



## New Student Registration

2025-2026 School Year

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Applied for **LOTTERY** at the following schools

1. \_\_\_\_\_

2. \_\_\_\_\_

### **NECESSARY DOCUMENTS CHECK LIST** (*Packet will not be process without the following documents*)

- Photocopy of Birth Certificate/Passport
- Photocopy of Proof of Residence see page 2
- Photocopy of Current Immunization Record (including MMR and TDAP), or Legal Exemption of Vaccinations Form
- Photocopy of Parents State Photo ID
- Photocopy of Custodial Agreement (if applicable)
- Photocopy of Current Report Card
- Photocopy of Transcript (if applicable) (usually 9<sup>th</sup> grade on up)
- Photocopy of Accommodations Plan (504, WAP, WEP, IEP) (if applicable)
- Photocopy of SCPP/WHEE Test Results

### **REGISTRATION FOR SCHOOL YEAR 2025-2026**

January 23, 2025

February 27, 2025

March 20, 2025

Registration begins at 7:00 PM

**(PACKETS WILL NOT BE ACCEPTED AFTER APRIL 15<sup>TH</sup>, 2025 NO EXCEPTIONS!)**

## PROOF OF RESIDENCE QUALIFIED DOCUMENTS

**Proof of residency shall be required for all newly enrolled students and any student whose address changes AND yearly for Out-of-District students.**

**Residency includes the following:** being physically present in a household for significant periods of time; where important family activities take place each day including sleeping, eating, working, relaxing and playing; where the parent receives mail or where the parent is registered to vote, if applicable.

**Residency shall be established by providing an original, or copy, of one (1) item from this list:**

<b>(1) Homeowner Deed</b>	<b>(6) Homeowner or Renter Insurance Statement</b> dated within the last 12 months.
<b>(2) Property Tax Statement</b> dated within the previous year and be addressed to the parent at the residence.	<b>(7) Gas/Electric/Water Statement</b> dated within the last 30 days.
<b>(3) Mortgage Statement</b> dated within the previous 60 days and be addressed to the parent at the residence.	<b>(8) Federal or state tax returns</b> dated within the last 12 months.
<b>(4) Rental Agreement</b> signed by both the landlord and the tenant including the landlord's contact information.	<b>(9) Any piece of mail</b> dated within the last 30 days <b>from the federal, state, or local government, such as Hamilton County Job &amp; Family Services, Social Security, Child Support Enforcement Agency, etc.</b>
<b>(5) Construction Contract</b> include: (1) a sworn statement describing the location of the house to be built and stating the parent's intention to reside there upon completion; and (2) a statement from the builder confirming that a new house is being built for the parent and that the house is at the location indicated in the parent's sworn statement.	

**Note:**

CPS accepts Parent Residency and Property Owner Affidavits with the required proof of residency documents.

CPS does not accept any notarized statements as proof of residency.

**Questions? Contact CPS' Customer Care Center, (513) 363-0123**



Language

Student's Name \_\_\_\_\_

A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Communication Preferences

Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.

In what language(s) would your family prefer to communicate with the school? \_\_\_\_\_

Language Background

Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

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

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

What was this student's first language? (first language) \_\_\_\_\_

Prior Education

Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding for support for your child.

Has your child ever received formal education outside the United States?  No  Yes

If yes, how many years/months? \_\_\_\_\_ / \_\_\_\_\_  
Years Months

If yes, what was the language of instruction? \_\_\_\_\_

Has your child attended school in the United States?  No  Yes

If yes, when did your child first attend a school in the United States? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Additional Information

Additional space needed? Use back of this page.

Share information to help us understand your child's language experiences and educational background.

\_\_\_\_\_

\_\_\_\_\_

Student's Name \_\_\_\_\_

**Prior Education**

Additional space needed? Use back of this page.

