BLANCHESTER LOCAL SCHOOL DISTRICT
951 CHERRY STREET · BLANCHESTER, OHIO 45107
PHONE: 937.783.3523 · FAX: 937.783.2990
www.blanschools.org

Enrollment Date: _____
Start Date: _____
ID#

STUDENT REGISTRATION FORM

Student Name: _____
First Middle Last

Preferred Name: _____ Grade: _____ ☐ Male ☐Female

Date of Birth: _____ Student Social Security #: _____

Home Address (include city & zip): _____

Mailing Address (if different): _____

Home Phone: _____ Email Address: _____

Place of Birth (city & state): _____ Mother's Maiden Name: _____

Has student ever been enrolled at Blanchester School District? ☐ Yes, when? _____ ☐ No

Has student ever been retained? ☐ Yes, when? _____ ☐ No

Does Student have: ☐ IEP ☐ 504 ☐ WEP (gifted)

School Previously Attended: _____ City: _____ State: _____

Are you the biological parents of the child? ☐ Yes ☐ No
If No, what is your relationship to the child? _____

Biological Parent(s) Marital Status: ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Never Married

If student does not live with both parents, who has legal custody? _____

- Custody papers/court order must be on file ☐ Yes ☐ No

Are you natural/adoptive parent(s) of child? ☐ Yes ☐ No
Are you the Guardian of the child? ☐ Yes ☐ No
Was the child court placed in your home? ☐ Yes, Date Assigned _____ County _____ ☐ No

Name of Parent(s)/Guardian(s): _____

Mother/Guardian/Foster Parent	**Father/Guardian/Foster Parent**
Name: _____	**Name:** _____
Cell Phone: _____	**Cell Phone:** _____
Employer: _____	**Employer:** _____
Employer's Phone: _____	**Employer's Phone:** _____

Other Siblings:

Name: _____ Age/Grade: _____/_____ Name: _____ Age/Grade: _____/_____

Name: _____ Age/Grade: _____/_____ Name: _____ Age/Grade: _____/_____