



## Welcome to Cincinnati Public Schools

The following documents are required when registering a child to attend Cincinnati Public Schools.

\_\_\_\_\_ **Student Registration Information Packet**

\_\_\_\_\_ **Birth Certificate or Passport**

\_\_\_\_\_ **Child's Immunization Record**

\_\_\_\_\_ **Child's Most Recent Report Card (not required for Kindergarten)**

\_\_\_\_\_ **Child's IEP/ETR (if applicable)**

\_\_\_\_\_ **Child's Transcript from Sending School**

\_\_\_\_\_ **Photo ID of the Parent/Guardian**

(Only the parent or legal guardian may register a child for school.)

\_\_\_\_\_ **Proof of Custody** (Legal Guardian must provide legal documentation of custody).

\_\_\_\_\_ **Proof of Residency**

**Must provide one (1) with parent/legal guardian's name on the document.**

Example: Current Lease or Mortgage agreement, dated within the last 30 days; a non-cable utility bill, legal document(s) from a U.S. Governmental Agency such as the Internal Revenue Service, Social Security Administration, or Veterans Administration.

\_\_\_\_\_ **Parent/Owner Affidavit**

**Parent/Legal Guardian must complete registration process in person. All documents above must accompany the completed Student Registration Information Packet.**

**This section is for use by Customer Care Center staff only.**

**School Selections - Please select up to five (5) schools:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

A light blue circular stamp with a thin blue border. It contains two horizontal lines. The word "Date" is centered between the two lines. Below the second line, the words "CPS Staff" and "Initials" are stacked and centered.

**Thank you for choosing Cincinnati Public Schools!**



## To Be Completed By Cincinnati Public Schools Employee

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey is used only to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Record.** Indicate responses from the language background survey (page 2) in table below.

<b>Student's native language</b> What was this student's first language? _____ _____	
<b>Student's home language</b> What language does this student speak most frequently? _____ _____	
<b>Potential English learner</b> A language other than English is listed for any of the 3 questions in the language background section.	<input type="checkbox"/> <b>Yes. Assess the student's English proficiency.</b> <input type="checkbox"/> <b>No. Do not assess the student's English proficiency.</b>
<b>Immigrant student status</b> Immigrant = Student born outside of U.S. and has attended U.S. schools for less than 3 years.	<input type="checkbox"/> <b>Yes, the student is an immigrant child.</b> <input type="checkbox"/> <b>No, the child is not an immigrant child.</b>

3. **Validate.** Complete the information below.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of validating school employee

\_\_\_\_\_  
Name of school or school district



# Welcome to CINCINNATI PUBLIC SCHOOLS

### This box - CPS Use Only:

Student ID

Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Entry Code \_\_\_\_\_

Homeroom \_\_\_\_\_

**Important: Signature required at bottom of Page 5.**

**STUDENT REGISTRATION INFORMATION FORM** School Year \_\_\_\_\_ Today's Date \_\_\_\_\_

School Name \_\_\_\_\_ School Code \_\_\_\_\_ / \_\_\_\_/\_\_\_\_

**Student Information** *Please print. Provide legal names.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Entering Grade Level \_\_\_\_\_ Gender (Check One)  Male  Female

Home Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Unlisted:  No  Yes

**Is student Hispanic or Latino?**  No  Yes

**Race/Ethnic Code**  Black/African-American  White/Caucasian  Asian

*(Must check all that apply.)*  American Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander

Student's Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Student's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/date/year - xx/xx/xxxx)

Birth Document Source \_\_\_\_\_ (birth certificate, passport, etc.; provide document)

Nationality \_\_\_\_\_

**Date student was enrolled in U. S. schools:** \_\_\_\_/\_\_\_\_ (month/year - xx/xxxx)

Has student ever received English as a Second Language (ESL) or Bilingual services?  No  Yes

Is student a Foreign Exchange student?  No  Yes If Yes, enter I-94 number: \_\_\_\_\_

**Cincinnati Public Schools is required to identify students whose parent is (or parents are) in the U.S. Armed Forces (Active Duty or Reserve status) or in the National Guard.**

Parent/Guardian in U.S. Military or National Guard?  No  Yes

**Parent's/Guardian's Name** \_\_\_\_\_ Parent  Guardian

**Parent's/Guardian's Resident School District (if not CPS)** \_\_\_\_\_

**Enrollment Reasons (Check One)**

From out of state / out of country

From home school in Ohio

From nonpublic school in Ohio

From an Ohio public district or charter (community) school

Not in Ohio public/charter schools since 2003

First time in Ohio public school due to age

Not newly enrolled in this district

**If not a CPS district resident, select reason for applying:**

Open Enrollment

Open Enrollment - Outside Ohio (Tuition)

