

Registration Date  
(office use only)

# Sandusky City Schools

407 Decatur Street, Sandusky, OH 44870-2442  
Phone: 419-626-6940 Fax: 419-621-2784



## Registration Form Grades K-6

<b>Last Name</b>		<b>First</b>		<b>Middle</b>		<b>Date of Birth</b> ____/____/____	
<b>Address</b>		<b>Apt.</b>	<b>Home Phone</b> ____-____-____	<b>Work Phone</b> ____-____-____		<b>Cell Phone</b> ____-____-____	
<b>Student I.D. Number (assigned by district)</b> 367 _____		<b>Grade</b>	<b>Gender</b> Male ____ Female ____		<b>Ethnic Origin</b> White ____ Black/African American ____ Multiracial ____ Asian or Pacific Islander ____ Hispanic ____ Alaskan or Native American ____		
<b>Place of Birth</b> City _____, State ____			<b>Language spoken at home</b> English ____ Other (specify) _____		<b>Has student ever attended Sandusky City Schools?</b> Yes ____ No ____		
<b>Previous School Attended</b>				<b>Services Received</b> Special Education (IEP/MFE) ____ Gifted ____ 504 Plan ____ <i>Please provide copies of IEP/MFE/504 Plan</i>			
<b>Previous School Address/City/State/Zip</b>				<b>Previous School</b> Phone _____ Fax _____			
<b>Natural Parent Information</b>							
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 _____	
<b>Residential Information, Child lives with</b> Natural Parents ____ Mother only ____ Father only ____ Grandparents ____ Mother/Stepfather ____ Father/Stepmother ____ Foster Parents ____ Other _____							
If child is <b>NOT</b> living with both Natural Parents, is there a temporary or permanent custody order/deedee 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 _____					
<i>(Legal Guardian/Foster Parent/Other must reside at the above address listed for child.)</i>							
<b>Custody</b> Legal Guardian ____ Foster Parent ____ Grandparent Act ____ Other _____							
<b>Please list all siblings who attend Sandusky City Schools in Grades K-6 only</b>							
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 \_\_\_\_\_