

**LIBERTY CENTER LOCAL SCHOOLS REGISTRATION FORM**

Today's Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Number: \_\_\_\_\_  
School Year: \_\_\_\_\_ (OFFICE USE)

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(STUDENT LEGAL LAST NAME )	(FIRST NAME)	(MIDDLE NAME)	
<hr/>			
ADDRESS (include P.O. Box)	CITY	STATE	ZIP
<hr/>			
COUNTY	PHONE NUMBER	EMAIL ADDRESS	
<hr/>			
SSN#	STUDENT'S DOB	BIRTHPLACE CITY	

Gender (circle one): Male Female

Race (please circle the one(s) that apply: W - White H - Hispanic B - Black  
A - Asian P - Pacific Islander/Hawaiian I - American Indian/Alaskan Native

Please note: If you refuse to identify the racial/ethnic category, please be advised that Liberty Center Local Schools is required by law to use "observer identification," and will choose a racial ethnic category for your child.

Native Language (spoken at home): English Spanish Other \_\_\_\_\_

Parent(s) Active Military: Yes No

Does your child receive additional services? Yes No

If yes, please circle ALL that apply: IEP Gifted Speech 504 Other \_\_\_\_\_

Last School Attended: \_\_\_\_\_

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

Has your child attended Liberty Center before (Please circle one): Yes No

Does your child have other siblings that will be attending (please circle one): Yes No

Names & Grade: \_\_\_\_\_

PARENT(S)/GUARDIAN NAMES: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

Parent Relationship (please circle one): Married Divorced Separated Single

Child Lives with (please circle one): Natural Parents Mother Father Legal Guardian

**PARENT/GUARDIAN INFORMATION**

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

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

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

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

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

OFFICE USE ONLY (please check items received):

Birth Certificate: \_\_\_\_\_

IEP/ETR (if applicable): \_\_\_\_\_

Open Enrollment (if applicable): \_\_\_\_\_

Custody Papers (if applicable): \_\_\_\_\_

Emergency Medical Form: \_\_\_\_\_

Health Record Form: \_\_\_\_\_

Home Language Survey: \_\_\_\_\_

Immunization Record: \_\_\_\_\_

Records Request: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Bus Form: \_\_\_\_\_

Early Dismissal Form (Grades PK - 3): \_\_\_\_\_