

PYMATUNING VALLEY REGISTRATION FORM

Entered in ESIS _____

Date entered _____ Bus # _____ Homeroom# _____
Health records _____ Birth cert. _____ Custody papers _____ SF-14 _____ OGT _____
Transcript/report Card _____ Proof of residency _____ What Proof: _____ IEP/MFE _____

Please Print

Name of student: _____
Last First Middle

Birth date: month _____ day _____ year _____ Birthplace: City _____ State: _____

Student's social security number: _____ - _____ - _____ Primary phone: _____ Parents Cell: _____

Student's address: _____
(House number) (Street name) (City) (Zip)

Student's mailing address: _____
(If different from above - ex: P.O. Box or Apt #)

Parents Primary Email address: _____
(Student and school information will be sent to this Email address)

First language: _____ Language spoken at home: _____

What was the last grade student completed: _____ Grade to be entered in at PV: _____

What was the previous school district: _____ Phone#: _____

Has the student ever attended Pymatuning Valley Schools: Yes _____ No _____ (if yes, which school? High School - Middle School)

Does the student receive Special Education Services (IEP) Yes _____ No _____ Do you have a copy: Yes _____ No _____

PARENT/CUSTODIAN INFORMATION:

Name of biological father _____ Name of biological mother _____

Address: _____ Address: _____

_____ phone # _____ phone #
(If different from student) (if different from student)

Does the student live with **both** biological parents? (Mother and Father) Yes _____ No _____

If no, who is the residential parent? _____ Do you have custody papers? Yes _____ No _____
(Documentation required per Ohio School Law 9.09)

Does the student live with a stepmother or stepfather: Yes _____ No _____ Step Parents Name: _____

Does the student reside in the PV district with a guardian or custodian under court order: Yes _____ No _____ (documentation required?)
(Is the student court placed with someone other than biological parent?)

If yes, name and address _____
(If different from student)

Are there any other brothers or sisters in the PV School District: Yes _____ No _____ (if yes, please list their names and grades)

I swear that I am a full permanent resident of the Pymatuning Valley School District or have duly noted otherwise. I hereby assure that the above information is accurate. I will notify the school district immediately if any of the information provided on the registration forms changes subsequent to registration. I understand there are penalties for falsification of information to public officials.

Signature of parent/legal guardian/other _____ Relationship _____ Date _____

PYMATUNING VALLEY LOCAL SCHOOL DISTRICT ETHNICITY QUESTIONNAIRE

Student Name _____

Birth Date ____/____/____

Per United States Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two part question found below.

Part 1: ETHNICITY

Is the student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) _____ Yes _____ No

Regardless of whether your answer is Yes or No to Part 1, you must also select 1 or more racial groups in Part 2.

Part 2: RACIAL GROUP

Is the student from one or more of the following racial groups (check all that apply):

____ (W) White

People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

____ (B) Black or African American

Persons having origins in any of the black racial groups in Africa.

____ (A) Asian

Persons having origins in any of 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.

____ (I) 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 affiliation or community attachment.

____ (P) Native Hawaiian or Other Pacific Islander

Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

____ PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP

I (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

Parent or Guardian Signature _____

Date ____/____/____

List First/Native Language _____ List Language spoken at home _____

FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE

School District's determination of child's ethnicity based on observation:

____ Hispanic/Latino

____ White

____ Black or African American

____ Asian

____ American Indian or Alaskan Native

____ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child's ethnicity (please print) _____

Employee Signature: _____ Date: ____/____/____