



Welcome to
CINCINNATI PUBLIC SCHOOLS

This box - CPS Use Only:

Student ID
 Entry Date ____/____/____
 Entry Code _____
 Homeroom _____

Important: Signature required at bottom of Page 4.

Page 1

STUDENT REGISTRATION INFORMATION FORM

School Year _____

Today's Date _____

School Name _____

School Code _____

____/____/____

Student Information

Please print. Provide legal names.

Last Name _____ First Name _____ Middle _____

Entering Grade Level _____ Gender (Check One) Male Female

Home Address _____ Apartment Number _____

City _____ State _____ Zip Code _____

Phone Number _____ Unlisted: No Yes

Is student Hispanic or Latino? No Yes

Race/Ethnic Code Black/African-American White/Caucasian Asian

(Must check all that apply.) American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

Student's Social Security Number (if issued) _____ - _____ - _____

Student's Birthplace: City _____ State _____ Country _____

Student's Birthdate ____/____/____ (month/date/year – xx/xx/xxxx)

Birth Document Source _____ (e.g. birth certificate, passport, etc.; provide document)

Nationality _____

Date student was enrolled in U. S. schools: ____/____ (month/year – xx/xxxx)

Has student ever received English as a Second Language (ESL) or Bilingual services? No Yes

Is student a Foreign Exchange student? No Yes If Yes, enter I-94 number: _____

Parent's / Guardian's Name _____ Parent Guardian

Parent's / Guardian's Resident School District (if not CPS) _____

Enrollment Reasons (Check One)

- From out of state / out of country
- From home school in Ohio
- From nonpublic school in Ohio
- From an Ohio public district or charter (community) school
- Not in Ohio public/charter schools since 2003
- First time in Ohio public school due to age
- Not newly enrolled in this district

If not a CPS district resident, select reason for applying:

- Open Enrollment
- Open Enrollment – Outside Ohio (Tuition)
- Out of District - Foster Placement
- Out of District - Homeless
- Out of District - Special Education
- CPS Employee — Employee ID Number: _____
- Other _____

Emergency Contacts

For additional emergency contacts, use back of this page.

Name _____ Relationship to Student _____

Phone _____ Cell Phone _____

Primary Care Doctor _____ Phone _____



Language

Student's Name _____

What language does this student speak most frequently? (primary language) _____
What language is most often spoken by adults at home? (home language) _____
What was this student's first language? (first language) _____

Prior Education

If additional space needed, use back of this page.

List student's previous schools, beginning with most recent school, including preschool:

School Name Address (Street, City, State, Country) Grades From – To

School Name Address (Street, City, State, Country) Grades From – To

Preschool Experience (Check all the apply.)

- At a CPS preschool / Head Start program
- At a non-CPS Head Start program
- At a full-day, full-year child care center
- At a part-time private preschool
- At a family child-care home
- At home
- Other

Kindergarten Experience

- Half day
- All Day

Siblings

If additional space needed, use back of this page.

Last Name _____ First Name _____ Middle Name _____
Gender - Male Female
School Attending _____ Grade _____ Age _____

Last Name _____ First Name _____ Middle Name _____
Gender - Male Female
School Attending _____ Grade _____ Age _____

Last Name _____ First Name _____ Middle Name _____
Gender - Male Female
School Attending _____ Grade _____ Age _____



Use additional pages if necessary. Student's Name _____

Parent

Mother Father Guardian Stepparent Foster parent * Grandparent Surrogate Parent Other

Last Name, First Name, Marital Status (Married, Unmarried, Widowed, Separated, Divorced), Deceased?, District of Residence, District of Primary Residence, Resides with Student?

If you check Separated or Divorced, we require current legal documentation related to the children.

Address, City, Zip Code, Phone, Cell Phone, Email Address, Employer, Work Address, Work Phone, Custodial Parent?, Legal Guardian?, Grandparent POA?, Caregiver Authorization?, Migrant Worker?, Receive School Mail?

Parent

Mother Father Guardian Stepparent Foster parent * Grandparent Surrogate Parent Other

Last Name, First Name, Marital Status (Married, Unmarried, Widowed, Separated, Divorced), Deceased?, District of Residence, District of Primary Residence, Resides with Student?

