

Student Registration

Please Print

Date of Registration _____

LEECA Student # _____

Date of Entry _____

Year of Graduation _____

Student Name _____
Last First Middle

Address _____

Home Phone _____ Cell Phone _____

Birth City and State _____ Birth Date _____

Sex () Male () Female SSN (optional) _____ Grade _____

Ethnic Code: () White () Hispanic () Asian () Native American () Black () Multiracial

() Father () Stepfather _____

Father's Address _____

Email Address _____

Marital Status: () Married () Divorced () Separated () Widow () Single () Foster () Never Married to Mother

Father's Employer _____ Position _____

Employer's Phone _____ Cell Phone _____

() Mother () Stepmother _____

Mother's Address _____

Email Address _____

Marital Status: () Married () Divorced () Separated () Widow () Single () Foster () Never Married to Father

Mother's Employer _____ Position _____

Employer's Phone _____ Cell Phone _____

Brothers Younger _____ Ages _____
Older _____ Ages _____

Sisters Younger _____ Ages _____
Older _____ Ages _____

Name of Legal Custodian _____

If court appointed, copy of Court order appointing guardian () YES () NO

District of Educational Responsibility _____ County _____

Name of previous School _____

Address _____
Street City State Zip

Was the student enrolled in any Special Education program? () YES () NO

If yes, check the program below:

- | | |
|-------------------------|------------------------------------|
| _____ Hearing Impaired | _____ Orthopedically Handicapped |
| _____ Visually Impaired | _____ Developmentally Handicapped |
| _____ Multi-handicapped | _____ Specific Learning Disability |
| _____ Speech/Language | _____ Emotional Disability |
| _____ Autism | _____ Traumatic Brain Injury |

Is your child currently enrolled in a gifted/talented program () YES () NO

Is your child currently enrolled in a Title 1 Reading program () YES () NO

Did your child ever attend Keystone Local Schools? () YES () NO

To be signed by parent, guardian, or person having legal custody of this child.

I certify that I am the parent or the person having legal custody or guardianship of the above named student. I further state that my permanent address is:

I understand that if I am the parent or person having legal custody or guardianship of the above named student and if my address is not as stated above, the student shall be subject to immediate suspension from school, credits will be withheld, and a claim for tuition due:

Signature Date