

PARENT PORTAL INFORMATION SHEET PLEASE COMPLETE BOTH SIDES OF THIS FORM

CIRCLE THE SCHOOL YOUR CHILD WILL BE ATTENDING DATE \_\_\_\_\_

LITTLE HOCKING ELEM. WARREN ELEM. WARREN MIDDLE SCHOOL WARREN HIGH SCHOOL

STUDENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

GENDER M F BIRTHDATE \_\_\_\_\_ NICKNAME \_\_\_\_\_

BIRTHCITY \_\_\_\_\_ HOMEPHONE \_\_\_\_\_ GRADE \_\_\_\_\_

PRIMARY HOUSEHOLD (THIS IS THE ADDRESS THAT THE STUDENT RESIDES)

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT \_\_\_\_\_

RACE

CIRCLE ONE BELOW

- ASIAN
BLACK OR AFRICAN AMERICAN
HISPANIC /LATINO
AMERICAN INDIAN/ALASKAN NATIVE
MULTIRACIAL
NATIVE HAWAIIAN/PACIFIC ISLANDER
WHITE (NON-HISPANIC)

HISPANIC YES NO

NAME AND ADDRESS OF PREVIOUS SCHOOL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AM A RESIDENT OF WARREN LOCAL SCHOOL DISTRICT

I AM NOT A RESIDENT OF WARREN LOCAL SCHOOL DISTRICT AND HAVE COMPLETED AN OPEN ENROLLMENT FORM

- STUDENT LIVES WITH: (CIRCLE) BOTH PARENTS
MOTHER ONLY FATHER ONLY GRANDPARENTS
MOTHER AND STEPFATHER FATHER AND STEPMOTHER
FOSTER PARENTS OTHER (EXPLAIN BELOW)

HOUSEHOLD INFORMATION

PARENT OR GUARIAN \_\_\_\_\_

RELATIONSHIP: MOTHER FATHER LEGAL GUARDIAN STEP-PARENT FOSTER PARENT OTHER (SPECIFY) \_\_\_\_\_

HOME PHONE/CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CURRENT EMAIL ADDRESS \_\_\_\_\_

DOES THIS CHILD RESIDE WITH THIS PARENT (CIRCLE ONE) YES NO

ADDRESS IF DIFFERENT FROM STUDENT'S \_\_\_\_\_

PARENT OR GUARIAN \_\_\_\_\_

RELATIONSHIP: MOTHER FATHER LEGAL GUARDIAN STEP-PARENT FOSTER PARENT OTHER (SPECIFY) \_\_\_\_\_

HOME PHONE/CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CURRENT EMAIL ADDRESS \_\_\_\_\_

DOES THIS CHILD RESIDE WITH THIS PARENT (CIRCLE ONE) YES NO

ADDRESS IF DIFFERENT FROM STUDENT'S \_\_\_\_\_

PARENT OR GUARIAN \_\_\_\_\_

RELATIONSHIP: MOTHER FATHER LEGAL GUARDIAN STEP-PARENT FOSTER PARENT OTHER (SPECIFY) \_\_\_\_\_

HOME PHONE/CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CURRENT EMAIL ADDRESS \_\_\_\_\_

DOES THIS CHILD RESIDE WITH THIS PARENT (CIRCLE ONE) YES NO

ADDRESS IF DIFFERENT FROM STUDENT'S \_\_\_\_\_

**IF THERE IS A CUSTODY ORDER PERTAINING TO THIS CHILD, WHO HAS CUSTODY?** \_\_\_\_\_

**COURT PAPERS WILL NEED TO BE SUPPLIED.**

EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE NUMBER

LIST ALL CHILDREN RESIDING IN THE HOME (UNDER THE AGE OF 19)

FIRST, MIDDLE, LAST NAME	BIRTHDATE	GENDER	RELATIONSHIP TO THE PARENT OR GUARDIAN
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	

PLEASE CHECK ANY SPECIAL PROGRAMS IN WHICH THE STUDENT HAS PARTICIPATED:

SPEECH/LANGUAGE  IEP  504 PLAN  FREE/REDUCED LUNCH  GIFTED/TALENTED