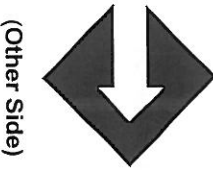


Custodial Information
 IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)]

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD:

- A. Child lives with natural parent(s) or with legally adoptive parents.
- B. Parents are divorced or legally separated; child resides with parent that has legal custody by court order.
 (if this is your situation, you must provide the school with a copy of the court order within 30 days)
- C. Parents are divorced or legally separated; child resides with parent that **DOES NOT** have legal custody.
 (if this is your situation, you will be asked to pay prevailing tuition rates of the district or obtain legal custody within 60 days)
- D. Child lives with a Guardian who has been granted legal custody by court order.
 (if this is your situation, you must provide the school with a copy of the court order within 30 days)
- E. Child lives with a Guardian who **HAS NOT** been granted legal custody by court order.
 (if this is your situation, you will be asked to pay prevailing tuition rates of the district or obtain legal custody within 60 days)
- F. Child lives with Foster Parents.
 (if this is your situation, you must have a representative of the custodial agency with you and all necessary court orders, proof of district responsibility for educational costs and previous school records at the time of enrollment. YOUR CHILD WILL NOT BE ENROLLED WITHOUT MEETING ALL THESE REQUIREMENTS.)
- G. Child is 18 years of age or older and lives apart from his/her parent or guardian.
- H. Tuition Student. (you must obtain a tuition agreement with current rates and payment schedule from the Treasurer's Office)



SCHOOL HISTORY Name of School District & Building last attended: _____

School Address: _____

City/State/Zip: _____

Date last attended that District: ____/____/____

Has student ever attended any school in this district? yes no

If yes, when? _____

Family Information: Names of school age brothers/sisters now living at home

First Name	Last Name	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Emergency Information (detailed Emergency Medical cards will also be completed and on file with the School Nurse):

Contact other than parent/guardian: _____ Relationship to Student: _____

Phone: _____ Do you give consent for the administration of emergency treatment if you or the above named contact cannot be reached: YES or NO

Facts concerning the child's medical history including allergies, medications taken, or any physical impairment to which a physician should be alerted: _____

OFFICE USE ONLY:

Birth Certificate _____ Social Security Card _____ Immunization Records _____ Proof of Residency _____ Grades/Transcripts _____ Withdrawal Papers _____

If applicable: Custody Papers _____ Court Order _____ Other _____