

**LOUDONVILLE-PERRYSVILLE EVSD
REGISTRATION FORM**



Information supplied on this form is required under provisions
Of Ohio law and Ohio Department of Education regulations.

School _____
Date Enrolled _____
Grade Assigned _____
Re-Entry _____
L-P EVSD ID# _____

STUDENT DATA

Legal Name _____
Last First Middle
Name Suffix, if applicable (Jr, III) _____ Preferred Name _____
Male _____ Female _____
Street Address _____ Apt. # _____
City _____ State _____ Zip _____
County of Residence _____
Mother's Cell _____ Father's Cell _____
E-Mail _____

Student's
Birthdate: ____/____/____
City of Birth _____
Student's
Social Security ____/____/____
Race/Ethnic Category
____ White ____ Multiracial
____ Hispanic ____ African American
____ American Indian or Alaskan Native
____ Asian/Pacific Islander
Primary Language Spoken at Home is:

RESIDENCE DATA ____ Student living with parent/guardian in OWN DWELLING or
____ Student and parent/guardian living WITH SOMEONE ELSE until own housing is obtained.

PARENT DATA

(1) Natural Mother Name: _____
Last First

(a) Natural Mothers Maiden Name: _____

Street Address (if different from student) _____

City State Zip

(2) Natural Father Name: _____
Last First

Street Address (if different from student) _____

City State Zip

Step-Parent: _____
(Who resides with Last First
Custodial Parent)

Street Address (if different from student) _____

City State Zip

Guardian Name: _____
(If student does not Last First
live with Natural Parent)

Street Address (if different from student) _____

City State Zip

Student Lives
With (check one) _____ Mother & Father _____ Mother/Stepfather _____ Legal Guardian
_____ Mother ONLY _____ Father/Stepmother _____ Ward of Court
_____ Father ONLY _____ Grandparent(s) _____ Other(Specify) _____

COURT ORDERED PLACEMENT (if applicable) Documentation MUST be received within 14 days.

LEGAL CUSTODY ARRANGEMENTS: _____ Joint Custody _____ Mother Only _____ Guardian
_____ Father Only _____ Foster Parent

School District Where Natural Parent Resides: _____

PREVIOUS SCHOOL DISTRICT INFORMATION

Name of Previous School _____

Address _____

Street

_____ City State Zip

Telephone _____

Fax # _____

Has the student ever attended Loudonville-Perrysville Schools? _____ Yes _____ No

If yes, grade last attended in Loudonville-Perrysville Schools: _____ Year: _____

Student was in the following special programs:

_____ Tutoring

_____ Gifted/Talented

_____ IEP

_____ Fed. Lunch Program

_____ 504

_____ Other

SIBLING INFORMATION

(1) _____
(Name – Last, first, middle) (Age) (School, if in school)

(2) _____
(Name – Last, first, middle) (Age) (School, if in school)

(3) _____
(Name – Last, first, middle) (Age) (School, if in school)

(4) _____
(Name – Last, first, middle) (Age) (School, if in school)

TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE. I CERTIFY THAT THE STUDENT'S NAME LISTED ON PAGE ONE (1) IS HIS/HER LEGAL NAME, I/WE HAVE LEGAL CUSTODY AND I/WE RESIDE WITHIN THE LOUDONVILLE-PERRYSVILLE EXEMPTED VILLAGE SCHOOL DISTRICT BOUNDARIES. I UNDERSTAND THE LOUDONVILLE-PERRYSVILLE EXEMPTED VILLAGE SCHOOL DISTRICT MAY USE LEGAL MEANS TO VERIFY MY RESIDENCE.

(Parent/Guardian Signature)

(Date)