

# Registration

2420 St. Paris Pike  
Springfield, Ohio 45504  
Phone: 937-399-8900  
Fax: 937-399-8173

Please print and be as thorough as possible

School Year \_\_\_\_\_

## Student Information

Currently located in what school district \_\_\_\_\_  
Sex (circle) M F US Citizen Yes \_\_\_ No \_\_\_

Student Social Security Number \_\_\_\_\_ Grade \_\_\_\_\_

Please circle one: Alaskan/ Am Indian African/American  
White/Caucasian Multi-Racial  
Asian/Pacific Islander

Full Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City State

Home address \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Parent/Guardian Information

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address if different \_\_\_\_\_ Address if different \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone No. \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone No. \_\_\_\_\_

## Family Information

Names of Brothers and Sisters

Age

School and Grade

_____	_____	_____
_____	_____	_____

List any siblings or relatives who have attended Ridgewood School

\_\_\_\_\_

Grandparents

(If Living)

Grandparents

(If Living)

Address

Address

_____	_____
_____	_____

## School History

List other schools that have been attended by the applicant (current school first)

Name

Address

Grade (s)

Name

Address

Grade (s)

What grades, if any, have been skipped? \_\_\_\_\_ Repeated? \_\_\_\_\_

Please list any extra curricular activities in which the applicant has participated \_\_\_\_\_

\_\_\_\_\_

## General Information

List any languages, other than English that are spoken at home \_\_\_\_\_

Does your child have physical handicaps or allergies that would limit participation in school activities? \_\_\_\_\_

Has your child had any serious physical or emotional illness? \_\_\_\_\_

Is your child now under the care of a physician? \_\_\_\_\_

If you answered yes to any of the questions above, please provide details. \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_