List student's previous schools, beginning with most recent school, including preschool:

School Name \_\_\_\_\_ Address (Street, City, State, Country) \_\_\_\_\_ Grades \_\_\_\_\_ From – To \_\_\_\_\_

School Name \_\_\_\_\_ Address (Street, City, State, Country) \_\_\_\_\_ Grades \_\_\_\_\_ From – To \_\_\_\_\_

**Preschool Experience** (Check all that apply.)

- At a CPS preschool / Head Start program
- At a non-CPS Head Start program
- At a full-day, full-year childcare center
- At a part-time private preschool
- At a family childcare home
- At home
- Other

**Kindergarten Experience**

- Half day
- All Day

**Siblings**

Additional space needed? Use back of this page.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender -  Male  Female

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Name \_\_\_\_\_

Gender -  Male  Female

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Name \_\_\_\_\_

Gender -  Male  Female

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Student's Name \_\_\_\_\_

**ALL INFORMATION MUST BE COMPLETED IN THE BOXES BELOW!**

**Parent**

Mother Father Guardian Stepparent Foster parent \* Grandparent Surrogate Parent Other

Last Name \_\_\_\_\_ Deceased?  No  Yes  
 First Name \_\_\_\_\_ District of Residence \_\_\_\_\_  
 Marital Status  Married  Unmarried  Widowed District of Primary Residence \_\_\_\_\_  
 Separated  Divorced Resides with Student?  No  Yes

*If you check Separated or Divorced, we require current legal documentation related to the children.*

**Must be completed!**

Address \*\* \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Unlisted?  No  Yes  
 Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Custodial Parent?  No  Yes  
 Legal Guardian?  No  Yes  
 Grandparent POA? \*\*\*  No  Yes  
 Caregiver Authorization?  No  Yes  
 Migrant Worker?  No  Yes  
 Receive School Mail (if not Custodial Parent)?  
 No  Yes

**Parent**

Mother Father Guardian Stepparent Foster parent \* Grandparent Surrogate Parent Other

Last Name \_\_\_\_\_ Deceased?  No  Yes  
 First Name \_\_\_\_\_ District of Residence \_\_\_\_\_  
 Marital Status  Married  Unmarried  Widowed District of Primary Residence \_\_\_\_\_  
 Separated  Divorced Resides with Student?  No  Yes

*If you check Separated or Divorced, we require current legal documentation related to the children.*

**Must be completed!**

Address \*\* \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Unlisted?  No  Yes  
 Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Custodial Parent?  No  Yes  
 Legal Guardian?  No  Yes  
 Grandparent POA? \*\*\*  No  Yes  
 Caregiver Authorization?  No  Yes  
 Migrant Worker?  No  Yes  
 Receive School Mail (if not Custodial Parent)?  
 No  Yes

\* If **foster parent**, obtain a **current** copy of court order showing district of responsibility. Retain in cumulative file.

\*\* If address is different from student's address; addresses required for natural or adoptive parents.

\*\*\* If parent is not custodial, include copy of **Grandparent Power of Attorney (POA) and Caregiver Authorization**.

**Students With Special Needs**

Student's Name \_\_\_\_\_

**Provide documents where needed.**

- Does child require mobility assistance? (i.e. wheelchair, etc.)  No  Yes
- Has child ever had an ETR (Education Team Report)?  No  Yes
- If **Yes**, is there an evaluation form available?  No  Yes
- Did child receive Special Education and related services in most recent school?  No  Yes
- Does this child have a current IEP (Individualized Education Program)?  No  Yes
- Does child have a 504 Accommodation Plan?  No  Yes
- If **Yes**, is there an ETR (Education Team Report) available?  No  Yes
- Did child receive Gifted services in most recent school?  No  Yes
- If **Yes**, is there a WEP or WAP (Written Education Plan; Written Acceleration Plan) available?  No  Yes

**To Staff: If Yes to questions above, obtain copies of available documentation and forward to appropriate school staff.**

**Temporary Living Arrangements**

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

Answers to these questions will help determine what services the student may be eligible to receive.

