

**DOVER CITY SCHOOLS**

**REGISTRATION FORM**

Information supplied on this form is required under provisions of Ohio law and Ohio Department of Education regulations.



Admin. Initials \_\_\_\_\_  
School \_\_\_\_\_  
Date \_\_\_\_\_  
Grade \_\_\_\_\_  
Dover ID# \_\_\_\_\_  
Date Entered \_\_\_\_\_  
Re-Entry \_\_\_\_\_

**STUDENT DATA**

Legal Name

\_\_\_\_\_ Male  
Last First Middle \_\_\_\_\_ Female

Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Race/Ethnic Category \_\_\_\_\_ White \_\_\_\_\_ Black or African American  
\_\_\_\_\_ Asian \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

Citizenship: \_\_\_\_\_ U.S. citizen \_\_\_\_\_ Foreign exchange student \_\_\_\_\_ Other/Non U.S. citizen

HEALTH FACTORS TO WHICH THE SCHOOL NURSE SHOULD BE ALERTED (check where applicable)

\_\_\_\_\_ Cardiac \_\_\_\_\_ Diabetic \_\_\_\_\_ Epileptic \_\_\_\_\_ Hearing loss \_\_\_\_\_ Orthopedic \_\_\_\_\_ Speech defect \_\_\_\_\_ Vision loss  
\_\_\_\_\_ other (please state) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr.

Birth Place City & State

(As shown on birth certificate)

Social Security No.

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary language spoken at home is

\_\_\_\_\_

**PREVIOUS SCHOOL DISTRICT INFORMATION**

Student was in the following special programs:  
\_\_\_\_ Tutoring \_\_\_\_\_ Gifted/Talented  
\_\_\_\_ I.E.P. \_\_\_\_\_ Fed. Lunch Program  
\_\_\_\_ 504 Plan \_\_\_\_\_ Other

Name of previous school \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_

Has student ever attended Dover City Schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, building and grade last attended in Dover \_\_\_\_\_ Grade \_\_\_\_\_

**COURT ORDERED PLACEMENT**

**No child will be admitted until current proof of legal custody is received.**

Legal custody arrangements:

\_\_\_\_ Shared parenting \_\_\_\_\_ Mother only \_\_\_\_\_ Foster parent \_\_\_\_\_ Father only \_\_\_\_\_ Guardian

School district where biological parent resides: \_\_\_\_\_

- OVER -

