



# Enrollment Form

## 2025-2026

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

<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> 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