Out of District - Foster Placement

Out of District - Homeless

Out of District - Special Education

CPS Employee - Employee ID Number: \_\_\_\_\_

Other \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Primary Care Doctor & Phone \_\_\_\_\_

**Additional emergency contacts? Use back of this page.**



**Language**

Student's Name \_\_\_\_\_

A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

**Communication Preferences**

Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.

In what language(s) would your family prefer to communicate with the school? \_\_\_\_\_

**Language Background**

Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

What language does this student speak most frequently? (primary language) \_\_\_\_\_

What language is most often spoken by adults at home? (home language) \_\_\_\_\_

What was this student's first language? (first language) \_\_\_\_\_

**Prior Education**

Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding for support for your child.

Has your child ever received formal education outside the United States?  No  Yes

If yes, how many years/months? \_\_\_\_\_ / \_\_\_\_\_  
Years Months

If yes, what was the language of instruction? \_\_\_\_\_

Has your child attended school in the United States?  No  Yes

If yes, when did your child first attend a school in the United States? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Additional Information**

**Additional space needed? Use back of this page.**

Share information to help us understand your child's language experiences and educational background.

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Student's Name \_\_\_\_\_

**Prior Education**

Additional space needed? Use back of this page.

List student's previous schools, beginning with most recent school, including preschool:

School Name \_\_\_\_\_ Address (Street, City, State, Country) \_\_\_\_\_ Grades \_\_\_\_\_ From – To \_\_\_\_\_

School Name \_\_\_\_\_ Address (Street, City, State, Country) \_\_\_\_\_ Grades \_\_\_\_\_ From – To \_\_\_\_\_

**Preschool Experience** (Check all that apply.)

- At a CPS preschool / Head Start program
- At a non-CPS Head Start program
- At a full-day, full-year child care center
- At a part-time private preschool
- At a family child-care home
- At home
- Other

**Kindergarten Experience**

- Half day
- All Day

**Siblings**

Additional space needed? Use back of this page.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender -  Male  Female

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Name \_\_\_\_\_

Gender -  Male  Female

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Name \_\_\_\_\_

Gender -  Male  Female

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_



Student's Name \_\_\_\_\_

Use additional pages as necessary.

**Parent**

Mother Father Guardian Stepparent Foster parent \* Grandparent Surrogate Parent Other

Last Name \_\_\_\_\_

Deceased?  No  Yes

First Name \_\_\_\_\_

District of Residence \_\_\_\_\_

Marital Status  Married  Unmarried  Widowed

District of Primary Residence \_\_\_\_\_

Separated  Divorced

Resides with Student?  No  Yes

*If you check Separated or Divorced, we require current legal documentation related to the children.*

Address \*\* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Unlisted?  No  Yes

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Custodial Parent?  No  Yes

Legal Guardian?  No  Yes

Grandparent POA? \*\*\*  No  Yes

Caregiver Authorization?  No  Yes

Migrant Worker?  No  Yes

Receive School Mail (if not Custodial Parent)?

No  Yes

**Parent**

Mother Father Guardian Stepparent Foster parent \* Grandparent Surrogate Parent Other

Last Name \_\_\_\_\_

Deceased?  No  Yes

First Name \_\_\_\_\_

District of Residence \_\_\_\_\_

Marital Status  Married  Unmarried  Widowed

District of Primary Residence \_\_\_\_\_

Separated  Divorced

Resides with Student?  No  Yes

*If you check Separated or Divorced, we require current legal documentation related to the children.*

Address \*\* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Unlisted?  No  Yes

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Custodial Parent?  No  Yes

Legal Guardian?  No  Yes

Grandparent POA? \*\*\*  No  Yes

Caregiver Authorization?  No  Yes

Migrant Worker?  No  Yes

Receive School Mail (if not Custodial Parent)?

No  Yes

\* If **foster parent**, obtain a **current** copy of court order showing district of responsibility. Retain in cumulative file.

\*\* If address is different from student's address; addresses required for natural or adoptive parents.

\*\*\* If parent is not custodial, include copy of **Grandparent Power of Attorney (POA) and Caregiver Authorization.**



Students With Special Needs

Student's Name \_\_\_\_\_

Provide documents where needed.

