

Dayton Public Schools  
REGISTRATION FORM

Grade

School

Student ID #

Date

**PART I: STUDENT INFORMATION (PLEASE PRINT)**

First Name	Middle Name	Last Name	Suffix (Jr., II, III, etc.)	Nickname
Male / Female (Circle One)				
Date of Birth	Home Language	Native Language	Language of Correspondence (Please list your home and native languages and language of correspondence if other than English)	

**ETHNICITY/RACE DATA COLLECTION**

**Part I – Is this student of Hispanic/Latino heritage? (Choose only one):**  No, not Hispanic/Latino  Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

The above question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by checking one or more options to indicate what you consider your student's race to be.

**Part II – Race (Choose one or more, regardless of Ethnicity):**

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

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address  Same as above Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Home Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

**PART II: PARENT INFORMATION: PRIMARY PARENT**

Title (Mr, Ms, etc.)	First Name	Middle Name	Last Name	Suffix (Jr., Sr., III, etc.)
Home Language ( )	Language of Correspondence ( )	Email Address	( )	
Work Phone Number	Home Phone Number	Cell Phone Number		

**SECONDARY PARENT OR LEGAL GUARDIAN (circle one) (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., Sr., III, etc.)
Home Language ( )	Language of Correspondence ( )	Email Address	( )	
Work Phone Number	Home Phone Number	Cell Phone Number		

Homeroom \_\_\_\_\_

Counselor \_\_\_\_\_

Entry Code \_\_\_\_\_

Staff Initials \_\_\_\_\_

**PART III:  
ADDITIONAL INFORMATION**

**1)** Is student currently suspended or pending expulsion from last school attended?  Yes  No  
Reason \_\_\_\_\_

**2)** Has student ever been expelled from ANY school?  Yes  No  
District \_\_\_\_\_

**3)** Child lives with:

<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
<input type="checkbox"/> Father	<input type="checkbox"/> Foster Home
<input type="checkbox"/> Relative	

**4)** Are siblings living in the same home with above student?

Yes  No

**5)** Is your family temporarily displaced?  Yes  No  
If yes, where:

<input type="checkbox"/> Shelter	How long?
<input type="checkbox"/> Family	
<input type="checkbox"/> Friend	

**6)** Is there a special education IEP?

Yes  No

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<b>Student's Full Name</b> (Please write name in the boxes provided)			
First Name	Middle Name	Last Name	

Student's City of Birth	State of Birth	Last School Attended		
Last School's Address ( )	City	State	Zip	
Last School's Phone	Last School's Fax			

**PICK-UP AUTHORIZATION** - Please list those persons in order of preference who have permission to pick up your child. Be advised that no student will be released to anyone not listed below.

	Name	Relationship to Student	Phone Numbers
1.	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Other Contact		
2.	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Other Contact		
3.	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Other Contact		
4.	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Other Contact		

**PERMISSION**

Please check (✓)  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.

Please check (✓)  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.

\* Please indicate those activities in which you don't want your child to participate:

Furthermore, my signature below hereby 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 affidavit. In addition, 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. Additionally, 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 abiding by its content. The Student Code of Conduct will be provided to your child at his/her assigned school and is available at [www.dps.k12.oh.us](http://www.dps.k12.oh.us).

X

Signature of Parent or Legal Guardian

Date

Homeroom \_\_\_\_\_

Counselor \_\_\_\_\_

Entry Code \_\_\_\_\_

Staff Initials \_\_\_\_\_

UPDATED ON

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**PART III:  
ADDITIONAL INFORMATION** (cont'd)

**7) Pre-School Experience:**

- Home
- Private Day Care
- Private Pre-School
- Babysitter's Home
- Head Start
- Pre-K Program

**8) Does either parent/guardian work for the military?**

<input type="checkbox"/> Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Visit  
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website at:  
[www.dps.k12.oh.us](http://www.dps.k12.oh.us)