- Is 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 answer to both of these questions is Yes, the student is entitled to immediate enrollment.**

**Where is the student living now?**

- In a motel or hotel
- In a homeless shelter
- Other (a place not designed for ordinary sleeping accommodations)
- Doubled up with family or friend
- Unaccompanied youth

**To Staff: If Yes to questions above, fax this page and Page 1 to Project Connect: 363-3220.**

<b>PowerSchool</b>	<b>Do you have a PowerSchool website account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
PowerSchool is a website where parents can see their child's grades, attendance, assignments, discipline and more.	If <b>No</b> , would you like to sign up for one? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , give us your email address: _____

**To Staff: If new PowerSchool account, give copy of this page and Page 1 to PowerSchool Coordinator at your school.**

<b>How Did You Hear About CPS?</b>	<input type="checkbox"/> Billboards <input type="checkbox"/> Letter or Postcard <input type="checkbox"/> Television News Story <input type="checkbox"/> CPS Staff Member	<input type="checkbox"/> Radio <input type="checkbox"/> Printed Advertisement <input type="checkbox"/> Newspaper Story <input type="checkbox"/> CPS Event
<input type="checkbox"/> CPS Publication <input type="checkbox"/> CPS Website <input type="checkbox"/> Friend or Relative		

**To Staff: Please fax this page to CPS' Communications and Engagement Office: 363-0025.**

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

**Parent's / Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Request to Restrict Privacy Information**

Federal and Ohio laws prohibit Cincinnati Public Schools (CPS) from publicly releasing information about our students, except for designated "Directory Information." Per Board Policy No. 8330, **CPS defines Directory Information as the following:**

**A student's name, school, grade level, parent-guardian's name, home address, telephone number, email address, participation in officially recognized activities and sports, and awards received**

Under Ohio public records law, CPS is required upon request to provide the above Directory Information to any member of the public who requests it. CPS' primary purpose for releasing Directory Information is to highlight students' accomplishments.

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

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

- CPS **may not** release directory information about my child

**Military Recruiters**

Per federal law, CPS must release the names, addresses and telephone numbers of high school students to military recruiters, unless the parent or legal guardian, or student age 18 or over, specifically objects.

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

\_\_\_\_\_  
(Please Print) Student's Last Name

\_\_\_\_\_  
First Name

Student's 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

**Please Note:** Student records may be routinely shared among Cincinnati Public Schools staff with a legitimate interest in a student's education. A CPS official is a person employed by CPS or a person CPS 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,  
Washington, D.C., 20202- 4605 Website: [www.ed.gov/offices/OM/fpco](http://www.ed.gov/offices/OM/fpco)

Informal inquiries may be sent to the Family Policy Compliance Office at this email address: FERPA@ed.gov

I, \_\_\_\_\_ authorize the release of records pertaining to  
(Please Print) **Name of Parent / Guardian or Student 18 years old**

(Please Print) **Student's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Student's Birthdate** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/date/year - XX/XX/XXXX)

**From the following school or institution:**

Most Recent School \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Grade Level \_\_\_\_\_

**The following records\* should be released:**

- |   |  |
|---|--|
| Transcript of subjects and grades                                       | Ohio Achievement and Graduation Test Results |
| Attendance Record   | Standardized Test Results                    |
| Psychological or Other Individual Test Results                          | Gifted Assessments                           |
| 504 Accommodation Plan  | Health Records                               |
| English Language Proficiency Assessments                                |  |
| Special Education Records, including IEP, MFE or ETR, and behavior plan |  |

*\* Records that cannot be withheld due to non-payment of fees or obligations: State test scores, Individualized Educational Program (IEP), IEP progress reports, Multifactorial Evaluation (MFE) or Education Team Report (ETR), and immunization records.*

**Release records to:**

New School WALNUT HILLS HIGH SCHOOL

Address 3250 VICTORY PARKWAY

City, State, Zip Code CINCINNATI, OH 45207

Telephone No. 513-363-8400 Fax No. 513-363-8420 EMAIL: davisre@cps-k12.org

**I am authorizing the release of these records because (Check**

- one):**  I am the subject of these records, and I'm 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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**REQUEST FOR STUDENT RECORDS - STAFF USE ONLY**

**To Registrar:**

Please send the records identified above 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 additional information to enable us to meet the student's needs.  
Thank you for your prompt cooperation.

Rebecca Davis

CPS School Registrar

05/22/2025

Date

**CPS enrollment start date for this school:** 08/2025