

Registration Date
(office use only)

Sandusky City Schools
407 Decatur Street, Sandusky, OH 44870-2442
Phone: 419-626-6940 Fax: 419-609-4402

Pre-School/Pre-Kindergarten Student Registration Form 2009-2010

Last Name		First		Middle		Date of Birth ____/____/____	
Address _____ City if other than Sandusky _____		Apt.	Home Phone ____-____-____	Work Phone ____-____-____		Cell Phone ____-____-____	
Student I.D. Number (assigned by district) 367 _____		Grade	Gender ____ Male ____ Female		Ethnic Origin ____ White ____ Black/African American ____ Multiracial ____ Asian or Pacific Islander ____ Hispanic ____ Alaskan or Native American		
Place of Birth City _____, State _____			Language spoken at home English ____ Other (specify) _____		Has student ever attended Sandusky City Schools? ____ Yes ____ No		
Previous school attended				Services received ____ Special Education (IEP/MFE) ____ Gifted ____ 504 Plan <i>Please provide copies of IEP/MFE/504 Plan</i>			
Previous School Address/City/State/Zip				Previous School Phone _____ Fax _____			
Natural Parent Information							
Mother Last Name _____ First Name _____ Maiden Name _____							
Address, if different from above _____ City _____ State _____ Zip _____							
Father Last Name _____ First Name _____							
Address, if different from above _____ City _____ State _____ Zip _____							
Residential Information, Child lives with: Natural Parents ____ Mother only ____ Father only ____ Grandparents ____ Mother/Stepfather ____ Father/Stepmother ____ Foster Parents ____ Other _____							
If child is NOT living with both Natural Parents, is there a temporary or permanent custody order/decreed allocating parental rights and responsibilities? Yes ____ No ____ If yes, you must provide a certified/journal entry stamped copy of that order and any future changes or modifications.							
If child lives with Legal Guardian/Foster Parent/Other, please provide the following information.							
Last Name _____ First _____ (Legal Guardian/Foster Parent/Other must reside at the above address listed for child.)							
Custody Legal Guardian ____ Foster Parent ____ Grandparent Act ____ Other _____							
Please list all siblings who attend Sandusky City Schools in Grades K-6 only							
Last Name _____ First _____ Current Grade ____ Building Attending _____							
Last Name _____ First _____ Current Grade ____ Building Attending _____							
Last Name _____ First _____ Current Grade ____ Building Attending _____							

Office Use Only Start Date _____ Building Assigned to _____ Parent _____ Bus Garage _____
Bus Stop _____ AM Bus # _____ Time _____ PM Bus # _____ Time _____