



Fort Frye Local Schools Registration

Print Form

510 Fifth St. P.O. Box 1149 Beverly, Ohio 45715 Phone: 740-984-2497 Fax: 740-984-8784

Student's Legal Name: _____ Grade: _____

Is the Primary Race Hispanic? No Yes City of Birth: _____ Date of Birth: _____ Gender Male Female

Please Select One or More that Apply: Asian American Indian/Alaskan Native Black/African American Hispanic
 Native Hawaiian/Other Pacific Islander White

Student's First Language: English Other Specify: _____ Language Spoken at Home: English Other Specify: _____

Primary Household (This is the address where the student resides.)

Physical Address: Street: _____ City: _____ State: _____ Zip: _____

Mailing Address: Street: _____ City: _____ State: _____ Zip: _____

Parent or Guardian 1 (This is the primary parent/guardian for the Student)

First Name: _____ Last Name: _____ Relation to Student: _____ Portal Access: No Yes
email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Military Branch: _____
Start Date: _____ Status: _____

First Name: _____ Last Name: _____ Relation to Student: _____ Portal Access: No Yes
email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Military Branch: _____
Start Date: _____ Status: _____

Secondary Household (This section should be completed if both parents don't live in the same household.)

Physical Address: Street: _____ City: _____ State: _____ Zip: _____

Mailing Address: Street: _____ City: _____ State: _____ Zip: _____

Parent or Guardian 3 (This will generally be a parent who does not live in the primary household)

First Name: _____ Last Name: _____ Relation to Student: _____ Portal Access: No Yes
email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Military Branch: _____
Start Date: _____ Status: _____

Parent or Guardian 4 (This will generally be a step-parent in the secondary household)

First Name: _____ Last Name: _____ Relation to Student: _____ Portal Access: No Yes
email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Military Branch: _____
Start Date: _____ Status: _____

Other

Are you an Open Enrollment Student? No Yes School District: _____ ***You must complete Open Enrollment Form and be approved before Registering.**

Has this Student ever been retained?: No Yes Grade: _____ Is this student enrolled in any special needs programs?: No Yes Explain: _____

Does the student have any handicaps or Special Medical Issues: No Yes Explain: _____

RELEASE OF RECORDS: Last School District Attended

School District: _____ Phone: _____ Fax: _____
Mailing Address: Street: _____ City: _____ State: _____ Zip: _____

In compliance with the Family Educational Rights and Privacy Act of 1974, I hereby authorize and request the above named district to disclose and give copies of all records and information concerning the undersigned which you may have in your possession, but not limited to the following:

- Education Records/ Transcript
- Custody Agreement
- Medical/ Immunization
- **Special Ed- IEP/ETR/504
- Testing Records
- Other: _____

Release Records to:

Fort Frye High School Guidance PO Box 1089 Beverly, OH 45715 FAX: 740-984-2501 EMAIL: Kelli Walsh kelli.walsh@fortfrye.org	Beverly Center Elementary PO Box 1028 Beverly, OH 45715 FAX: 740-984-8167 EMAIL: Theresa Warren theresa.warren@fortfrye.org	Lowell Elementary 305 Market St. Lowell, OH 45744 FAX: 740-896-3425 EMAIL: Kim Newsad kim.newsad@fortfrye.org	Salem Liberty Elementary 10930 State Route 821 Lower Salem, OH 45745 FAX: 740-585-2638 EMAIL: Jerry Lowe jerry.lowe@fortfrye.org
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Is your child suspended or expelled from their current school at this time: No Yes

Authorization for Release of Records:

Name of Student: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY: MUST DO CHECKLIST UPON ADMISSION

***Items Required for Admission:
Check and date when complete:**

<input type="checkbox"/> Registration Form *	<input type="checkbox"/> Original Birth Certificate*	<input type="checkbox"/> Proof of Residency*	<input type="checkbox"/> Open Enrollment Approval (if Applicable)*	<input type="checkbox"/> Custody Agreement (if applicable)*	<input type="checkbox"/> Transcript/ Report Card	<input type="checkbox"/> Medical Records/ Immunization	<input type="checkbox"/> IEP/ETR/504 Records (if applicable)
<input type="checkbox"/> New Student (create student folder)	<input type="checkbox"/> Returning student (retrieve student folder)	<input type="checkbox"/> Fax Request for Records	<input type="checkbox"/> Create IC Record	<input type="checkbox"/> CUM folder sent to Building or Guidance Secretary	<input type="checkbox"/>	<input type="checkbox"/> Email forms to Transportation	<input type="checkbox"/> Email Building Notification List

Registration Observed by: _____ Date: _____

Admission completed by: _____ Date: _____

EMIS #: _____ **Building of Attendance:** _____