

EMIS ID number: \_\_\_\_\_

**Southern Local School District**  
**Grades K-5 SIS/Registration Form**

School Year: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Transferring From: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_  
Last First

\_\_\_\_\_ Middle Called  
Address: \_\_\_\_\_

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

Mailing Address (if different than above)

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

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

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birthday: \_\_\_\_\_

City of Birth: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Ethnic Background**

1. Is the respondent Hispanic/Latino? Yes \_\_\_\_\_ No \_\_\_\_\_ (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
2. Which of the following five racial groups apply to the respondent. Check all that apply.

\_\_\_\_\_ **American Indian or Alaskan Native** – Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliations or community attachment.

\_\_\_\_\_ **Asian** – Persons having origins in any or the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **Black or African American** – Persons having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander**

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\_\_\_\_\_ **White** - People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

(The U.S. Department of Education will allow educational entities to use “observer identification” of the race and ethnicity of elementary and secondary school students when self-identification” or identification by the parents does not occur.)

**Primary Parent/Guardian**

Parent/Guardian Name: \_\_\_\_\_

Email address (if Guardian): \_\_\_\_\_

Natural: \_\_\_\_\_ Step: \_\_\_\_\_ Foster: \_\_\_\_\_ Relative: \_\_\_\_\_

**(2<sup>nd</sup> Parent/Guardian – If restricted to grades only, will be marked accordingly in SIS so they can have a ProgressBook Account)**

2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_

Email address (if Guardian): \_\_\_\_\_

Natural: \_\_\_\_\_ Step: \_\_\_\_\_ Foster: \_\_\_\_\_ Relative: \_\_\_\_\_

**Father's Information**

Father's Name: \_\_\_\_\_

Natural: \_\_\_\_\_ Step: \_\_\_\_\_ Foster: \_\_\_\_\_

Address (if different than child's address): \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

**Mother's Information**

Mother's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Natural: \_\_\_\_\_ Step: \_\_\_\_\_ Foster: \_\_\_\_\_

EMIS ID number: \_\_\_\_\_

Address (if different than child's address): \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Is the child handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes":

Type of handicap: \_\_\_\_\_

Number of older brothers: \_\_\_\_\_

Number of younger brothers: \_\_\_\_\_

Number of older sisters: \_\_\_\_\_

Number of younger sisters: \_\_\_\_\_

Does the child live with both natural parents? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" are parents:

Separated: Yes \_\_\_\_\_ No \_\_\_\_\_ Divorces: Yes \_\_\_\_\_ No \_\_\_\_\_

Deceased: Mother – Yes \_\_\_\_\_ No \_\_\_\_\_ Father – Yes \_\_\_\_\_ No \_\_\_\_\_

Foster Parents: Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that I am a resident of the Southern Local School District and have legal custody of:

(Student's Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Do not complete: Internal Use Only:**

Birth Certificate \_\_\_\_\_ Other Evidence if no birth Certificate: \_\_\_\_\_

Social Security Card \_\_\_\_\_ Residency Evidence \_\_\_\_\_ Immunization Record \_\_\_\_\_

Divorce/Custody papers \_\_\_\_\_ IEP and ETR \_\_\_\_\_ Reading Improvement and Monitoring Plan \_\_\_\_\_

Admission Date: \_\_\_\_\_

Enrollment Status: District Resident: \_\_\_\_\_ Foster: \_\_\_\_\_ Open Enrollment: \_\_\_\_\_

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## IMMUNIZATION REPORT

Student's Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671). A copy of the child's immunization record may be attached or dates may be entered below. Please note the month, day and year for each immunization should be recorded.

Diphtheria, Tetanus, Pertussis  
(DTap, DT, Tdap, Td) (DPT): \_\_\_\_\_

Polio: \_\_\_\_\_

Hepatitis B (HBV): \_\_\_\_\_

Measles, Mumps, Rubella  
(MMR): \_\_\_\_\_

Varicella (Chicken Pox): \_\_\_\_\_

Other Important Medical History:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### **Custody Information**

Does the person registering the child have Legal Custody? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" – a copy of the court document that is on file is needed.

If "No" – the following information must be completed.

Who has Legal Custody of the child?

Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

What is the residential school district of the custodial parent or guardian?

Name of School District: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the person registering the child seeking Legal Custody? Yes \_\_\_\_\_ No \_\_\_\_\_

(If "Yes") a letter from your attorney on the attorney's letter head is required before the child can attend school)

Is the child a foster child? Yes \_\_\_\_\_ No \_\_\_\_\_ (If "Yes" a copy of the court document on file is required)

Is the child a ward of the court? Yes \_\_\_\_\_ No \_\_\_\_\_ (If "Yes") a copy of the court document on file is required)

Terms of Custody: Temporary \_\_\_\_\_ Permanent \_\_\_\_\_

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**Tuition/Open Enrollment Student**

Is this student a tuition student? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" complete the information below:

Parent/Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's/Guardian's School District of residence: \_\_\_\_\_

Parent's/Guardian's County of residence: \_\_\_\_\_