



Groveport Madison Local Schools

K-12 Enrollment Form

Confidential

For office use only	
Student ID	_____
SSID	_____
Status	_____
Grade	_____ Building _____
Bus #	_____ Walker _____

Name: _____
First Middle Last Suffix Called

Mothers Maiden Name: _____ Social Security Number: _____ - -

Date of Birth: _____ Gender: Male Female Birthplace City: _____

Ethnicity

Citizenship: U.S. Citizen Exchange Student Other/Non-U.S. Citizen /Country of Origin _____
Date Entered Ohio _____

Is the student of Hispanic/Latino heritage? Yes No

Ethnicity: (Choose 1 or more)

(Please note: If ethnicity is not specified by one or more of the options below, the student will be identified by observation and communicated to parent/guardian prior to designation.)

A-Asian B-Black/African American I-American Indian/Alaska Native P-Native Hawaiian/Other Pacific Islander W-White

Native Language: _____
What language did your child speak when first learning to talk? _____
What language does your child use most frequently at home? _____
What language do you most frequently speak to your child? _____
What language is spoken by the adults at home? _____
How long has your child attended school in the United States? _____
Has the student been in the U.S. for more than three (3) years? Yes No If no, date entered U.S. _____

Tuberculosis (TB) Tested: Yes No Date: _____ Results: Positive Negative

Address of Residency

Home Address: _____
Street City/State Zip

Mailing Address: _____
(If different from home address) Street City/State Zip

Telephone Number: _____ Unlisted: Yes No

Parent/Guardian Contact Information

Legal Residential Parent(s)/Guardian Enrolling Student: _____

Relationship: Mother Father Parents Grandparent *Guardian/Court Placement Father Deceased Mother Deceased
** Parent/Guardian MUST provide Court Documents for all Custody Issues at the time of enrollment*

Father/Guardian: _____ Where Employed: _____
Biological Parent Step Parent

Work Phone: _____ Cell Phone: _____ Resides with Child: Y N

Mother/Guardian: _____ Where Employed: _____
Biological Parent Step Parent

Work Phone: _____ Cell Phone: _____ Resides with Child: Y N

Previous School Information

Has the student ever been enrolled in the Groveport School District? r Yes r No If yes, last grade attended: ____

Name and address of the previous school district: _____
Name of School District

Street *City/State* Grade: ____

Previous Kindergarten Experience: Half Day Full Day Full Day/Every Other Day Private

Is student currently expelled from any school district? Yes No

If yes, District Name and Address: _____

Emergency Contact Information

Contact Name: _____ Relationship: _____ Phone: _____

Contact Name: _____ Relationship: _____ Phone: _____
Contacts should be someone other the parent/guardian listed above

Special Services

If applicable, please check if your child is currently or has received any of the following services

- | | | |
|----------------------------------|---------------------------------|---|
| G - Gifted Education | L - Possible ESL | E - Limited English Proficiency Services |
| T - Special Education Tutoring | C - Special Education Classroom | H - Tutoring other than Special Education |
| M - Multi-Factored Evaluation | R - Reading Tutor | X - Exited Special Education |
| I - Individual Education Program | Y - Occupational Therapy | S - Speech Services |
| A - Adapted Physical Education | O - Other | |

Comments: _____

Parent/Guardian Certification

Due to the Missing Child Law (O.R.C. Sec. 3313.672), a copy of every student's Birth Certificate or other acceptable substitute must be on file. If documentation is not presented within 14 days of enrollment we are required by law to notify our local law enforcement agency. This is for the protection of your child. If this student is court placed into the care of a legal guardian, a copy of the court document must accompany this enrollment application and is good for only 1 school year or the terms of the court papers or if address changes, whichever comes first. If a divorce situation exists, certified Full copy of the order or decree is required. Only court ordered custody documents are accepted.

I certify that the above stated information is correct and further understand that parts of it will be used to retrieve a State Wide Identification Number required by House Bill 282 for my student.

I state that the information provided is true and correct. I am aware that the Groveport Madison School District may use any legal means to verify my residence. I understand that falsification of information may be cause for immediate withdrawal of my student from the Groveport Madison Local School District and subject me to applicable criminal and civil penalties.

Signature of Parent/Legal Guardian

Date

Checklist/Office Use Only	
Completed Registration Form	Child's Birth Certificate
Proof of Residency	Immunization Records
Medical Form	Parent/Guardian Photo ID
Special Education Form	Request for Records
Custody Paperwork	