

NEW STUDENT APPLICATION
Van Wert City Schools
Van Wert, OH

Student Information

Full Name _____ Today's Date _____

Full Name as it appears on Birth Certificate

Address _____

Full Address

Phone #

Grade 2010-2011 _____ If registering for the next school year, grade 2011-2012 _____

Social Security Number _____ Age _____ Sex _____

Race ___ White ___ Black or African American(Non-Hispanic) ___ Hispanic/Latino ___ Asian
 ___ American Indian or Alaskan Native ___ Native Hawaiian or Other Pacific Islander ___ Multiracial

Date of Birth _____ City and State of Birth _____

Parent Information

FATHER'S INFORMATION

MOTHER'S INFORMATION

Father's Name _____ Mother's Name _____

Father's Full Address _____ Mother's Full Address _____

Phone Number _____ Phone Number _____

Place of Employment _____ Place of Employment _____

Employer's Phone Number _____ 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

Has your child received any Special Education Services in the past? ___ 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

(Please complete the back of this form, also.)

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:_____