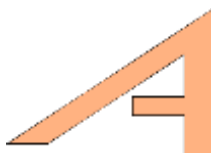


ELL: Yes \_\_\_ No \_\_\_  
IEP: Yes \_\_\_ No \_\_\_  
ETR: Yes \_\_\_ No \_\_\_  
504: Yes \_\_\_ No \_\_\_  
O/E Yes \_\_\_ No \_\_\_

2021 - 2022



**ASHLAND CITY SCHOOL DISTRICT**  
P.O. Box 160 1407 Claremont Ave. Ashland, Ohio 44805 Phone (419) 289 - 1117  
**ENROLLMENT/REGISTRATION FORM**

**STUDENT INFORMATION**

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
*First Middle Last*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Sex: M or F DOB: \_\_\_\_\_ City/State/Country of Birth: \_\_\_\_\_  
*Circle one City State Country*

ETHNICITY: \_\_\_\_\_ A-Asian, B-Black, I-American Indian, P-Native Hawaiian or Pacific Islander, W-White

My child is **Hispanic/Latino Heritage** – a person of Cuban, Mexican Puerto Rican, South or Central American, or other Spanish culture origin. (*Circle - Yes or No*) **Yes or No**

SSN#: \_\_\_\_\_ Does the student have: IEP/ETR: \_\_\_\_\_ 504: \_\_\_\_\_ Gifted Records: \_\_\_\_\_

ESL (do they primarily speak another language than English?) \_\_\_\_\_ If so, what is that language: \_\_\_\_\_

Please place a checkmark beside all that apply for the student: US Citizen: \_\_\_\_\_ Homeless: \_\_\_\_\_

A dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marines or Coast Guard): \_\_\_\_\_

A dependent of a member of National Guard (Army National or Air National): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_ County Parent/Guardian resides in: \_\_\_\_\_

School District in which parent/guardian resides: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the student ever attended Ashland previously? \_\_\_\_\_ Is or has the student ever been expelled? \_\_\_\_\_

Ohio Law requires school officials to verify the custody status of all student enrolling in public schools.

**CUSTODY:** Please check the item below that describes your relationship to the above-named student:

Natural or adoptive parent: Married, not divorced or separated: \_\_\_\_\_

Widow or widower: Surviving natural or adoptive parent: \_\_\_\_\_

Natural Parent: Not married at the time of child's birth: \_\_\_\_\_

Separated natural or adoptive parent: \_\_\_\_\_

Divorced natural or adoptive parent with custody rights \*\*\* \_\_\_\_\_

Court-appointed Guardian \*\*\* \_\_\_\_\_

Foster parent(s) or and other situation when a court or agency holds custody \*\*\* \_\_\_\_\_

Other: Please explain: \_\_\_\_\_

\*\*\* Common Pleas Court Custody Document Required

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*School Use Only*

Student ID \_\_\_\_\_ Admission Date \_\_\_\_\_ Admission Code \_\_\_\_\_

Percent of time \_\_\_\_\_ Appointment Scheduled: \_\_\_\_\_