



Enrollment Form

2026-2027

109 W. Fourth Street
Port Clinton, OH 43452
Phone: 419-734-3315
Fax: 419-734-6172

Student Last Name: _____

Student First Name: _____

Enrolling in Level: _____

Date of birth: _____

Mailing Address: _____

Male or Female: _____

City/State/Zip: _____

City & State of Birth: _____

Present Grade: _____

Previous School: _____

Will this child use AM/PM Kids Care: Y/N? _____

Will this child use Preschool Leap Time program: Y/N? _____

Custodial Family Information

____ Father ____ Stepfather ____ Other

____ Mother ____ Stepmother ____ Other

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

Race/Ethnicity: Please check the box that applies.

- Asian
- American Indian/Native Alaskan
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Two or more races

Siblings:

Name	Birthdate	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a Court Order pertaining to child custody in place for this student? Yes No

If yes, Docket #: _____

Please attach most current copy.

Religious Affiliation

____ Catholic

____ Non-Catholic/Other Religion:
_____ (Please specify)

Name of church attending:

I certify the information provided is accurate & current for this student.

____ Parent/Guardian Signature

____ Date