REGISTRATION CHECK LIST

| | THE CONTROL OF LIGHT | Guidance Counselor (HS only) |
|---|---|--|
| EAST KNOX LOCAL SCHOOL DISTRICT 23201 COSHOCTON ROAD, HOWARD, OH 43028 | | Student Services, List of services, (IEP, 504, MFE) Cafe for F/R lunches |
| | | |
| | | Building Secretary |
| | | Transportation |
| Grade I | Levelfor School Year: | Athletic Director—H.S. students only |
| | | |
| CHILD'S L | EGAL NAME | _ |
| SCHOOL (| CHILD LAST ATTENDED | _ |
| D | | |
| DATE CHI | LD WITHDREW FROM PREVIOUSLY ATTENDED SCHOOL | |
| DOCUMEN | NTS REQUIRED AT THE TIME OF STUDENT REGISTRATION | |
| | BIRTH CERTIFICATE | |
| | IMMUNIZATION RECORDS | |
| | SOCIAL SECURITY CARD (COPY) | |
| | SPECIAL EDUCATION PROGRAM (IEP, MFE, 504) | |
| | CUSTODY PAPERS/COURT PAPERS (COPY) | |
| | FOSTER PAPERWORK (COPY) | |
| | DOCUMENTATION OF RESIDENCE FOR BIOLOGICAL PARENT | |
| | Testing Scores | |
| | SCHOOL RECORDS REQUESTED—DATE: | |
| | CONTACT TRANSPORTATION FOR VERIFICATION OF DISTRICT RES | IDENCE/PROOF OF RESIDENCY |
| FOSTER S | STUDENTS: | |
| CASE WC | DRKER'S NAME PHONE NUMBER | |
| NAME OF | AGENCY | |
| Case Wo | DRKER'S OFFICE ADDRESS | |
| | | |
| | | |
| | | |

For office use only, copies to the following:

EMIS with copy of B. C.

Registration Check List 5/11/2015

SIGNATURE OF PERSON COMPLETING REGISTRATION CHECK LIST _____