

# CARDINAL LOCAL SCHOOLS

15982 E. High St, PO Box 188, Middlefield, Oh 44062  
440-632-0261

# STUDENT ENROLLMENT FORM

PLEASE PRINT

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## STUDENT INFORMATION:

Student's Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

Grade: \_\_\_\_\_\*\* Gender: M F

Birthdate: \_\_\_\_\_ Birth City: \_\_\_\_\_ \*Birth city is required solely to obtain a confidential student identification number.

Is the student identified as: \_\_\_\_\_Special Ed (IEP) \_\_\_\_\_On a 504 plan \_\_\_\_\_Gifted \_\_\_\_\_EL

Is the student currently: \_\_\_\_\_Expelled \_\_\_\_\_Suspended?

### Admission Reason:

- \_\_\_\_\_ Enrolled 1st time in an Ohio public/community school because of age(kdg)
- \_\_\_\_\_ Transferred from homeschool (**not** online school)
- \_\_\_\_\_ Transferred from out of state or country
- \_\_\_\_\_ Transferred from non public school  
Name of school \_\_\_\_\_
- \_\_\_\_\_ Transferred from another Ohio public, community or online school  
Name of school district \_\_\_\_\_
- \_\_\_\_\_ Not enrolled in an Ohio Public/community school since 2003 for a reason not listed above
- \_\_\_\_\_ Not newly enrolled in this school district (attended Cardinal previously)
- \_\_\_\_\_ Exchange Student

**\*\*Grade placement subject to adjustment upon receipt of previous school records**

### REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION

#### Race/Ethnicity:

Is the student Hispanic/Latino? Y N

What is the student's race?

Choose all that apply-

- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_\_ Native Hawaiian or Pacific Islander
- \_\_\_\_\_ White

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## HOUSEHOLD INFORMATION:

Residence address \_\_\_\_\_  
of student                      Number                      Street                      City                      Zip

Mailing address if different: \_\_\_\_\_  
    Number or PO Box                      Street                      City                      Zip

\_\_\_ Own    \_\_\_ Rent    \_\_\_ Other (explain) \_\_\_\_\_  
Residence is \_\_\_ temporary \_\_\_ permanent

PRIMARY PHONE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ (will be used for Emergency Alert and informational phone calls, such as snow days)

Student resides with:\*    \_\_\_ Both parents    \_\_\_ Father only    \_\_\_ Grandmother    \_\_\_ Other  
   \_\_\_ Foster parent/s    \_\_\_ Father/Stepmother    \_\_\_ Grandfather    \_\_\_ Self\*\*  
   \_\_\_ Mother only    \_\_\_ Mother/Stepfather    \_\_\_ Guardian

\*Please provide all legal documentation for divorce/custody/guardianship.  
\*\* Student must provide proof of emancipation

If student resides with anyone checked above, **other than** Mother and/or Father, and you would like to disclose that information, please list their name, relationship to the student, and emergency contact number.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Mother/Guardian Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

LIVING WITH STUDENT? Y N  
MAILING Y N PORTAL Y N MESSENGER Y N  
Address, if different than student:  
\_\_\_\_\_  
\_\_\_\_\_

### Father/Guardian Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

LIVING WITH STUDENT? Y N  
MAILING Y N PORTAL Y N MESSENGER Y N  
Address, if different than student:  
\_\_\_\_\_  
\_\_\_\_\_

List all other siblings or step-siblings under the age of 22 who reside in the students home (use back if necessary):

Name	Gender	Birthdate
Last	First	Middle
_____	M F	_____
_____	M F	_____
_____	M F	_____
_____	M F	_____