

REGISTRATION FORM

CLINTON - MASSIE LOCAL SCHOOLS

2556 Lebanon Road - Clarksville, OH 45113

Pupil's Full Name _____ Called Name _____
(As Shown on Birth Certificate)

Pupil's Address _____
Number Street/Road P.O. Box City Zip County

Telephone _____ SS # _____ Sex: M F

Parent/ Guardian Name _____

Relationship to Pupil: _____ Parent _____ Custodial Parent _____ Guardian
_____ Other (please specify) _____

Race: _____ White/ Caucasian _____ Black _____ Alaskan Native/ American Indian
_____ Asian _____ Hispanic _____ Pacific Islander _____ Multiracial

Date of Birth _____ Birth City _____

Grade _____ Eye Color _____ Native Language: English Other _____

First District Attended _____

Previous District Attended _____

Father's Full Name _____ SS# _____ D.O.B _____

Father's Address _____

His Place of Employment _____ Telephone _____

Mother's Full Name _____ SS# _____ D.O.B _____

Maiden Name _____

Mother's Address _____

Her Place of Employment _____ Telephone _____

Check Appropriate Line _____ Married _____ Separated _____ Divorced _____ Single
(Status of Parents)

If legally separated/ divorced, who has custody? _____

COPY OF LEGAL CUSTODY DOCUMENT MUST BE IN STUDENT'S FILE

If pupil lives with a step-parent, please complete the following:

Name _____ Telephone _____

Place of Employment _____ Telephone _____

Signature of Parent/ Guardian

Date

**** COMPLETED BY OFFICE**** KG Section AM PM Teacher _____
Bus to school # _____ Bus Home/ to sitter # _____ Entrance Date _____