

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 custody papers w/magistrate's signature (if applicable) listing residential parent or school district of financial responsibility

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

- . Utility bills (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 documents – Company declaration page that shows proof of automobile, homeowners, health, or dental benefits or statements (Medical bills will not be accepted)

You will need to pick up new student school-specific information from the school after August 8th.

Thank you!

Manchester Middle School Admission Form (EMIS)

Today's Date _____ Entry Date _____

Open Enrollment? Y / N

Readmission? Y / N School ID# _____

Homeroom # _____

PARENT/LEGAL GUARDIAN SECTION (Please print):

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

Native Language _____ Home Language _____

Student's Street Address _____ City _____

Zip _____ Preferred Phone Number for notification system _____

Student's Birth Date _____ Birthplace City & State _____

Parents/Legal Guardian's Names _____

Mother's Maiden Name _____

Parent/Guardian Email Address _____

Student's Parent(s) / Legal Guardian(s) Reside In:

____ Manchester School District OR ____ Other, please specify _____

Is the student a child of a Manchester School District employee? Y / N

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

Phone#

Name

Relationship to student

1st: _____
cell / work / home

2nd: _____
cell / work / home

3rd: _____
cell / work / home

Student resides with _____

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

I agree that all information completed is true, and I will inform Manchester Local Schools of all changes in this student's residency.

Signature

Date