

NEW STUDENT APPLICATION
Van Wert City Schools
Van Wert, OH

Student Information

Full Name _____ Today's Date _____

First **Middle** **Last**

Address _____

Full Address - Street, City, State, ZIP

Phone #

Grade for 2012-2013(Please circle one) PS KG 1 2 3 4 5 6 7 8 9 10 11 12

Social Security Number _____ Age _____ Sex _____

This student is Hispanic/Latino Yes No

Racial Group(s) check all that apply White Black or African American Hispanic/Latino Asian
 American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Multiracial

Home Language _____ **(See attached)**

Date of Birth _____ City and State of Birth _____

FATHER'S INFORMATION

Father's Name _____

Father's Full Address _____

Phone Number _____

Place of Employment _____

Employer's Phone Number _____

MOTHER'S INFORMATION

Mother's Name _____

Mother's Full Address _____

Phone Number _____

Place of Employment _____

Employer's Phone Number _____

Mother's Maiden Name _____

Parent's Marital Status Single Married Separated Divorced

With whom does child reside: Both Parents Father only Mother only

Father/Stepmother Name of Stepmother _____

Mother/Stepfather Name of Stepfather _____

Guardian Name of Guardian _____

Address of Guardian _____

Is there a court custody order pertaining to this student? If so, who has **legal** custody? _____

Custody papers required (See attached)

Is your child currently receiving any Special Education Services? Yes No

If yes, indicate which services: IEP/MFE Speech O.T. P.T. Gifted Other

Has your child ever attended the Van Wert City School District before? Yes No

Brothers and Sisters

Name

Date of Birth

Name

Date of Birth

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Name, Address, Phone, or Fax of Previous School Attended

Health Record

Has your child ever been in a special school or class because of a physical condition or health reason?

Do you feel there are any characteristics relating to the health and personality of your child which would help the teacher or nurse to understand your child? _____ If yes, please comment. _____

Is your child taking any medications? _____ If yes, please list them here. _____

Do any members of your immediate family have any physical handicaps? _____ If yes, please comment.

Please indicate if any members of your immediate family have/had the following illnesses:

Tuberculosis _____ Diabetes _____ Rheumatic Fever _____ Epilepsy _____

Cancer _____ Mental Illness _____ Other _____

Please list any diseases your child has had along with the date of each.

Disease	Date	Disease	Date
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Has your child had any major operations? _____ If yes, please note below.

Is your child susceptible to poison ivy, hives, hay fever, asthma or allergies? _____ If so, please comment.

Please add other pertinent information. _____

Family Physician _____ Family Dentist _____

In case of illness and parent cannot be contacted, please list a name, phone number, and relationship to child of someone in the Van Wert area whom we can contact: _____