



School Name **LAKE CATHOLIC**  
 Code \_\_\_\_\_

**WILLOUGHBY-EASTLAKE CITY SCHOOL DISTRICT**

Homeroom \_\_\_\_\_

**Transportation Student Enrollment Form**

SOME OF THE INFORMATION REQUESTED ON THIS FORM IS REQUIRED BY THE OHIO DEPARTMENT OF EDUCATION MANAGEMENT INFORMATION SYSTEM

Instruction for Parent/Guardian: 1. Read carefully and **COMPLETE ALL REQUIRED INFORMATION IN BOXED AREAS.**

Non-boxed areas are for office use only. 2. Please print. 3. Do not use nicknames.

1. Student No. \_\_\_\_\_  
 3. State I.D. No. \_\_\_\_\_  
 (Use if Social Security Number is not available)

2. Student Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Student Name \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME  
 5. Also Known As \_\_\_\_\_ 6. Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 7. Birth Location \_\_\_\_\_  
 8. Birth Verification:  BC - Birth Certificate  INS - Immigration and Naturalization Services 9. Sex (M/F) \_\_\_\_\_  
 10. Racial/Ethnic Group:  W-White, Non-Hispanic  H-Hispanic  A-Asian or Pacific Islander  
 B-Black, Non-Hispanic  I-Amer. Indian or Alaskan Native  M-Multiracial

**CURRENT DETAILS**

11. Attending School \_\_\_\_\_

12. Grade Level  
 DC - Preschool (0-2)  
 PS - Preschool (3-5)  
 KG - Kindergarten  
 01 - Grade 1  07 - Grade 7  
 02 - Grade 2  08 - Grade 8  
 03 - Grade 3  09 - Grade 9  
 04 - Grade 4  10 - Grade 10  
 05 - Grade 5  11 - Grade 11  
 06 - Grade 6  12 - Grade 12  
 13 - Enrolled, Completed CRS requirement but has not passed proficiency  
 23 - Student has completed educational requirement and elects to remain  
 30 - Adult, non-high school graduate  
 31 - Adult, high school graduate  
 18. Effective Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

13. Percent Time \_\_\_\_\_

14. Street Address \_\_\_\_\_ Apartment No. \_\_\_\_\_  
NUMBER STREET Or Lot No.  
CITY STATE ZIP CODE  
 15. Home Phone \_\_\_\_\_ (Circle Phone # if UNLISTED)  
 Check here,  if phone not yet connected.  
 16. Home Fax No. \_\_\_\_\_  
 17. County of Student Residence: \_\_\_\_\_  
 Cuyahoga 18 LAKE 43  
 Geauga 28 Portage 67

**F5-NEXT F6-HOME**

19. Home School \_\_\_\_\_

20. Student Status (Us only if applicable)

- 0 - Resident
- 1 - In-state, non-resident, tuition
- 2 - In-state, vocational contract
- 3 - In-state, non-tuition, non-contract
- 4 - Out-of-state, tuition
- 5 - Out-of-state, non-tuition
- 6 - In-state attending non-public school (Sp. Ed./Title I)
- 7 - Non-resident, residing w/grandparent
- 8 - Non-resident senior attending
- 9 - Non-resident, open enrollment-interdistrict
- A - Non-resident, following parent employee

- B - Non-resident, Special Education Cooperative
- C - Foster Care (Court Placement)
- D - Direct Pay Tuition (parent paying)
- F - CTAE - eval. service only
- H - ESC providing instruction
- I - Not enrolled. Non-instr. support/related svcs.
- L - Non-resident Open Enrollment
- M - Attends Community School
- P - Court Placement in institution other than Foster Care
- S - Non-resident attending/Superintendent agreement
- T - Institution - NOT Court Placed or Foster Care

**FOR SCHOOL DISTRICT PERSONNEL:**

If the answer to any of the first four questions in the Language Survey is a language other than English,

indicate the student's native/home language in EMIS Student Data Element (4.1.1.18) and refer to the ESL tutor.

**Please Continue on Reverse Side**

27. School Previously Attended \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Other schools attended in the W-E School District:

_____ Edison Elementary	_____ Willoughby Middle
_____ Grant Elementary	_____ Willowick Middle
_____ Jefferson Elementary	_____ North High
_____ Longfellow Elementary	_____ South High
_____ McKinley Elementary	_____ Ind. Training Center
_____ Royalview Elementary	_____ Kennedy Academy
_____ Washington Elementary	_____ Tech. Center
_____ Eastlake Middle	



28. Contacts

PAR - Name of Parent(s) or Guardian(s) \_\_\_\_\_  
TITLE: MR. & MRS.; MS.; DR. & MRS.; ETC. LAST NAME FATHER'S FIRST NAME MOTHER'S FIRST NAME

Parent/Guardian Phone \_\_\_\_\_ (Circle Phone # if UNLISTED) Check here, \_\_\_\_\_ if phone not yet connected.  
 (Office Use Only) ADM 2000 - Contact Number: \_\_\_\_\_

WKF - (Father Work) -  
 Father/Guardian Place of Employment \_\_\_\_\_ Business Phone # \_\_\_\_\_  
 Department/Occupation: \_\_\_\_\_ Pager # \_\_\_\_\_  
 Cell # \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_  
 (Office Use Only) ADM 2000 - Contact Number: \_\_\_\_\_

WKM - (Mother Work)  
 Mother/Guardian Place of Employment \_\_\_\_\_ Business Phone # \_\_\_\_\_  
 Department/Occupation: \_\_\_\_\_ Pager # \_\_\_\_\_  
 Cell # \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_  
 (Office Use Only) ADM 2000 - Contact Number: \_\_\_\_\_

EMR - (Emergency)  
 Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Pager # \_\_\_\_\_  
 Cell # \_\_\_\_\_  
 (Office Use Only) ADM 2000 - Contact Number: \_\_\_\_\_

State Reporting (Use only if applicable)

\_\_\_\_\_  
 (Parent Signature) (Date)