

DELAWARE CITY SCHOOLS

ENROLLMENT SHEET**For office use only**

INITIALS____ Proof of Residency____ Mortgage____
 BLDG____ Utility Bill____ Date Completed____
 SUBDIVISION Residency Affidavit____
 _____ Lease Agreement____

STUDENT INFORMATION

Last Name _____ First Name _____ Preferred First _____

Middle Name _____ Gender _____ Birth Date _____

Ethnicity/Race **(Choose only one)**

Home Phone _____

 Asian American Indian or
Alaskan Native Black or African American
(Non-Hispanic) Hispanic/Latino

Cell Phone (Father) _____

 White, Non-Hispanic Multiracial

Cell Phone (Mother) _____

 Native Hawaiian or Other Pacific Islander

Email (Father) _____

Email (Mother) _____

Student's place of birth _____
City State

Social Security No. _____ Grade _____

Address _____
Street City County State Zip Code**PREVIOUS SCHOOL DISTRICT INFORMATION**

Name of previous school district attended _____

Name of last school attended _____

School Address _____
Street City State Zip Code

School Phone number _____ Dates Attended _____

PARENT INFORMATION

Person(s) with whom student is residing

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only
<input type="checkbox"/> Mother/Stepdad	<input type="checkbox"/> Mother Only
<input type="checkbox"/> Father/Stepmom	<input type="checkbox"/> Guardian

Check any that apply

<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Parents Separated
<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Parents Divorced
<input type="checkbox"/> Parents Married	<input type="checkbox"/> Mother not married at time of birth

FATHER

Last Name	First Name	Work Phone Number
Address if different from student's		
Street	City	State

MOTHER

Last Name	First Name	Work Phone Number
Address if different from student's		
Street	City	State

GUARDIAN

Last Name	First Name	Work Phone Number
Address if different from student's		
Street	City	State

LANGUAGE

What language did your child learn when s/he first began to talk? _____
 What language does your child use at home? _____
 What language do you usually use when speaking to your child? _____
 What language is most often spoken by the adults at home? _____
 If a language other than English is spoken in the home, please complete form 17-15.

Student birth country _____ Date student entered US schools _____

OTHER

HAS YOUR CHILD HAD PREVIOUS ENROLLMENT AT DELAWARE CITY SCHOOLS AT ANY TIME?

If YES, what school (i.e. Schultz, Conger, etc.) _____ Grade Attended _____

LIST SIBLINGS ATTENDING DELAWARE CITY SCHOOLS:

<u>Name</u>	<u>Grade</u>	<u>Building of Attendance</u>

Has the student been expelled or suspended from their previous school ____ Yes ____ No

SPECIAL EDUCATION

Special needs of student _____

Does your child have a current IEP? ____ Yes ____ No

I verify that the information provided to enroll _____ is accurate and ***I am the custodial parent.***

Signature _____ Date _____

IF YOU ARE NOT THE CUSTODIAL PARENT, PLEASE READ AND SIGN BELOW.

Custody Statement:

I certify that I have initiated legal proceedings for custody of the student and will obtain custody within sixty (60) calendar days of the date indicated below.

If custody papers are not received by the school within the allotted sixty (60) days, I am aware that tuition will be required at that time retroactive to the date of enrollment. Failure to pay this tuition will result in the immediate dismissal of the student from school. If the student withdraws from school prior to the change in custody, tuition is still expected from the date of enrollment to the date of withdrawal.

Signature _____ Date _____

Non-Discrimination Policy

In accordance with Federal or State law, it is the policy of the Delaware City School District not to discriminate on the basis of race, color, national origin, ancestry, religion, age, sex, or disability, in admission or access to, or treatment or employment in, any service, program or activity sponsored by Delaware City Schools.

Inquiries or complaints regarding compliance with this policy or the nondiscrimination requirements of the Americans With Disabilities Act, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1975, Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, or Title IX of the education Amendments of 1972 should be directed to School District Civil Rights Coordinator, Delaware City School District 248, North Washington Street, Delaware, Ohio 43015, (740) 833-1100 or to the Office for Civil Rights, U.S. Department of Education or the U.S. Equal Opportunity Employment Commission.

6/03
11/2/09