

Student Registration Form

Student

SS # _____ Gender _____

Legal Last Name _____

Legal First Name _____

Middle Name _____

Date of Birth _____ Age _____

Home Phone Number _____

Admission Information

Is your child receiving special education services?

IEP: Yes No ETR: Yes No 504 Plan: Yes No
(You will need a copy of the Evaluation, IEP, or 504 at the time of registration).

Immigration/Miscellaneous

Birth City _____

Language _____

Is the student Hispanic/Latino ___ Yes ___ No

Ethnic Description: *Please circle all that apply:* A-Asian P- Hawaiian/Pacific Islander I-American Indian/Alaskan B- Black/African American W-White

Parent/Guardian Information

1. Relationship _____

Name _____

Living with student Yes _____ No _____

Day Phone _____

Cell Phone _____

Email _____

Who has primary residential custody per Court records?

___ Mother ___ Father ___ Guardian

If guardian, name _____

Relationship _____

**Copies of Court documents regarding custody issues of student must be presented at the time of registration.*

Emergency Contacts-*The following contacts are the only ones that you authorize the school to release your child to if you are unable to be reached.*

1. Last Name _____

First Name _____

Relationship _____

Home Phone _____

Day/Cell Phone _____

Address

Street # & Name _____

Apt # _____ City _____ State _____ Zip _____

Mailing address (if different from above)

Street # & Name _____

Apt # _____ City _____ State _____ Zip _____

Previous School

District _____

Previous School Name _____

Address _____

Phone Number _____

Is your child currently on expulsion from prior school? Yes ___ No ___

If yes STOP here and see the front desk.

Birth State _____

Language used at home _____

2. Relationship _____

Name _____

Living with student Yes _____ No _____

Day Phone _____

Cell Phone _____

Email _____

Miscellaneous Information

Is your student currently on probation/parole?

PO Name _____

PO Number _____

Is your student a teen parent? Yes ___ No ___

2. Last Name _____

First Name _____

Relationship _____

Home Phone _____

Day/Cell Phone _____

Student's Health Information

List your child's medical conditions/allergies.

Does your child require medication at school? Yes _____ No _____ Home? Yes _____ No _____

As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child. I give consent to release information to Glass City Academy personnel to promote the health and safety of my child, thus enhancing his/her ability to learn. If deemed necessary your child will be sent to the emergency room at parental/guardian's expense.

Parent/Guardian Signature _____ Date _____

I DO NOT give consent for emergency medical treatment for my child.

Parent/Guardian Signature _____ Date _____

For adult students 18 yrs and older who are their own guardian

Permission to speak to parent and/or guardian concerning any and all school related issues including attendance, grades and discipline.

I, _____ give Glass City Academy permission to speak to the following person(s) concerning any and all school related issues.

Name Relation

Photo/Image Release

I DO DO NOT grant permission to Glass City Academy to use the photo/image/video of my child in print, video, or electronic publications. I understand no financial compensation will be received. This image covers all images taken during the current school year.

Parent/Guardian Signature _____ Date _____

Internet & Technology Release

My signature attests that I have read the Internet Acceptable Use Policy found in the Student Handbook and agree to abide by it.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Economical Disadvantage

Please check any situation that applies to you.

- Resident of a Household in which a Member is Eligible for Free or Reduced-Price Lunch. Glass City Academy does not offer a student lunch program however, students may still be eligible if they reside in a household in which a member (e.g., sibling) is known to be eligible for free or reduced-price lunch via an approved application or through direct certification.

- Public Assistance. Students who are known to be recipients of or whose guardians are known to be recipients of public assistance. *(circle all that apply)*

SSI

SNAP (Food Stamps)

TANF

Child Care Assistance



REQUEST FOR TRANSFER OF SCHOOL RECORDS

Please fax or email records to:

Glass City Academy
1000 Monroe Street
Toledo, Ohio 43604
Ph: 419-720-6311 Fax: 419-720-6315
Email: ksebring@glasscityacademy.org

NAME OF STUDENT _____ DOB _____

LAST SCHOOL ATTENDED _____

PHONE/FAX OF SCHOOL _____ / _____

ALL OTHER HIGH SCHOOLS ATTENDED:

#2 _____ #3 _____

#4 _____ #5 _____

I hereby authorize the transfer of school records for the above named student. By signing this request for transfer, I relieve the school which the above named student was attending of the responsibility of notifying me that the records are being transferred.

Signature _____ Date _____
Student

Signature _____ Date _____
Parent/Guardian (If student is under 18 years of age)

Information/records needed for enrollment:

- 1. _____ Official Transcript -SIGNED/SEALED
2. _____ Unofficial transcript and/or list of fees owed
3. _____ Copy of current grades
4. _____ Ohio Standardized Test Scores (including score, date tested, & grade level at time of test)
5. _____ ACT/SAT Scores
6. _____ Copy of immunization record
7. _____ Copy of attendance/suspension/discipline records
8. _____ Copy of current ETR/IEP
9. _____ Birth certificate/Social security number
10. _____ Custody papers
11. _____ Other: _____

REASON FOR REQUEST (INDICATE WITH AN X)

- 1. () ENROLLMENT
Student's Entry Date at Glass City Academy: _____
2. () TO AID IN PRESENT AND FUTURE EDUCATIONAL DECISIONS
3. () SECOND REQUEST FOR RECORDS