

# HAMILTON COUNTY MATHEMATICS AND SCIENCE ACADEMY STUDENT REGISTRATION INFORMATION

**School Dist.** \_\_\_\_\_ **Bus needed** \_\_\_\_\_ **Today's Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Transportation provided by Northwest, Winton Woods/Mt. Healthy districts Only**

**Student**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_  
 Grade \_\_\_\_\_  
 Gender (Check One)  Male  Female

Resident Address \_\_\_\_\_  
 Apartment \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Unlisted (Check One)  No  Yes  
 Birthdate (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Birth Document Source \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Ethnic Code  Black  White  
 (Check One)  Hispanic  Multi-Racial  
 Asian/Pacific Islander  
 Native American  
 Parent/Guardian Signature \_\_\_\_\_

(For Office Use)

Student ID 

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 Homeroom \_\_\_\_\_

**Desired Action**

Enroll Student on Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 From: \_\_\_\_\_  
**OR**  
 Withdraw Student on Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 To: \_\_\_\_\_  
**OR**  
 Modify Student Data as of This Date  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Submitted By  
 \_\_\_\_\_

**Privacy Information**

Public release of student information is limited by Ohio Law to Directory Information. This includes name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, date of graduation, and awards received. If parents, legal guardians or students 18 years of age wish to prevent the release of Directory Information, check this block.

**Withdrawal Authorization**

Parent signature authorizes the Student Information Department, HCMSA to withdraw this student from their current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this charter school is no longer desired.

**HAMILTON COUNTY MATHEMATICS AND SCIENCE ACADEMY Today's Date**  
**STUDENT REGISTRATION INFORMATION** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<b>Mother</b>	Last Name _____	Deceased	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	First Name _____			
	(*)Mailing Address _____	Should mailings be sent if not		
	City _____	custodial parent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	State _____			
	Zip Code _____	Student Resides With?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Phone Number _____			
Unlisted (Check One)	<input type="checkbox"/> No			<input type="checkbox"/> Yes

<b>Father</b>	Last Name _____	Deceased	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	First Name _____			
	(*)Mailing Address _____	Should mailings be sent if not		
	City _____	custodial parent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	State _____			
	Zip Code _____	Student Resides With?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Phone Number _____			
Unlisted (Check One)	<input type="checkbox"/> No			<input type="checkbox"/> Yes

<b>Guardian</b>	Relation _____			
	Last Name _____	Deceased	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	First Name _____			
	(*)Mailing Address _____	Should mailings be sent if not		
	City _____	custodial parent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	State _____			
	Zip Code _____	Student Resides With?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Phone Number _____			
Unlisted (Check One)	<input type="checkbox"/> No			<input type="checkbox"/> Yes

<b>Other</b>	Relation _____			
	Last Name _____	Deceased	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	First Name _____			
	(*)Mailing Address _____	Should mailings be sent if not		
	City _____	custodial parent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	State _____			
	Zip Code _____	Student Resides With?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Phone Number _____			
Unlisted (Check One)	<input type="checkbox"/> No			<input type="checkbox"/> Yes

(\*) If different from student's address

**HAMILTON COUNTY MATHEMATICS AND SCIENCE ACADEMY  
AUTHORIZATION TO RELEASE INFORMATION**

\_\_\_\_\_ authorizes the release of the records of  
Parent / Guardian Name

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid. Initial \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mon / Day / Year

From the Following School/Institution:

Most Recent School/Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

The following records may be released.

Transcript of subjects and grades	Ohio Proficiency Test Results
Attendance Record	Standardized Test Results
Psychological or Other Individual Test Results	Health Records
IEP and Special Education Records, If Applicable	Personally Identifiable Information

The records may be released to:

New School: Hamilton County Mathematics and Science Academy  
Address: 2675 Civic Center Drive  
City, State, Zip Code: Cincinnati, Ohio 45231  
Telephone No. 513 728-8620 Fax No: 513 728-8623

I am authorizing the release of these records for these reasons. Please check one.

- I am the subject of these records and 18 years of age or older.  
 I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

\_\_\_\_\_  
Signature Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Request For Records**

To the Registrar:

Please send the above records, if available for this student, as soon as possible.  
If records are not available, please return our request indicating the following:

- No Records Available. Reason(s): \_\_\_\_\_  
 Unable to Send Records. Reason(s): \_\_\_\_\_

We would appreciate receiving any additional information that would enable us to better meet the individual needs of the student. Thank you for your prompt cooperation.

Sincerely, \_\_\_\_\_  
School Registrar Date \_\_\_\_\_