

Registration Form

Please print!



DAYTON
PUBLIC SCHOOLS

Student Info: as on Birth Certificate

First Name	Middle Name	Last Name	Suffix (Jr., II, etc.)	Nickname
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	City of Birth	State of Birth
				Country of Birth
Languages: if other than English Home Native Correspondence				

Federal data reporting requirements: {Choose only one}

Hispanic/Latino {Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race}
 Not Hispanic/Latino

Please **continue by checking one or more options** to indicate what you consider your student's race to be:

American Indian Alaskan Native Asian Black African American
 Native Hawaiian/Other Pacific Islander White

Home Address	Apt.	City	State	Zip	
Mailing Address	<input type="checkbox"/> Same as home address	Apt.	City	State	Zip

Student's Home Phone: Student's Cell Phone:

Student lives with: Mother Father Guardian Foster Home Relative

Parent Info:

Title (Mr. Ms, etc)	First Name	Middle Name	Last Name	Suffix (Jr., II, etc.)
Languages: if other than English Home Correspondence Email address				
Work Phone:	Home Phone:	Cell Phone:		

Secondary Parent or Legal Guardian {Please provide legal custody document*, required due to local, state or federal regulations.}

Title (Mr. Ms, etc)	First Name	Middle Name	Last Name	Suffix (Jr., II, etc.)
Languages: if other than English Home Correspondence Email address				
Work Phone:	Home Phone:	Cell Phone:		

please continue on back

Registration continued

Please print!

{If you have 2 sheets of paper- please fill out the next line again please}



DAYTON
PUBLIC SCHOOLS

First Name

Middle Name

Last Name

Suffix (Jr., II, etc.)

Date of Birth

Last School Attended:

School Address:	City	State	Zip
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Phone:

Fax:

Emergency Contact/Pick-up Authorization {in addition to primary and secondary contacts}
Phone Numbers

<input type="checkbox"/> EMERGENCY	Name	Relationship to Student	H:	W:
<input type="checkbox"/> EMERGENCY	Name	Relationship to Student	H:	W:
<input type="checkbox"/> EMERGENCY	Name	Relationship to Student	H:	W:
<input type="checkbox"/> EMERGENCY	Name	Relationship to Student	H:	W:

Permission:

Yes or No. I hereby give my permission to have my child participate in field trips and community experiences (including RTA travel) as a necessary part of the educational process for Dayton Public Schools, as indicated by my signature below.

Yes or No I hereby give my permission for my child to be photographed, interviewed, and/or video tape-recorded for news stories, district publications, on the DPS Web/internet, or in other electronic media during his/her enrollment in Dayton Public Schools during the school year, as indicated by my signature below.

I do not want my child to participate in the following activities:

.....

My signature below certifies the information provided on this Student Registration Form is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may be asked to provide additional documentation to support this form. I understand that it is the responsibility of the student, parent and/or legal guardian to notify Dayton Public Schools officials immediately upon change of address, custody or living arrangements. As the parent/guardian of a student enrolled in Dayton Public Schools, I agree to review the district's Student Code of Conduct and understand that my child is responsible for behaving responsibly. The Student Code of Conduct will be provided to your child at his/her assigned school and is available at http://www.dps.k12.oh.us/documents/contentdocuments/doc_23_5_121.pdf

Signature of Parent or Legal Guardian

Date

Please print name of Parent/Guardian

Thank you for your trust
in Dayton Public Schools.
Lori L. Ward, Superintendent

I have completed this form and have no other students to register/ I wish to print submit:

I have other students to register. I wish to submit and update this form for another student:

DPS ONLY HOMEROOM

COUNSELOR

SCHOOLYEAR

ENTRY CODE

STAFF INITIALS

FORM: 19767 REV 7/7/11