

REGISTRATION REQUIREMENTS

Please complete an admission form for each student, and return with the following documents:

Copy of your child's state-issued birth certificate (Hospital-issued certificates will not be accepted.)

Copy of parent/guardian's photo ID

Copy of entire court order if student does not reside with birth mother, unless over the age of 18

Copies of two (2) forms of the following current proofs of residency:

- . Utility bill (gas, electric, water, cable)
- . Payroll check
- . Mortgage statement (Lease or rental agreements will not be accepted)
- . Official government correspondence – Ohio or US Dept. of Taxation, Ohio Dept. of Human Services, Medicaid/Medicare, etc.
- . Voter registration
- . Insurance document – Company declaration page or statement that shows proof of automobile, homeowners, health, or dental benefits (Medical bills will not be accepted)

You will need to pick up new student school-specific information from the school.

Thank you!

Manchester High School Admission Form

Today's Date _____ Entry Date _____ Open Enrollment? Y / N

Readmission? Y / N School ID# _____ Locker# _____ Homeroom # _____

Parent/Legal Guardian Section (Can be filled in before printing):

Grade _____

Student's Legal Last Name _____ Gender Male Female

Student's Legal First Name _____ Called Name (if different) _____

Student's Legal Middle Name _____ Ethnicity: _____
(Alaska Native, Am. Indian, Asian, Black, Hispanic, Pac. Islander, Serbian, White) If multiracial, please list both ethnicities.

Native Language _____ Home Language _____

Student's Street Address _____ City _____

Zip _____ Preferred Phone Number for notification system _____

Student's Birth Date _____ Birthplace City & State _____

Parent/Guardian Name(s) _____ Mother's Maiden Name _____

Parent/Guardian Email Address _____

Student's Custodial Parent Resides In: Manchester School District OR Other, please specify _____
The student is a child of a Manchester School District employee.

Emergency call order (Please underline cell, work, or home):

<u>Phone#</u>	<u>Name</u>	<u>Relationship to student</u>
1st: _____ Cell, work, or home? _____	_____	_____
2nd: _____ Cell, work, or home? _____	_____	_____
3rd: _____ Cell, work, or home? _____	_____	_____

Student resides with _____

Military Status: Please check if student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or the National Guard (Army National Guard or Air National Guard) or Reserve Duty

Name of previous school district attended _____

School name _____ City _____ State _____

Was the student enrolled in any special classes? Band Choir Special Education Advanced Placement Other

(Office use only)

Course Id & Sect. #	Class Name	Course Id & Sect. #	Class Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the student attending the Portage Lakes Career Center? Y / N _____ % of day