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* If foster parent, obtain a current copy of court order showing district of responsibility. Retain in cumulative file.
** If address is different from student's address; addresses required for natural or adoptive parents.
*** If parent is not custodial, include copy of Grandparent Power of Attorney (POA) and Caregiver Authorization.



Student's Name _____

Students With Special Needs

Provide documents where needed.

- Does child require mobility assistance? (i.e. wheelchair, etc.) No Yes
- Has child ever had an ETR (Education Team Report)? No Yes
- If **Yes**, is there an evaluation form available? No Yes
- Did child receive Special Education and related services in most recent school? No Yes
- Does this child have a current IEP (Individualized Education Program)? No Yes
- Does child have a 504 Accommodation Plan? No Yes
- If **Yes**, is there an ETR (Education Team Report) available? No Yes
- Did child receive Gifted services in most recent school? No Yes
- If **Yes**, is there a WEP or WAP (Written Education Plan; Written Acceleration Plan) available? No Yes

To Staff: If Yes to questions above, obtain copies of available documentation and forward to appropriate school staff.

Temporary Living Arrangements

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

Answers to these questions will help determine what services a student may be eligible to receive.

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

Where is the student living now (if in temporary arrangements)?

- In a motel or hotel
- Doubled up with family or friend
- In a homeless shelter
- Unaccompanied youth
- Other (a place not designed for ordinary sleeping accommodations)

To Staff: If Yes to questions above, fax this page and Page 1 to Project Connect: 363-3220.

PowerSchool	Do you have a PowerSchool website account? <input type="checkbox"/> Yes <input type="checkbox"/> No
PowerSchool is a website where parents can see their child's grades, attendance, assignments, discipline and more.	If No , would you like to sign up for one? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , give us your email address: _____

To Staff: If new PowerSchool account, give copy of this page and Page 1 to PowerSchool Coordinator at your school.

How Did You Hear About CPS?	<input type="checkbox"/> Billboards	<input type="checkbox"/> Radio
<input type="checkbox"/> CPS Publication	<input type="checkbox"/> Letter or Postcard	<input type="checkbox"/> Printed Advertisement
<input type="checkbox"/> CPS Website	<input type="checkbox"/> Television News Story	<input type="checkbox"/> Newspaper Story
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> CPS Staff Member	<input type="checkbox"/> CPS Event

To Staff: Please fax this page to the CPS Public Affairs Department: 363-0025.

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

Parent's / Guardian's Signature _____ Date _____



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.

(Please Print) Student’s Last Name

First Name

Student’s 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

Please Note:

Student records may be routinely shared among Cincinnati Public Schools staff with a legitimate interest in a student’s education. 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,
Washington, D.C., 20202- 4605 Website: www.ed.gov/offices/OM/fpco

Informal inquiries may be sent to the Family Policy Compliance Office at this email: FERPA@ed.gov



PARENT AUTHORIZATION TO RELEASE INFORMATION

I, _____ authorize the release of records pertaining to
(Please Print) Name of Parent / Guardian or Student 18 years old

(Please Print) Student's Last Name First Name Middle Initial

Student's Birthdate ____ / ____ / ____ (month/date/year - XX/XX/XXXX)

from the following school or institution:

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

The following records* should be released:

- Transcript of subjects and grades
Attendance Record
Psychological or Other Individual Test Results
504 Accommodation Plan
English Language Proficiency Assessments
Special Education Records, including IEP, MFE or ETR, and behavior plan
Ohio Achievement and Graduation Test Results
Standardized Test Results
Gifted Assessments (WEP; WAP)
Health Records

* Records that cannot be withheld due to non-payment of fees or obligations: State test scores, Individualized Educational Program (IEP), IEP progress reports, Multifactorial Evaluation (MFE) or Education Team Report (ETR), and immunization records.

Release records to:

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

I am authorizing the release of these records because (Check one):

- I am the subject of these records, and I'm 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.

Signature _____ Date _____

REQUEST FOR STUDENT RECORDS - STAFF USE ONLY

To Registrar:

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

- No Records Available. Reason(s):
Unable to Send Records. Reason(s):

We would appreciate receiving additional information that would enable us to meet the student's needs.
Thank you for your prompt cooperation.

_____ / /
CPS School Registrar Date

Enrollment start date for this CPS school: ____ / ____ / ____