

Xenia Community Schools
578 East Market Street
Xenia, Ohio 45385
(937) 376-2961

REGISTRATION / ENTRANCE FORM

Date of Entrance:

Pupil's Legal Name _____ School _____ Grade Level _____ Does student have an IEP? Yes ___ No ___
 (Last, First, Middle)

Pupil's Address _____ Phone _____ County _____
 (Street, Apartment #, PO Box #, City, State, Zip)

Previous Home Address _____ Previously attended Xenia School(s)? Yes ___ No ___
 (Street, Apartment #, PO Box #, City, State, Zip)

Birth date ____/____/____ Male ___ Female ___ Birthplace _____
 (County, City, State, Zip)

Native Language _____ Race / Ethnic ID: Asian/Pacific Island (A) Hispanic (H) Multiracial (M) Has student been enrolled in Ohio Schools? Yes ___ No ___
 (circle one) American Ind/Alaska (I) Black (B) White (W)

Last School Attended _____ School's Address _____
 (County, City, State, Zip)

FAMILY INFORMATION

<u>Parent/Guardian Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Pupil Lives With</u>	<u>Has Legal Custody?</u>
Father _____ (Last, First)	_____	_____	_____	_____	_____
Mother _____ (Last, First, Maiden)	_____	_____	_____	_____	_____
Step-Parent _____ (Last, First)	_____	_____	_____	_____	_____
Guardian _____ (Last, First)	_____	_____	_____	_____	_____

Parents are: Separated ___ Yes ___ No
 Divorced ___ Yes ___ No

Guardian: Court Placement ___ Yes ___ No
 Foster Home ___ Yes ___ No

I certify the above information is true.

 Signature of person providing enrollment information Date

For Office Use Only

School _____ Teacher _____ Grade _____ Birth Certificate Presented: ___ Yes ___ No

Registered by _____ Date _____ Immunization Records Presented: ___ Yes ___ No

Legal Custody Papers Presented: ___ Yes ___ No