

Student No. _____

Date _____

Homeroom/Building _____

Grade _____

MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT

REGISTRATION FORM

PLEASE PRINT

STUDENT INFORMATION

PARENT/GUARDIAN INFORMATION

Legal Name (as appears on birth certificate):

Last Name _____

First Name _____

Middle Name (if any) _____

Date of Birth _____ Male Female

Place of Residence:

No. & Street _____ Apt. _____

City _____ Zip _____

Phone number _____

Has student PREVIOUSLY attended a Milford school?

No Yes - withdrew in grade _____
from _____ (school name)

Last School Attended (or licensed preschool):

Name _____

No. & Street _____

City _____ State _____ Zip _____

Phone _____ County _____

State Default: If not provided by parent/guardian, default will be Multiracial.

Ethnicity: White (Non-Hispanic) Hispanic
 Black (Non-Hispanic) Asian/Pacific Islander
 Amer. Indian/Alaskan Native Multiracial

Native Language: _____

Special Services Received:

Remedial Reading Gifted (Already Identified)

Speech (IEP required) LD Tutoring (IEP required)

Special Class (IEP required)

MH DH SLD SBH OH

Other _____

Psychological Services

Agencies outside of school

Name of Agency _____

Student Lives With:

Both parents

Mother Only

Father Only

Stepfather/Mother

Father/Stepmother

Guardian

Check (if applicable)

Father deceased

Mother deceased

Parents separated

Parents Divorced

Single Parent

Other _____

CUSTODY PAPERS/AFFIDAVIT MUST BE PRESENTED FOR STUDENTS LIVING WITH A DIVORCED PARENT, NON-PARENT, OR GUARDIAN.

Mother's Full Name:

Complete Mailing Address:

No. & Street _____ Apt. _____

City _____ State _____ Zip _____

Home phone number _____

Place of employment _____

Work phone number _____ Ext. _____

Cell phone number _____

Email address _____

Father's Full Name:

Complete Mailing Address:

No. & Street _____ Apt. _____

City _____ State _____ Zip _____

Home phone number _____

Place of employment _____

Work phone number _____ Ext. _____

Cell phone number _____

Email address _____

If student lives with a step-parent/guardian, please complete the following:

Name _____

Place of employment _____

Work phone number _____ Ext. _____

Siblings:	Name	Age	Grade	Lives With
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any medical problems the student has:

Additional information:

Applicant further says that in applying for admission to the Milford Exempted Village Schools on behalf of the said minor child I/we have provided to said school district accurate and truthful information, and further say that I/we have not knowingly withheld, concealed or misrepresented any information that would have a material bearing upon the eligibility of said minor child to attend the Milford Exempted Village School District.

The Milford Exempted Village School District will conduct an investigation whenever residency is in question. At that time the building administrator or designee may request documentation for the purpose of providing proof of residency. Acceptable documentation includes but is not limited to: lease contract, rental agreement, property tax, utility bill, driver's license, payroll check, child support information, and verification from the Department of Human Services. One or more forms of documentation may be requested to provide sufficient proof of residency. The building administrator or designee will also request that the parent(s)/guardian(s) complete an affidavit of residency.

Further, I/we acknowledge that I/we have been advised that giving false information of residency or any other factor material to school residency requirements may be subject to prosecution for the offense or falsification.

Finally, I/we acknowledge that if any further investigation reveals that I/we do not reside in the Milford Exempted Village Schools attendance district, my/our child shall be withdrawn from the school system, and I/we will be obligated to pay any tuition monies then due.

Emergency information:

Name _____ Relationship _____

Home phone number _____ Work phone number _____

Name _____ Relationship _____

Home phone number _____ Work phone number _____

IN CASE OF EMERGENCY AND STUDENT'S PARENT OR GUARDIAN IS UNAVAILABLE, I AUTHORIZE THE SCHOOL OFFICIALS TO USE THEIR JUDGMENT IN CARING FOR THE EMERGENCY.

OFFICE USE ONLY

Citizen Status

R/E Group

Student Status

Signature of Parent or Guardian

PLEASE NOTIFY THE SCHOOL OFFICE OF ANY CHANGES THAT OCCUR DURING THE SCHOOL YEAR.