



STUDENT REGISTRATION FORM 24/25 SCHOOL YEAR

Student 1 Name _____ Grade entering _____

Gender _____ DOB _____ Ethnicity _____ Religion _____

Is your child a New Student? YES NO

IF New Student, Copy of Birth Certificate

Is your child on a **Service Plan** or **IEP**? YES NO

Student 2 Name _____ Grade entering _____

Gender _____ DOB _____ Ethnicity _____ Religion _____

Is your child a New Student? YES NO

IF New Student, Copy of Birth Certificate

Is your child on a **Service Plan** or **IEP**? YES NO

Student 3 Name _____ Grade entering _____

Gender _____ DOB _____ Ethnicity _____ Religion _____

Is your child a New Student? YES NO

IF New Student, Copy of Birth Certificate

Is your child on a **Service Plan** or **IEP**? YES NO

Address _____

City _____ State _____ Zip Code _____

Public School District _____

(TPS, Maumee, Washington Local, etc.)

Public School Building _____

(Name of School your child would attend if not at OLPH, Harvard, Beverly, etc.)

Please complete other side →

