

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: _____ Citizenship: _____U.S. _____Exchange Student* _____Other*
Country of Citizenship if Exchange or Other* _____
Birth City: _____ *Provide passport

Is the student identified as: _____Special Ed (IEP) _____On a 504 plan _____Gifted _____LEP

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)

****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	_____