

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: _____

(2nd Parent/Guardian – If restricted to grades only, will be marked accordingly in SIS so they can have a Progress Book Account)

2nd 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: _____

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: _____

EMIS ID number: _____

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 _____

EMIS ID number: _____

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: _____