



# 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