

☆ CINCINNATI PUBLIC SCHOOLS ☆

**STUDENT REGISTRATION INFORMATION**

School Year \_\_\_\_\_

Today's Date ① \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

School Name \_\_\_\_\_

School Code \_\_\_\_\_

**Student**

*Please provide legal names.*

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Entering Grade Level \_\_\_\_\_

Gender (Check One)  Male  Female

Resident Address \_\_\_\_\_

Apartment \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Unl:  No  Yes

Birthdate(mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Birth Document Source \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (if issued)

Race/Ethnic Code (Check One)  Black  White  Hispanic  
 Asian/Pacific Islander  Multi-Racial  
 Native American

Birthplace (City,St) \_\_\_\_\_

Birthplace (Country) \_\_\_\_\_

Nationality \_\_\_\_\_

Nickname (If Any) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian Resident District if not CPS \_\_\_\_\_

Reason to enroll if not CPS resident \_\_\_\_\_

**(CPS Use)**

Student ID 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Entry Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Entry Code \_\_\_\_\_

Homeroom \_\_\_\_\_

**Enrollment Reason (Check One)**

- From out of state/out of country
- From Home School in OH
- From nonpublic school in OH
- From another OH public district/community
- Not in OH public/community since 2003
- 1st time in OH pub/comm school due to age
- Not newly enrolled in this district

**Emergency Contacts**

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

Alt/Cell Ph \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

Alt/Cell Ph \_\_\_\_\_

**Home Language**

What was this student's first language? (i.e. native language) \_\_\_\_\_

What language does this student most frequently speak? \_\_\_\_\_

What language is most often spoken by adults at home? \_\_\_\_\_

**Physician**

Name \_\_\_\_\_ Phone/Ext \_\_\_\_\_

**Prior Education Information**

(Begin with most recent including preschool)

**Years Attending**

Previous Schools	Street Address (City, State & Country)	From - To	Grade(s)
_____	_____	_____	_____
_____	_____	_____	_____

Date first enrolled in US schools \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Has this student ever received ESL or Bilingual Services?  No  Yes

**Preschool Experience**

- at CPS PreSchool/Head Start
- at Non-CPS Head Start
- at a Full Day, Full Year Child Care
- at a Part-time Private PreSchool
- at a Family Child Care Home
- at Home  Other

**Kindergarten Experience**

- ½ Day (1)
- All Day (2)

I understand that any inaccurate information provided about this student on each page of the Student Registration Information forms may result in a change of grade level, a change of class, or an immediate transfer/withdrawal from this school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CINCINNATI PUBLIC SCHOOLS**  
**STUDENT REGISTRATION INFORMATION**

Today's Date **2**

\_\_\_\_/\_\_\_\_/\_\_\_\_

Use additional pages as necessary.

Student Name \_\_\_\_\_

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Fosterparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____ First Name _____ Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <i>If you check Divorce or Separated, we require current legal documentation related to the children.</i> (*)Address _____ City _____ State _____ Zip Code _____ Phone Number _____   Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes Alt/Cell Phone _____ Employer _____ Email Address _____ Work Address _____ Work Phone _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes District of Residence _____ District of Primary Residence _____ Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes Federal Employee <input type="checkbox"/> No <input type="checkbox"/> Yes Migrant Worker <input type="checkbox"/> No <input type="checkbox"/> Yes Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

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<b>Siblings</b>	Last Name _____ First Name _____ Middle Name _____	Grade _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female School Attending _____
	Last Name _____ First Name _____ Middle Name _____	Grade _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female School Attending _____

(\*) If different from student's address; natural or adoptive parent address required  
 [#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.  
 @ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.

**CINCINNATI PUBLIC SCHOOLS**  
**STUDENT REGISTRATION INFORMATION**

Today's Date **3**

\_\_\_/\_\_\_/\_\_\_

Student Name \_\_\_\_\_

**Parent Connect**

Parent Connect is a web site where parents can login to see their child's grades, attendance, assignments, discipline and more.

Do you have a Parent Connect web site account?  No  Yes  
If not, would you like to sign up for one?  No  Yes  
If Yes, provide your email address below  
\_\_\_\_\_

*Note to Staff: If new account, give copy this form and page 1 to Parent Connect Coordinator at your school.*

**Students With Special Needs**

Does student require mobility assistance? (i.e. wheelchair,etc)  No  Yes  
Has this child ever had a multi-factored evaluation?  No  Yes  
If Yes, is there an evaluation form available?  No  Yes  
Did this child receive Special Education and related services in the most recent school?  No  Yes  
Does this child have a current IEP?  No  Yes  
Does this child have a 504 Accommodation Plan?  No  Yes  
Did this child receive gifted services in the most recent school?  No  Yes  
If Yes, is there a WEP available?  No  Yes

*Note to Staff: If Yes to any question, obtain copies of all available documentation and forward to appropriate school staff.*

**Exchange Students**

Is the student a Foreign Exchange student?  No  Yes  
If Yes, enter I-94 No. \_\_\_\_\_

**Temporary Living Arrangements**

*The following questions address the McKinney-Vento Act 42 U.S.C. 11435.*

*The answers to these questions will help determine the services the student may be eligible to receive.*

Is the student's current address a temporary living arrangement?  No  Yes  
Is this temporary living arrangement due to loss of housing or economic hardship?  No  Yes  
*If the answer to **both** of these questions was **Yes**, the student is entitled to immediate enrollment.*

Please indicate where the student is presently living.

