

CAMPBELL CITY SCHOOL DISTRICT
LEGAL CUSTODY REGISTRATION FORM
PUPIL PERSONNEL DEPARTMENT
280 SIXTH STREET
CAMPBELL, OHIO 44405

THIS FORM TO BE COMPLETED FOR EVERY STUDENT ENROLLED WHO IS IN THE LEGAL CUSTODY OF SOMEONE OTHER THAN THE NATURAL PARENT(S).

STUDENT NAME _____ D.O.B. _____
CURRENT ADDRESS _____ SS# _____
LEGAL CUSTODIAN _____ DATE OF CUSTODY CHANGE _____
CURRENT GRADE _____ REGULAR EDUCATION _____ SPECIAL EDUCATION _____
SPECIAL EDUCATION/
RELATED SERVICES RECEIVED _____

LAST KNOWN ADDRESS OF NATURAL PARENT(S) WHEN TAKEN INTO CUSTODY _____

LAST SCHOOL ATTENDED _____

STREET _____ CITY _____ COUNTY _____

DATE ENROLLED _____

SIGNATURE - CUSTODIAL PARENT OR AGENCY REP. _____

WITHDRAWAL INFORMATION

SCHOOL YEAR _____ LAST DAY OF ATTENDANCE _____

TOTAL DAYS IN CUSTODIAL ATTENDANCE _____