

# FORT RECOVERY LOCAL SCHOOLS

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

## LARRY C. BROWN

SUPERINTENDENT

#### **DEANNA B. KNAPKE**

TREASURER 400 EAST BUTLER STREET FORT RECOVERY, OH 45846 (419) 375-4139

#### **ANTHONY T. STAHL** HIGH SCHOOL PRINCIPAL

### **HOLLY A. GANN**

ATHLETIC DIRECTOR 400 EAST BUTLER STREET P.O. Box 604 FORT RECOVERY, OH 45846 (419) 375-4111

### **RYAN J. STEINBRUNNER** MIDDLE SCHOOL PRINCIPAL KELLI M. THOBE

ELEMENTARY PRINCIPAL 865 SHARPSBURG ROAD P.O. Box 604 FORT RECOVERY, OH 45846 (419) 375-2768

# ENROLLMENT FORM

Date	Child's Social S	ecurity Number	r	Student #	
Child's Name					
	First	Middle	Last	(Nickname)	
Date of Birth:		City o	f Birth:	Sex:	
Home Address	::				
	City	State	Zip	County of Residence	
If recently mov	ved, please provide form	mer address (he	elpful in getti	ng records):	
Home Phone Number:		District of Residence			
Ethnic Group:		o American Indian/Alaska Native o Black/African American			
	o Asian o Hispanic/Latino		ncan America Other Pacific		
	o Multiracial	o Hawanan	other ruelly	Cistander	
	of Hispanic/Latino Heri				
Has this child	been on an IEP?	Y	es1	No	
Father's Name	:		_ Father's Co	ell#	
Father's Date of Birth:		Fathers's Work #			
Father's Email	Address:				
	(if different from above	•			
City, State, Zip			Cour	nty of Residence	
Fathers Employer (if applicable):					
Fathers Emplo	yer (if applicable):				
Mother's Name:			Mother's Cel		
Mother's Date of Birth:		Mother's Work #			
Mother's Email Address (if different from above):					
Home Address	(if different from above	re):			
City State 7	Zin .		Cou	unty of Residence	
City, State, Zip		County of Residence			

Mother's Maiden Name:					
Mothers Employer (if applicable):					
Marital Status:MarriedSingleDivorcedSeparatedWidowed					
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:  o Copy of child's social security card/number.  o Copy of child's birth certificate.  o Copy of child's immunization record.  o Copy of custody decree in event of divorce (if applicable).  o Copy of adoption papers (if applicable).					
School where student was enrolled previously:					
Records received from previous school:					
o SSID #: o Official Transcript					
o Attendance Records o Discipline Records					
o Psychological records o AIR and EOC results					
o Current IEP o Current ETR					
o Current 504 o Gifted Records					
o Current Grades o Current Schedule					
<ul><li>HOME LANGUAGE SURVEY (REQUIRED)</li><li>1. What language did your son/daughter speak when he/she first learned to talk?</li></ul>					
2. What language does your son/daughter use most frequently at					
home?3. What language do you use most frequently to speak 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 the current school until officially enrolled in a new school.					
Custodial Parent/Guardian Signature: Date					