apt. _____	City _____	State _____	Zip _____
Mailing Address _____	<input type="checkbox"/> Same as above	Apt. _____	City _____	State _____ Zip _____
Student's Home Phone _____	Student's Cell Phone _____			

PART II: PARENT INFORMATION: PRIMARY PARENT

Title (Mr, Ms, etc.) _____	First Name _____	Middle Name _____	Last Name _____	Suffix (Jr., Sr., III, etc.) _____
Home Language _____	Language of Correspondence _____	Email Address _____		
() _____	() _____	() _____		
Work Phone Number _____	Home Phone Number _____	Cell Phone Number _____		

SECONDARY PARENT OR LEGAL GUARDIAN (circle one) (Please provide legal custody document*, required due to local, state or federal regulations.)

Title (Mr, Ms, etc.) _____	First Name _____	Middle Name _____	Last Name _____	Suffix (Jr., Sr., III, etc.) _____
Home Language _____	Language of Correspondence _____	Email Address _____		
() _____	() _____	() _____		
Work Phone Number _____	Home Phone Number _____	Cell Phone Number _____		

PART III: ADDITIONAL INFORMATION

1) Is student currently suspended or pending expulsion from last school attended? Yes No
Reason _____

2) Has student ever been expelled from ANY school? Yes No
District _____

3) Child lives with:

- Mother Guardian
 Father Foster Home
 Relative

4) Are siblings living in the same home with above student?
 Yes No

5) Is your family temporarily displaced? Yes No
If yes, where:

- Shelter
 Family How long? _____
 Friend

6) Is there a special education IEP?
 Yes No

Homeroom _____	Counselor _____	Entry Code _____	Staff Initials _____
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Grade _____ School _____ Student ID # _____ Date _____

Student's Full Name <small>(Please write name in the boxes provided)</small>		
First Name	Middle Name	Last Name
Student's City of Birth	State of Birth	Last School Attended
Last School's Address	City	State Zip
()	()	
Last School's Phone	Last School's Fax	

PICK-UP AUTHORIZATION - Please list those persons in order of preference who have permission to pick up your child. Be advised that no student will be released to anyone not listed below.

#	Name	Relationship to Student	Phone Numbers
1.	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Other Contact		
2.	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Other Contact		
3.	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Other Contact		
4.	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Other Contact		

PERMISSION

Please check (✓) Yes or No. I hereby give my permission to have my child participate in field trips and community experiences (including RTA travel) as a necessary part of the educational process for Dayton Public Schools, as indicated by my signature below.

Please check (✓) Yes or No. I hereby give my permission for my child to be photographed, interviewed, and/or video tape-recorded for news stories, district publications, on the DPS Web/internet, or in other electronic media during his/her enrollment in Dayton Public Schools during the school year, as indicated by my signature below.

* Please indicate those activities in which you don't want your child to participate: _____

Furthermore, my signature below hereby certifies the information provided on this **Student Registration Form** is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may be asked to provide additional documentation to support this affidavit. In addition, I understand that it is the responsibility of the student, parent and/or legal guardian to notify Dayton Public Schools officials immediately upon change of address, custody or living arrangements. Additionally, as the parent/guardian of a student enrolled in Dayton Public Schools, I agree to review the district's Student Code of Conduct and understand that my child is responsible for abiding by its content. The Student Code of Conduct will be provided to your child at his/her assigned school and is available at www.dps.k12.oh.us.

X _____
Signature of Parent or Legal Guardian Date

**PART III:
ADDITIONAL INFORMATION** (cont'd)

- 7) Pre-School Experience:**
- Home
 - Private Day Care
 - Private Pre-School
 - Babysitter's Home
 - Head Start
 - Pre-K Program
- 8) Does either parent/guardian work for the military?**
- Mother Yes No
 - Father Yes No
 - Guardian Yes No



Visit
Dayton Public Schools
website at:
www.dps.k12.oh.us

Homeroom _____ Counselor _____ Entry Code _____ Staff Initials _____