

CINCINNATI TECHNOLOGY ACADEMY

STUDENT REGISTRATION INFORMATION

 School Year: **2017-2018**

Today's Date

1

School Name _____

School Code: / /

Student

Please provide legal names.

Last Name _____
 First Name _____
 Middle Name _____
 Entering Grade Level _____
 Gender (Check One) Male Female
 Resident Address _____
 Apartment _____
 City _____
 State _____
 Zip Code _____
 Phone Number _____ Unl: No Yes
 Student Birthdate ____/____/____ (mm/dd/yyyy)
 Birth Document Source _____
 Social Security Number _____ - _____ - _____ (if issued)
 Race/Ethnic Code (Check One) Black White Hispanic
 Asian/Pacific Islander Multi-Racial
 Native American
 Birthplace (City,St) _____
 Birthplace (Country) _____
 Nationality _____
 Nickname (If Any) _____
 Parent/Guardian _____
 Parent/Guardian Resident District if not CPS _____
 Reason to enroll if not CPS resident _____

(CTA Use)

Student ID _____
 Entry Date ____/____/____
 Entry Code _____
 Homeroom _____

Enrollment Reason (Check One)

From out of state/out of country
 From Home School in OH
 From nonpublic school in OH
 From another OH public district/community
 Not in OH public/community since 2003
 1st time in OH pub/comm school due to age
 Not newly enrolled in this district

Emergency Contacts

Name _____
 Relation _____
 Phone _____
 Alt/Cell Ph _____

 Name _____
 Relation _____
 Phone _____
 Alt/Cell Ph _____

Home Language

What language does this student most frequently speak?(primary)

What language is most often spoken by adults at home? (home language) _____

What was this student's first language? (first language) _____

Physician

Name _____

Phone/Ext _____

Prior Education

(Begin with most recent including preschool)

Years Attending
Previous Schools
Street Address (City, State & Country)
From - To
Grade(s)

_____	_____	_____	_____
_____	_____	_____	_____

Preschool Experience

Kindergarten Experience

at CPS PreSchool/Head Start at a Part-time Private PreSchool
 at Non-CPS Head Start at a Family Child Care Home
 at a Full Day, Full Year Child Care at Home Other

½ Day (1)
 All Day (2)

I understand that any inaccurate information provided about this student on each page of the Student Registration Information forms may result in a change of grade level, a change of class, or an immediate transfer/withdrawal from this school.

Parent/Guardian Signature _____

Date _____

**CINCINNATI TECHNOLOGY ACADEMY
STUDENT REGISTRATION INFORMATION**

Today's Date **2** _____ / _____ / _____

Use additional pages as necessary.

Student Name _____

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other			
Last Name _____	Deceased?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
First Name _____	District of Residence _____		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____	
	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<i>If you check Divorced or Separated, we require current legal documentation related to the children.</i>			
(*)Address _____			
City _____	Custodial Parent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State _____	Legal Guardian?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Zip Code _____	Grandparent POA? (see #)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Phone Number _____	Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes	Caregiver Authorization?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Alt/Cell Phone _____			
Employer _____			
Email Address _____	Federal Employee	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Work Address _____	Migrant Worker	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Work Phone _____	Mail if not Custodial Parent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other			
Last Name _____	Deceased?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
First Name _____	District of Residence _____		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____	
	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<i>If you check Divorced or Separated, we require current legal documentation related to the children.</i>			
(*)Address _____			
City _____	Custodial Parent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State _____	Legal Guardian?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Zip Code _____	Grandparent POA? (see #)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Phone Number _____	Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes	Caregiver Authorization?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Alt/Cell Phone _____			
Employer _____			
Email Address _____	Federal Employee	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Work Address _____	Migrant Worker	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Work Phone _____	Mail if not Custodial Parent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Siblings	Last Name _____	Grade _____		
	First Name _____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Middle Name _____	School Attending _____		
	Last Name _____	Grade _____		
	First Name _____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Middle Name _____	School Attending _____		

(*) If different from student's address; natural or adoptive parent address required
 [#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.
 @ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.

**CINCINNATI TECHNOLOGY ACADEMY
STUDENT REGISTRATION INFORMATION**

Today's Date **3**

____/____/____

Student Name _____

Internet Access

Do you have Internet Access at home? No Yes

How Did You Hear About Us?

- | | | |
|---|--|--|
| <input type="checkbox"/> District Publication | <input type="checkbox"/> Billboard | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Web site | <input type="checkbox"/> Letter or Postcard | <input type="checkbox"/> Printed Advertisement |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Television News Story | <input type="checkbox"/> Newspaper Story |
| | <input type="checkbox"/> Staff Member | <input type="checkbox"/> TRPCS Event |

Students With Special Needs

- Does student require mobility assistance? (i.e. wheelchair,etc) No Yes
- Has this child ever had a multi-factored evaluation? No Yes
- If Yes, is there an evaluation form available? No Yes
- Did this child receive Special Education and related services in the most recent school? No Yes
- Does this child have a current IEP? No Yes
- Does this child have a 504 Accommodation Plan? No Yes
- Did this child receive gifted services in the most recent school? No Yes
- If Yes, is there a WEP available? No Yes

*Note to Staff: If **Yes** to any question, obtain copies of all available documentation and forward to appropriate school staff.*

Exchange Students

Is the student a Foreign Exchange student? No Yes

If Yes, enter I-94 No. _____

Temporary Living Arrangements

The following questions address the McKinney-Vento Act 42 U.S.C. 11435.

