

☆ PRIVATE/PAROCHIAL SCHOOL ☆

**STUDENT INFORMATION**

School Year **26-27**  
School Code **0735**

Today's Date **1**  
\_\_\_\_/\_\_\_\_/\_\_\_\_

School Name St. Cecilia School

**Desired Action**

Enroll on Date \_\_\_\_/\_\_\_\_/\_\_\_\_

From School \_\_\_\_\_

**School Use Only**

Withdraw on Date \_\_\_\_/\_\_\_\_/\_\_\_\_

To School \_\_\_\_\_

Modify Student Data as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Student has EdChoice Voucher?  No  Yes

Submitted by (print) \_\_\_\_\_ Signed \_\_\_\_\_

**Student**

*Please provide legal names.*

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

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

Middle Name \_\_\_\_\_

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

Gender (Check One)  Male  Female

Resident Address \_\_\_\_\_

Apartment \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

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

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

Birth Document Source \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (if issued)

Race/Ethnic Code  Black  White  Hispanic

(Check One)  Asian/Pacific Islander  Multiracial

Native American

Birthplace (City, State) \_\_\_\_\_

Birthplace (Country) \_\_\_\_\_

Nationality \_\_\_\_\_

Nickname (If any) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**(CPS Use)**

Student ID 

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

Parent/Guardian's Resident District, if not CPS

**Emergency Contacts**

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

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

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

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

**Home Language: What was this student's first language (i.e. native language)?** \_\_\_\_\_

**What language does this student most frequently speak?** \_\_\_\_\_

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

**Withdrawal Authorization**

Parent's signature authorizes Cincinnati Public Schools to withdraw this student from the current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

**Parent/Guardian Signature**

Date \_\_\_\_\_

**PRIVATE/PAROCHIAL SCHOOL  
STUDENT REGISTRATION INFORMATION**

Today's Date **2**  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Use additional pages as necessary.

Student Name \_\_\_\_\_

Mother Father Guardian Stepparent @Foster Parent Grandparent Surrogate Parent Other

|   |  |
|---|--|
| Last Name _____   | Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes                     |
| First Name _____  | District of Residence _____  |
| Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed | District of Primary Residence _____  |
| <input type="checkbox"/> Separated <input type="checkbox"/> Divorced  | Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes         |
| <i>If you check Divorced or Separated, we require current legal documentation related to the children.</i>          |  |
| (*)Address _____  | Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes             |
| City _____  | Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes               |
| State _____   | Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes      |
| ZIP Code _____  | Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes      |
| Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes                               | Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Cell Phone _____  |  |
| Email Address _____   |  |
| Work Phone _____  |  |

Mother Father Guardian Stepparent @Foster Parent Grandparent Surrogate Parent Other

|   |  |
|---|--|
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| Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed | District of Primary Residence _____  |
| <input type="checkbox"/> Separated <input type="checkbox"/> Divorced  | Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes         |
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| State _____   | Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes      |
| ZIP Code _____  | Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes      |
| Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes                               | Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Cell Phone _____  |  |
| Email Address _____   |  |
| Work Phone _____  |  |

Mother Father Guardian Stepparent @Foster Parent Grandparent Surrogate Parent Other

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| City _____  | Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes               |
| State _____   | Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes      |
| ZIP Code _____  | Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes      |
| Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes                               | Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Cell Phone _____  |  |
| Email Address _____   |  |
| Work Phone _____  |  |

(\*) If address is different from student's address.

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

@ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.