



**PLEASE PROVIDE THE FOLLOWING FOR EACH STUDENT
THAT YOU ARE REGISTERING:**

- 1. COMPLETED REGISTRATION PACKET**
- 2. BIRTH CERTIFICATE**
- 3. SOCIAL SECURITY CARD**
- 4. SHOT RECORDS:** (Must be provided to the STEM Academy within 14 days of the enrollment date or the student *will be excluded* from school until records are provided.)
- 5. PARENT/GUARDIAN'S DRIVER'S LICENSE,
PASSPORT, OR STATE I.D.**
- 6. PROOF OF RESIDENCY** (Current Phone, Gas & Electric, Water, Rental/Lease Agreement, Mortgage Statement, Property Tax Statement).
- 7. CUSTODY PAPERS** (Court Stamped Divorce Decree with Shared Parenting Order, if Shared Parenting filed. Any modifications or custody orders relevant to child).
- 8. IEP/MFE/504** (If applicable for Special Needs Students).
- 9. INSTRUCTIONAL FEES/ \$50** Student isn't considered enrolled until non-refundable fee is paid in full. *Cash, Cashier's Check or Money Order only.*

Cincinnati State STEM Academy

3520 Central Parkway, Room 143

Cincinnati, OH 45223-2690

Phone: (513) 569-1820

Fax: (513) 569-1824

****Hours: Monday-Friday 7:30 AM – 3:00 PM***

**Cincinnati State STEM Academy
Student Registration
9th-12th**

Student Name: _____ Please Check One: Male Female

Place of Birth: _____ DOB: _____

Home Address: _____ Contact # _____

Check One: White Black/African American Hispanic* Asian Multiracial**
 American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

***If Hispanic, Select Specific Racial Group:** Cuban Mexican Puerto Rican South/Central American Other

****If Multiracial, Select Specific Racial Groups:** White Black/African America Hispanic* Asian Multiracial**
 American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

Has this student previously attended the Cincinnati State STEM Academy? YES NO

Is this student presently under expulsion or suspension? YES NO *If yes please provide copies of paperwork

***If born outside of U.S.A:** Provide date of entry: _____ Provide date of entry into first school: _____

Last School/School District Attended: _____ Grade: _____

Parent/Guardian Information: Status of Parents/Guardians: Married Divorced Widowed Separated Single

Are you the natural/adoptive parent(s) of the above named child? YES NO *If no, your relationship: _____

Father/Custodial Guardian:		Mother/Custodial Guardian:	
Name:		Name:	
Address:		Address:	
Home #		Home #	
Mobile #		Mobile #	
Work #		Work #	
E-mail:		E-mail:	
Employer:		Employer:	

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">Home Language Survey</div>	What language did your child speak when he/she first learned to talk? (Native Language) _____ What language does your child use most frequently at home? (Home Language) _____ What language do you speak with your child most frequently? _____ What language do the adults at home speak most frequently? _____ How long has your child attended schools in the U.S.A? _____
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">Special Services</div>	Has your child received any of the following services? <input type="checkbox"/> ESOL Services <input type="checkbox"/> Gifted Education <input type="checkbox"/> IEP Individual Education Plan (IEP) <input type="checkbox"/> 504 Accommodation Plan

Other siblings enrolled at the Cincinnati State STEM Academy:

Name: _____ Grade: _____ Name: _____ Grade: _____

I, the undersigned, do hereby state and declare under penalty of falsification (*), that I am the parent or legal guardian of the above named student and that this registration information is true and correct. Consent is hereby granted to Law Enforcement Officers to look at my child's records and make copies, thereof, if the matter of a missing child develops.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Date: _____

****Falsification under Ohio Revised Code Section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both****