- Does child require mobility assistance? (i.e. wheelchair, etc.)  No  Yes
- Has child ever had an ETR (Education Team Report)?  No  Yes
- If **Yes**, is there an evaluation form available?  No  Yes
- Did child receive Special Education and related services in most recent school?  No  Yes
- Does this child have a current IEP (Individualized Education Program)?  No  Yes
- Does child have a 504 Accommodation Plan?  No  Yes
- If **Yes**, is there an ETR (Education Team Report) available?  No  Yes
- Did child receive Gifted services in most recent school?  No  Yes
- If **Yes**, is there a WEP or WAP (Written Education Plan; Written Acceleration Plan) available?  No  Yes

To Staff: If Yes to questions above, obtain copies of available documentation and forward to appropriate school staff.

Temporary Living Arrangements

The following questions address the McKinney-Vento Act 42 U.S.C.

Answers to these questions will help determine what services the student may be eligible to receive.

- Is student's current address a temporary living arrangement?  No  Yes
- Is this temporary living arrangement due to loss of housing or economic hardship?  No  Yes
- If answer to both of these questions is Yes, the student is entitled to immediate enrollment.

Where is the student living now?

- In a motel or hotel
- In a homeless shelter
- Other (a place not designed for ordinary sleeping accommodations)
- Doubled up with family or friend
- Unaccompanied youth

To Staff: If Yes to questions above, fax this page and Page 1 to Project Connect: 363-3220.

<b>PowerSchool</b>	<b>Do you have a PowerSchool website account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
PowerSchool is a website where parents can see their child's grades, attendance, assignments, discipline and more.	If <b>No</b> , would you like to sign up for one? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , give us your email address: _____

To Staff: If new PowerSchool account, give copy of this page and Page 1 to PowerSchool Coordinator at your school.

<b>How Did You Hear About CPS?</b>	<input type="checkbox"/> Billboards	<input type="checkbox"/> Radio
<input type="checkbox"/> CPS Publication	<input type="checkbox"/> Letter or Postcard	<input type="checkbox"/> Printed Advertisement
<input type="checkbox"/> CPS Website	<input type="checkbox"/> Television News Story	<input type="checkbox"/> Newspaper Story
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> CPS Staff Member	<input type="checkbox"/> CPS Event

To Staff: Please fax this page to CPS' Communications and Engagement Office: 363-0025.

I understand that any inaccurate information provided about this student on any page of this Student Registration Information Form may result in a change of grade level, a change of class, or an immediate transfer or withdrawal from this school.

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_









I, \_\_\_\_\_ authorize the release of records pertaining to  
(Please Print) **Name of Parent / Guardian or Student 18 years old**

(Please Print) **Student's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Student's Birthdate** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/date/year - XX/XX/XXXX)

**From the following school or institution:**

Most Recent School \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Grade Level \_\_\_\_\_

**The following records\* should be released:**

- |   |  |
|---|--|
| Transcript of subjects and grades                                       | Ohio Achievement and Graduation Test Results |
| Attendance Record   | Standardized Test Results                    |
| Psychological or Other Individual Test Results                          | Gifted Assessments                           |
| 504 Accommodation Plan  | Health Records                               |
| English Language Proficiency Assessments                                |  |
| Special Education Records, including IEP, MFE or ETR, and behavior plan |  |

*\* Records that cannot be withheld due to non-payment of fees or obligations: State test scores, Individualized Educational Program (IEP), IEP progress reports, Multifactorial Evaluation (MFE) or Education Team Report (ETR), and immunization records.*

**Release records to:**

New School \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**I am authorizing the release of these records because (Check one):**

- I am the subject of these records, and I'm 18 years of age or older.
- I am the parent, guardian or custodian of the subject of these records, and the subject is under 18 years.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**REQUEST FOR STUDENT RECORDS - STAFF USE ONLY**

**To Registrar:**

Please send the records identified above for this student as soon as possible.  
If records are not available, please return our request indicating the following:

No Records Available. Reason(s): \_\_\_\_\_

Unable to Send Records. Reason(s): \_\_\_\_\_

We would appreciate receiving additional information to enable us to meet the student's needs.  
Thank you for your prompt cooperation.

\_\_\_\_\_  
CPS School Registrar

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**CPS enrollment start date for this school:** \_\_\_\_/\_\_\_\_/\_\_\_\_