



FORT RECOVERY LOCAL SCHOOLS

Better today than you were yesterday. Better tomorrow than you were today.

ENROLLMENT FORM

ANTHONY T. STAHL

SUPERINTENDENT

DEANNA B. KNAPKE

TREASURER

400 EAST BUTLER STREET

P.O. Box 604

FORT RECOVERY, OH 45846

(419) 375-4139

RYAN J. STEINBRUNNER

HIGH SCHOOL PRINCIPAL

AIMEE L. POTTKOTTER

ATHLETIC DIRECTOR

400 EAST BUTLER STREET

P.O. Box 604

FORT RECOVERY, OH 45846

(419) 375-4111

HOLLY A. GANN

MIDDLE SCHOOL PRINCIPAL

LAURA L. BRANDT

ELEMENTARY PRINCIPAL

865 SHARPSBURG ROAD

P.O. Box 604

FORT RECOVERY, OH 45846

(419) 375-2768

Today's Date _____ Child's Social Security Number _____ Student # _____

Child's Name _____
First Middle Last (Nickname)

Date of Birth: _____ City of Birth: _____ Sex: _____

Home Address: _____

City State Zip County of Residence

If recently moved, please provide former address (helpful in getting records):

Home Phone Number: _____ District of Residence _____

Ethnic Group: White American Indian/Alaska Native
 Asian Black/African American
 Hispanic/Latino Hawaiian/Other Pacific Islander
 Multiracial

Is the student of Hispanic/Latino Heritage? Yes No

Has this child been on an IEP? Yes No

Father's Name: _____ Father's Cell #: _____

Father's Date of Birth: _____ Father's Work # _____

Father's Email Address: _____

Home Address (if different from above):

City, State, Zip County of Residence

Employers Name (if applicable): _____
Email

Mother's Name: _____ Mother's Cell #: _____

Mother's Date of Birth: _____ Mother's Work #: _____

Mother's Email Address (if different from above): _____

Home Address (if different from above):

City, State, Zip County of Residence

Mother's Maiden Name: _____

Employers Name (if applicable): _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed

With whom does this child reside? _____ Both Parents _____ Mother _____ Father _____ Guardian

Custodial Parent: _____

If Guardian, please list name and address: _____

List siblings and their ages: _____

List any information below about your child that may be beneficial to the teacher or our staff.
(Ex. Medical concerns, wears glasses, handicaps, allergies, etc.)

Other Required Information:

- Copy of child's social security card/number.
- Copy of Child's birth certificate.
- Copy of child's immunization record.
- Copy of custody decree in event of divorce (if applicable).
- Copy of adoption papers (if applicable).

School where student was enrolled previously: _____

Records received from previous school:

- | | |
|--|--|
| <input type="checkbox"/> SSID #: _____ | <input type="checkbox"/> Official Transcript |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Psychological records | <input type="checkbox"/> AIR and EOC results |
| <input type="checkbox"/> Current IEP | <input type="checkbox"/> Current ETR |
| <input type="checkbox"/> Current 504 | <input type="checkbox"/> Gifted Records |
| <input type="checkbox"/> Current Grades | <input type="checkbox"/> Current Schedule |

HOME LANGUAGE SURVEY (REQUIRED)

1. What language did your son/daughter speak when he/she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently to your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

My signature below certifies that the information I have stated above is true to the best of my knowledge as the custodial parent/guardian of the named student. I also understand that my child will remain in current school until officially enrolled in new school.

Custodial Parent/Guardian Signature:

Date