- In a motel/hotel  Unaccompanied youth  
 In a homeless shelter  Doubled up with more than one family in a house or apartment  
 Other; a place not designed for ordinary sleeping accommodations

*Note to Staff: If the answers are Yes, please fax this form and page 1 to Project Connect at 363-3305.*

**CINCINNATI PUBLIC SCHOOLS**  
**STUDENT REGISTRATION INFORMATION**

Today's Date ④

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Request to Restrict Privacy Information**

Federal and Ohio law prohibits Cincinnati Public Schools from publicly releasing information about our students, except for designated "directory information." CPS limits "directory information" to a student's name, participation in officially recognized activities and sports, and awards received. CPS releases this information in order to highlight the accomplishments of our students; however, the law requires the district to release directory information to any member of the media or public requesting it.

Parents, legal guardians, or students age 18 or over may refuse to allow CPS to release directory information. **Please indicate if you wish to restrict CPS from releasing directory information on the student named below by checking the appropriate box and returning this form to your child's school.**

Federal law permits parents/guardians to review their children's educational records. Students aged 18 and over may review their own records. Please contact the principal at your child's school with any questions regarding records, or to make an appointment to review records.

**General Public Release (including to media, potential employers, colleges and universities, etc.):**

- CPS **may not** release directory information about my child (name, participation in officially recognized activities and sports, and awards received).

**Military Recruiters:**

CPS must release the names, addresses and telephone numbers of secondary students to military recruiters, unless the parent/legal guardian (or student 18 or over) specifically objects.

- CPS **may not** release my child's name, address and phone number to military recruiters.

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
First Name

Birthdate

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

*Please check one:*

- I am the student, and I am 18 years of age or older.
- I am the parent, guardian, or custodian of the student, and the student is under 18 years of age.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Student records may be routinely shared among CPS staff with a legitimate interest in the education of a student. A CPS official is a person employed by CPS or a person CPS determines has a legitimate educational interest in a record. A person has a legitimate educational interest if there is a need to review a record in order to fulfill his or her professional responsibility.

Parents and/or eligible students who believe their rights under the Federal Education Rights and Privacy Act (FERPA) have been violated may file a complaint with:

Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW 20202-4605, Washington, D.C.,  
[www.ed.gov/offices/OM/fpco](http://www.ed.gov/offices/OM/fpco)

Informal inquiries may be sent to the Family Policy Compliance Office via the following email address: [FERPA@ED.Gov](mailto:FERPA@ED.Gov)

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**REQUEST FOR RECORDS**

To the Registrar:

Please send the records identified below, if available for this student, as soon as possible.  
If records are not available, please return our request indicating the following:

No Records Available. Reason(s): \_\_\_\_\_

Unable to Send Records. Reason(s): \_\_\_\_\_

We would appreciate receiving any additional information that would enable us to better meet the individual needs of the student. Thank you for your prompt cooperation.

Sincerely,

\_\_\_\_\_  
CPS School Registrar

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**AUTHORIZATION TO RELEASE INFORMATION**

\_\_\_\_\_ authorizes the release of the records of  
Parent / Guardian Name \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid. Initial \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mon / Day / Year

From the Following School/Institution:

Most Recent School \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Grade Level \_\_\_\_\_

The following records may be released. Please check.

- |   |   |
|---|---|
| <input type="checkbox"/> Transcript of subjects and grades                                  | <input type="checkbox"/> Ohio Achievement and Graduation Test Results |
| <input type="checkbox"/> Attendance Record  | <input type="checkbox"/> Standardized Test Results                    |
| <input type="checkbox"/> Psychological or Other Individual Test Results                     | <input type="checkbox"/> Gifted Assessments                           |
| <input type="checkbox"/> 504 Accommodation Plan   | <input type="checkbox"/> Health Records                               |
| <input type="checkbox"/> English Language Proficiency Assessments                           |   |
| <input type="checkbox"/> Special Education Records, including IEP and MFE and behavior plan |   |

\*\* Items that **cannot** be withheld due to non-payment of fees or obligations are state test scores, multifactor evaluation (MFE), individual educational program (IEP), IEP progress reports and immunization records.

The records may be released to:

New School \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

I am authorizing the release of these records for these reasons. Please check one.

- I am the subject of these records and 18 years of age or older.
- I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date