

CARDINAL LOCAL SCHOOLS

STUDENT ENROLLMENT FORM

15982 E. High St, PO Box 188, Middlefield, Oh 44062

PLEASE PRINT

440-632-0261

Page 1

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 _____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)

****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