The answers to these questions will help determine the services the student may be eligible to receive.

- Is the student's current address a temporary living arrangement? No Yes
- Is this temporary living arrangement due to loss of housing or economic hardship? No Yes
- If the answer to **both** of these questions was **Yes**, the student is entitled to immediate enrollment.*

Please indicate where the student is presently living.

- | | |
|--|---|
| <input type="checkbox"/> In a motel/hotel | <input type="checkbox"/> Unaccompanied youth |
| <input type="checkbox"/> In a homeless shelter | <input type="checkbox"/> Doubled up with more than one family in a house or apartment |
| | <input type="checkbox"/> Other; a place not designed for ordinary sleeping accommodations |

Request to Restrict Privacy Information

Federal and Ohio law prohibits Cincinnati Technology Academy from publicly releasing information about our students, except for designated "directory information." CTA limits "directory information" to a student's name, participation in officially recognized activities and sports, and awards received. CTA releases this information in order to highlight the accomplishments of our students; however, the law requires the district to release directory information to any member of the media or public requesting it.

Parents, legal guardians, or students age 18 or over may refuse to allow CTA to release directory information. **Please indicate if you wish to restrict CTA from releasing directory information on the student named below by checking the appropriate box and returning this form to your child's school.**

Federal law permits parents/guardians to review their children's educational records. Students aged 18 and over may review their own records. Please contact the principal at your child's school with any questions regarding records, or to make an appointment to review records.

General Public Release (including to media, potential employers, colleges and universities, etc.):

- CTA **may not** release directory information about my child (name, participation in officially recognized activities and sports, and awards received).

Military Recruiters:

CTA must release the names, addresses and telephone numbers of secondary students to military recruiters, unless the parent/legal guardian (or student 18 or over) specifically objects.

- CTA **may not** release my child's name, address and phone number to military recruiters.

Student's Last Name

First Name

Birthdate

____/____/____
Month / Day / Year

Please check one:

- I am the student, and I am 18 years of age or older.
- I am the parent, guardian, or custodian of the student, and the student is under 18 years of age.

Name (Please Print)

Signature

Date

Student records may be routinely shared among CTA staff with a legitimate interest in the education of a student. A CTA official is a person employed by CTA or a person CTA determines has a legitimate educational interest in a record. A person has a legitimate educational interest if there is a need to review a record in order to fulfill his or her professional responsibility.

Parents and/or eligible students who believe their rights under the Federal Education Rights and Privacy Act (FERPA) have been violated may file a complaint with:

Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW 20202-4605, Washington, D.C.,
www.ed.gov/offices/OM/fpc

Informal inquiries may be sent to the Family Policy Compliance Office via the following email address: FERPA@ED.Gov

CINCINNATI TECHNOLOGY ACADEMY

REQUEST FOR RECORDS

To the Registrar:

Please send the records identified below, if available for this student, as soon as possible.
If records are not available, please return our request indicating the following:

No Records Available. Reason(s): _____

Unable to Send Records. Reason(s): _____

We would appreciate receiving any additional information that would enable us to better meet the individual needs of the student. Thank you for your prompt cooperation.

Sincerely,

Cincinnati Technology Academy Official

____/____/____
Date

AUTHORIZATION TO RELEASE INFORMATION

_____ authorizes the release of the records of
Parent / Guardian Name _____

Student's Last Name _____

First Name _____

Mid. Initial _____

Birthdate _____/____/____
Mon / Day / Year

From the Following School/Institution:

Most Recent School _____

Address _____

City, State, Zip Code _____

Telephone No. _____

Fax No. _____

Grade Level _____

The following records may be released. Please check.

Transcript of subjects and grades

Attendance Record

Psychological or Other Individual Test Results

504 Accommodation Plan

English Language Proficiency Assessments

Special Education Records, including IEP and MFE and behavior plan

Ohio Achievement and Graduation Test Results

Standardized Test Results

Gifted Assessments

Health Records

** Items that **cannot** be withheld due to non-payment of fees or obligations are state test scores, multifactorial evaluation (MFE), individual educational program (IEP), IEP progress reports and immunization records.

The records may be released to:

New School

CINCINNATI TECHNOLOGY ACADEMY

Address

3800 GLENWAY AVE

City, State, Zip Code

CINCINNATI, OHIO 45205

Telephone No.

(513) 471-7323

Fax No.

(513) 386-7931

I am authorizing the release of these records for these reasons. Please check one.

I am the subject of these records and 18 years of age or older.

I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

Signature

____/____/____
Date

Parent Pick-Up Release Form

To better ensure the safety of your child, we are asking that all parent/guardians fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself may have to pick up your child at school and you were unable to send a note or call the school to notify us. Please complete the form at the bottom of this page and return it to the school. If we do not know the person coming in to pick up your child we will ask for photo identification. If the person coming in is not on the list, we will not release your child to that person. **We still ask that, if possible, you write a note or call the school if someone other than yourself will be picking up your child.**

If this form is not returned we will not release your child to anyone other than the parent/guardian. If you have any questions, please call the school.

Please list all people, **including yourself**, who are allowed to pick up your child.

	Name	Relationship to Child
Ex.	Mary Smith	Neighbor
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Print Student's Name:		
Date:		
Parent/Guardian Signature:		