

- Columbian High School (9-12)
- Tiffin Middle School (6-8)
- Krout 2-3 Elementary School
- Noble 4-5 Elementary School
- Washington K-1 Elementary School
- Lincoln Pre-Kindergarten School

TIFFIN CITY SCHOOLS STUDENT REGISTRATION FORM

For office use:
EMIS ID# _____
School year 20____ - 20_____

STUDENT INFORMATION (Please Print)

Student's Legal Last Name: (as it appears on birth certificate)		Legal First Name: (as it appears on birth certificate)	Middle Name:
Street address:		City:	Zip Code:
Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Entering Grade:		Date of Birth (mm/dd/yyyy):	Home Phone Number:
Is the student a US Citizen? ____ Yes ____ No		Native language is:	Birthplace: (City/State/Country)
Mother's Maiden Name:		Ethnicity: Is the student of Hispanic/Latin heritage? ____ Yes ____ No	

- Please select each ethnicity that applies:**
- W White – People who have origins in any of the original people of Europe, North Africa, or the Middle East
 - B Black or African American – Persons having origins in any of the black racial groups in Africa
 - A Asian – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - I American Indian or Alaskan Native – Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment
 - P Native Hawaiian or Other Pacific Islander – Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

WHO DOES THE STUDENT LIVE WITH?

Check all that apply:	Print First/Last Name	Cell Phone Number	E-mail Address	Employer	Work Phone Number
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					
<input type="checkbox"/> Stepfather					
<input type="checkbox"/> Stepmother					
<input type="checkbox"/> Legal guardian					
<input type="checkbox"/> Foster Parent					
<input type="checkbox"/> Grandparent					

Who has legal custody of this child? <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother (only) <input type="checkbox"/> Father (only) <input type="checkbox"/> Legal guardian <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Shared parenting/joint custody <input type="checkbox"/> Government agency (Children's Services, Dept. of Job & Family Services, etc.) <input type="checkbox"/> Other (specify) _____	PREVIOUS SCHOOL INFORMATION	For Office Use Only: Homeroom _____ Locker/Combination _____ ____ Birth Certificate ____ Immunizations ____ Custody Papers ____ Transcripts ____ Proof of Residency
	Last school attended _____ District _____ School address _____ School phone number _____ Fax: _____ Check any that apply: <input type="checkbox"/> _____ has active Individual Education Plan (IEP) Specify disability _____ <input type="checkbox"/> _____ receives gifted/talented services. <input type="checkbox"/> _____ has been suspended/expelled from another school. Have you ever been enrolled in Tiffin City Schools? Yes _____ No _____	

FAMILY INFORMATION
Please list all brothers or sisters in family

First/Last Name (please print)	Date of Birth (mm/dd/yyyy)	Relationship (brother or sister)	School

Non-Custodial Parent Information

Check one:	Name	Address	City/State/Zip Code	Phone Number	E-mail Address
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					

To the best of my knowledge, all of the information provided on this registration form is true. I certify the student's name is his/her legal name, I have legal custody, and I reside within the Tiffin City School District boundaries. I understand the Tiffin City School District may use legal means to verify my residence in the District.

	PLEASE PRINT PARENT/GUARDIAN NAME	SIGNATURE OF PARENT/GUARDIAN	DATE

The confidentiality of this information will be preserved in accordance with FERPA and Tiffin City Schools Board of Education policy.
Section 3323.64 of Ohio Revised Code requires a child to attend classes in the school district where the parent with court-determined custody resides.
Proof of custody must be furnished or attached to this registration form. **Immediately notify the school office when a change in custody occurs.**