



OFFICE USE ONLY

Date: _____

Start Date: _____

Grade: _____

519 Ordway Avenue | Bowling Green, OH 43402 | p: 419.378.3044 | sleekacademy.us

STUDENT INFORMATION

Student's Legal Name: _____
As per Birth Certificate Last First Middle Nickname

Address: _____ Apt/Lot # _____ PO Box _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Birthplace: _____ Male Female
Verified by Birth Certificate City, State

Social Security #: ____/____/____

Has this student ever attended a school within the State of Ohio? No
 Yes. Date Last Attended: _____

Name of School: _____

School Address: _____

Other Children Living in Home:

Name: _____ Male Female Age: _____

School: _____ Grade: _____

Name: _____ Male Female Age: _____

School: _____ Grade: _____

Name: _____ Male Female Age: _____

School: _____ Grade: _____

PHYSICIAN INFORMATION

Physician's Name: _____

Address: _____

City/State/Zip: _____

Office Phone: _____

Student Allergies: _____



PO Box 369 | Bowling Green, OH 43402 | p: 419.378.3044 | sleekacademy.us

PARENT INFORMATION

“Parent” means either parent unless the parents are separated or divorced, in which case “parent” means the parent with legal custody of the child. **A copy of the student’s birth certificate is also required. If the student does not reside with both parents, a copy of custody papers is required to be in the student’s file. School administrators may require proof of legal custody prior to admitting any student.**

- Student lives with:**
- | | |
|---|--|
| <input type="checkbox"/> Both Parents (<i>same residence</i>) | <input type="checkbox"/> Both Parents (<i>shared custody</i>) |
| <input type="checkbox"/> Biological Mother | <input type="checkbox"/> Biological Father |
| <input type="checkbox"/> Relative, not Guardian | <input type="checkbox"/> Court Placement (<i>Foster/Court information on page 3</i>) |
| <input type="checkbox"/> Custody Pending - Hearing Date _____ | |

Other _____

Custody papers applicable?

- Yes
 No. Reason _____

Mother’s/Guardian’s Name:

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Place of Employment: _____

Work Phone: _____

Father’s/Guardian’s Name:

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Place of Employment: _____

Work Phone: _____

EMERGENCY CONTACTS

Please list at least two emergency contacts for the students (*more contacts can be listed on the back of this page*). In case of an alternate/emergency dismissal, please list in preferred order of contact.

Contact 1 Name _____

Relationship to Student _____ Phone: _____

Contact 2 Name _____

Relationship to Student _____ Phone: _____

STATE OF OHIO MANDATED INFORMATION

Race/Ethnicity *(May choose more than one):*

- White
- Black/African American
- Hispanic/Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian/Alaskan Native

Limited English Language Proficiency:

- No, not applicable
- Yes, limited English language

Native/First Language of Student:

- English
- Spanish
- German
- French
- Other _____

Citizen Status of Student *(Check all that apply):*

- U.S. Citizen
- Non U.S. Citizen
- Migrant
- Exchange Student
- Other _____

Homeless Status:

- No, student is not homeless
- Yes, student is homeless

Primary Nighttime Residence is:

- Lives in shelter, transitional housing, awaiting foster care
- Unsheltered – cars, parks, public spaces, campgrounds, abandoned buildings
- Doubled Up – sharing housing with other families or individuals
- Hotel/Motel

Student Disability Condition:

Is there a current IEP in place?

- No
- Yes. *Please provide a copy*

- Multiple Disabilities
- Hearing Impaired
- Speech & Language Impairments
- Specific Learning Disability
- Cognitive Disability
- Autism
- Other Health Impairment
- Deaf-Blindness
- Visual Impairments
- Orthopedic Impairments
- Emotional Disturbance (SBH)
- Traumatic Brain Injury

Please list any other pertinent information here:

GUARDIAN/FOSTER HOME PLACEMENT

Guardian/Foster Parent(s)' Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____

For students under government agency jurisdiction (for example, foster children), it is necessary to identify the legal school district or residency for obtaining tuition payments. Guardian is responsible for all tuition payments. **Court papers – Judgment Entry with Court stamp-required.**

Parent(s) Name: _____

Last Known Address: _____

City/State/Zip: _____

Prior School District of Residency: _____

Agency of Court Making Placement: _____

Caseworker: _____ Work Phone: _____

I certify to the best of my knowledge, that the information provided is true and accurate.

Signature of Parent/Legal Guardian _____ Date: _____ SA 0522