

Student & Family Registration Form – Quick Registration

The Chillicothe R-II School District now enrolls students through family registrations and is utilizing online forms through Quick registration. This is an effort to streamline our process, provide data consistency between siblings, and reduce errors. After completing this brief form, you will receive login information and will complete the rest of the registration process online. ***This form should be completed by the custodial parent.***

MOSIS Number (If known): _____

Enrollment Date: _____ Social Security Number: _____ Grade: _____

Student's **Legal** Name: _____
(Last) (First) (Middle) (Nickname)

Home Telephone: _____ Date of Birth: _____ Age: _____ Sex: _____

Other last name(s) used: _____ Student Cell Phone Number: _____

Student Email Address: _____

Select Ethnicity: Hispanic or Latino (Race not required) Not Hispanic or Latino (Race required)

Select Race: (check all that apply)

Asian Black American Indian/Alaska Native White Native Hawaiian or Pacific Islander

Check if your student will need bus transportation service to and/or from school

AM Pick-Up Address: _____ PM Drop-off address _____

Does your student have any of the following? Current IEP ESL Plan IFS Plan Retained

Section 504 Plan Title 1 Reading

Household Parent (This is the parent the child resides with)

First Name Middle Name Last Name (*Legal Name*)

Relationship to Student: _____ check if you are Head of Household Marital Status: _____

Home Phone: _____ check if unlisted Cell Phone: _____

E-Mail Address: _____ Check if you would like to have on-line access for

this parent to student's information (grades (6-12), lunch charges/balance, attendance, etc.)

Employer Name: _____ Work Phone: _____

check if parents have joint custody. check if not applicable.

Household Parent Spouse (Spouse of the parent that the child resides with)

First Name Middle Name Last Name (*Legal Name*)

Relationship to Student: _____ check if you are Head of Household Marital Status: _____

Home Phone: _____ check if unlisted Cell Phone: _____

E-Mail Address _____ check for online access for this student's information

Employer Name: _____ Work Phone Number: _____

Central Office Use – Date Form Submitted: _____

Residency and Occupancy Validation – 911 or Physical Address must be given

House # _____ Direction _____ Street Name _____ Type (Ex: Dr., Ave, Cir) _____ Apt# or Lot _____
City _____ State _____ Zip _____ County _____

Mailing Address If Different from above: (Ex: PO Box) _____

Non-Residential Parent #1 (Non-Custodial parent, if applicable)

For Student (s) (Name): _____

This will also be used for emergency contact information

First Name _____ Middle Name _____ Last Name (Legal Name) _____

Name(s) of Student(s): _____ Relationship to Student(s): _____

Home Phone: _____ check if unlisted Cell Phone: _____

Address: _____ Marital Status: _____

E-Mail Address: _____ Check for online access for this student's info

Employer Name: _____ Work Phone: _____

Non-Residential Parent #1 Spouse - This will also be used for emergency contact information

First Name _____ Middle Name _____ Last Name (Legal Name) _____

Name(s) of Students: _____ Relationship to Student(s): _____

Home Phone: _____ check if unlisted Cell Phone: _____

Address: _____ Marital Status _____

E-Mail Address: _____ Check for online access for this student's information.

Employer Name: _____ Work Phone: _____