

Kettering City Schools – Student Registration Form

STUDENT ID NO									
STUDENT LAST NAME		FIRST	MIDDLE	GENDER	BIRTH CITY		BIRTH STATE		
HOUSE NUMBER	STREET NAME		APT NO.	CITY		ZIP	MO	DAY	YR DATE OF BIRTH
STUDENT HOME PHONE NO.	STUDENT CELL PHONE NO.	GRADE	HOMEROOM	BUS NO.	LOCKER NO.	COUNSELOR	MO	DAY	YR DATE REGISTERED

ETHNIC CODE (please **CHECK ONLY ONE** of the following descriptions that applies to your child:

Asian or Pacific Islander: Far East, Southeast Asia, the Pacific Islands, or Indian subcontinent
 Black, Non-Hispanic
 Hispanic, Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish Culture or origin regardless of race
 American Indian or Alaskan Native
 Multiracial
 White, Non-Hispanic, Europe, North African, or Middle East

(This data is collected for reporting purposes)

CHILD LIVES WITH CUSTODIAL (please **CHECK ONLY ONE** of the following descriptions that applies to your child:

<input type="checkbox"/> Both Natural/adoptive Mother & Father (B)	<input type="checkbox"/> Mother & Stepfather (MSF)	<input type="checkbox"/> Aunt & Uncle (UA)	<input type="checkbox"/> Host Family/Foreign Exchange (H)
<input type="checkbox"/> Father Only (F)	<input type="checkbox"/> Father & Stepmother (FSM)	<input type="checkbox"/> Grandparent (GP)	<input type="checkbox"/> Foster Home (FOSH)
<input type="checkbox"/> Mother Only (M)	<input type="checkbox"/> Brother Only (BO)	<input type="checkbox"/> Spouse (SP)	<input type="checkbox"/> Self, 18 Year Old (18YO)
<input type="checkbox"/> Shared Parenting (SHP)	<input type="checkbox"/> Sister Only (SO)	<input type="checkbox"/> Legal Guardian (LG)	

Guardian Housing Arrangement: Home Apartment Sharing residence with (if applicable) _____
 (NAME OF FRIEND OR RELATIVE)

CURRENT CUSTODY PAPERS MUST BE ON FILE.

Are there custody papers for this student? Yes No Date of most recent custody order ____/____/____

The law requires that the school be presented with child custody orders or decrees including a temporary order of child custody resulting from action of divorce, alimony, annulment and dissolution of marriage.

INFORMATION BELOW REQUIRED ON ALL CUSTODIAL PERSON(S) WITH WHOM THE STUDENT LIVES

GUARDIAN(S) LAST NAME, FIRST NAME		RELATIONSHIP	EMPLOYER NAME	PHONE		CONTACT ID
E-MAIL				HOME		
				CELL		
				BUSINESS		
E-MAIL				HOME		
				CELL		
				BUSINESS		
E-MAIL				HOME		
				CELL		
				BUSINESS		

EMERGENCY CONTACTS, IF PARENTS ARE UNABLE TO BE CONTACTED

LAST NAME, FIRST NAME	RELATIONSHIP	DAYTIME PHONE	CELL PHONE	CONTACT ID

IF APPLICABLE, ADDITIONAL CONTACT INFORMATION

LAST NAME, FIRST NAME	CATEGORY	DAYTIME PHONE	CELL PHONE	CONTACT ID
	BABY SITTER			
	DAY CARE			

BROTHERS & SISTERS OF STUDENT LIVING IN SAME HOUSEHOLD

LAST NAME, FIRST NAME	GENDER	DATE OF BIRTH	SCHOOL ATTENDING IF ANY

FOR OFFICE USE ONLY	DATE WITHDRAWN	DATE RECORDS MAILED