

For Office Use Only				
Grade	School	Student ID	Date	
Homeroom	Counselor	School Year	Entry Code	Staff Initials

DAYTON PUBLIC SCHOOLS
 STUDENT ASSIGNMENT OFFICE
 115 S. Ludlow Street
 Dayton, Ohio 45402

NEW STUDENT REGISTRATION



* - Required Field

Student Information (as on Birth Certificate)

*First Name	Middle Name	*Last Name	M	F
Suffix (Jr., II, etc.)	Nickname	*Date of Birth	*Gender	
*City of Birth	*State of Birth	*Country of Birth		
*Home Language	*Native Language	Correspondence Language		

*Federal Data Reporting Requirements (Choose only one)

- Hispanic/Latino Non-Hispanic/Latino

*Please continue by checking one of more options to indicate what you consider you student's race to be:

- White Black Hawaiian or Other Pacific Islander
 American Indian/Alaska Native Asian

*Home Address	Apt	
*City	*State	*Zip
*Mailing Address (same as above? <input type="checkbox"/> Yes)	Apt	
*City	*State	*Zip
*Student Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Pager <input type="checkbox"/> Cell-Text Only <input type="checkbox"/> Other _____	
	*Student Phone Type	

Previous School Information

Last School Attended	Phone	Fax
Address		
City	State	Zip

Primary Guardian Information

*Title (Mr, Ms, etc)	*First Name	Middle Name	*Last Name	Suffix
*Relationship	*Home Language	*Correspondence Lang	Email Address	
*Primary Phone	*Primary Phone Type	Alternate Phone	Alternate Phone Type	

Secondary Guardian Information

Title (<i>Mr, Ms, etc</i>)	First Name	Middle Name	Last Name	Suffix
Relationship	Home Language	Correspondence Language	Email Address	
Primary Phone	Primary Phone Type	Alternate Phone	Alternate Phone Type	

Emergency Contact/Pick-up Authorization (*in addition to primary and secondary contacts*)

Emergency Contact?	Name	Relation to Student	Primary Phone & Type	Alternate Phone & Type
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

*Permission

<input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby give my permission to have my child participate in field trips and community experiences (including RTA travel) as a necessary part of the educational process for Dayton Public Schools, as indicated by my signature below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby give my permission for my child to be photographed, interviewed, and/or video tape-recorded for news stories, district publications, on the DPS Web/internet, or in other electronic media during his/her enrollment in Dayton Public Schools during the school year, as indicated by my signature below.
I do not want my child to participate in the following activities:	

My signature below certifies the information provided on this Student Registration Form is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may be asked to provide additional documentation to support this form. I understand that it is the responsibility of the student, parent, and/or legal guardian to notify Dayton Public Schools officials immediately upon change of address, custody, or living arrangements. As the parent/guardian of a student enrolled at Dayton Public Schools, I agree to review the district's Student Code of Conduct and understand that my child is responsible for behaving responsibly. The Student Code of Conduct will be provided to your child at his/her assigned school and is available at

http://www.dps.k12.oh.us/documents/contentdocuments/doc_23_5_121.pdf

*Signature of Parent or Legal Guardian

*Date

*Please print name of Parent/Guardian

*Date

Thank you for your trust in Dayton Public Schools.
Lori L. Ward, Superintendent