



Mt. Auburn International Academy

Student's Legal Name _____
First Name Middle Last

Date of Birth (MM/DD/YY) _____ Age _____ Birth City, State _____

Grade for 2015-16 (circle) K 1 2 3 4 5 6 7 8 9 10 11 12 Social Security Number _____ - _____ - _____

Gender: [] Male [] Female Current School _____ Current Grade _____

Home Address _____ Apt. _____

City _____ State _____ Zip _____

Neighborhood (i.e., Evanston, Madisonville, Mt. Healthy, etc.) _____

Parent/Guardian (resides with)

- [] Both Biological Parent(s) - Mother and Father
[] Biological Mother and Step-Father
[] Guardian
[] Foster Parents
[] Biological Father and Step-Mother
[] Biological Mother or Father (Circle One)

Preschool Experience: [] Licensed [] Other Kindergarten Experience: [] Half Day [] Full Day

Has this student ever received Special Education Services? [] Yes [] No
Does this student need bussing services? [] Yes [] No

List Brothers and Sisters also applying (Please complete one application for each child applying.)

Name _____ Age _____ Grade 15-16 _____ Current School _____
Name _____ Age _____ Grade 15-16 _____ Current School _____
Name _____ Age _____ Grade 15-16 _____ Current School _____
Name _____ Age _____ Grade 15-16 _____ Current School _____

How did you hear about Mt. Auburn International Academy? _____

Native Language spoken by student/parents/guardians if other than English _____

Has this student previously attended a SABIS® school network? [] Yes [] No

[] Check here if there are any court orders in regard to custody of this student. If so, you must provide a copy of those documents.

Signature of Parent/Guardian Relationship to Student Date



Race/Ethnicity Reporting

Due to mandated data collection and reporting requirement from the United States Department of Education (USDOE), the Ohio Department of Education is changing the reporting of race/ethnicity information.

Please complete each of the 4 boxes below in regards to your child’s race/ethnicity. ***If you fail to complete the information below, the District will use observer identification to complete this form.***

BOX 1

Student Name: _____		
Last Name	First Name	Middle Name

BOX 2

<p>Is your child of Hispanic/Latino Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(Please note that you may select yes here, and also complete Box 3 below)</i></p>

BOX 3

<p>Is your child multiracial? <input type="checkbox"/> Yes (see below) <input type="checkbox"/> No (Go to Box 4 below)</p> <p>If yes, please select two or more of the following racial categories that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> White, Non-Hispanic People who have origins in any of the original peoples of Europe, North Africa, or the Middle East. <input type="checkbox"/> Black or African American (Non-Hispanic) Persons having origins in any of the black racial groups in Africa. <input type="checkbox"/> Asian Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> American Indian or Alaskan Native Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
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BOX 4

<p>Select one of the following if you select “No” in Box 3 above:</p> <ul style="list-style-type: none"> <input type="checkbox"/> White, Non-Hispanic People who have origins in any of the original peoples of Europe, North Africa, or the Middle East. <input type="checkbox"/> Black or African American (Non-Hispanic) People who have origins in any of the original peoples of Europe, North Africa, or the Middle East. <input type="checkbox"/> Hispanic/Latino Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. <input type="checkbox"/> Asian Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> American Indian or Alaskan Native Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
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Parent/Guardian Signature _____

Date: _____



Student's **Legal Name** _____
First Name Middle Last

Parent Information

Mother's Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Guardian's Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email (Mother) _____ Email (Father) _____ Email (Guardian) _____

Emergency Contact Information (People to contact in case of emergency in which parent/guardian are unavailable)

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____



Student's Legal Name _____
First Name Middle Last

Health and Emergency Information

Does your child have any allergies or medical conditions? Yes No

If yes, list and describe symptoms

Does your child take any medications? Yes No

If yes, please list

All medications must be kept with and administered by the school nurse with a parental note or written doctor's orders. No child will be allowed to carry or administer his/her own medication. A copy of a physical exam in the past year must be kept on record at the school nurse's office.

Doctor _____ Phone _____

Address _____

Preferred Hospital _____

Is your child covered by medical insurance? Yes No

If yes, please list Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian

Relationship to Student

Date