



Fort Frye Local Schools Registration

510 Fifth Street P.O. Box 1149 Beverly, Ohio 45715 Phone: 740-984-2497 Fax: 740-984-8784

Student's Legal Name: _____ Grade: _____ School: _____

Student's Date of Birth: _____ City of Birth: _____ Gender: Male or Female

Primary Household (This is the address where the student resides)

Physical Address: Street: _____ City: _____ State: _____ Zip: _____

Mailing Address: Street: _____ City: _____ State: _____ Zip: _____

Parent/Guardian (Residential Parent)

First Name: _____ Last Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Infinite Campus Access: YES or NO Email Address: _____

Military Branch: _____ Start Date: _____ Status: _____

Parent/Guardian (or Step Parent)

First Name: _____ Last Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Infinite Campus Access: YES or NO Email Address: _____

Military Branch: _____ Start Date: _____ Status: _____

Members/Additional Students in Household (Name & Relationship to Student):

Secondary Household

Physical Address: Street: _____ City: _____ State: _____ Zip: _____

Mailing Address: Street: _____ City: _____ State: _____ Zip: _____

Parent/Guardian

First Name: _____ Last Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Infinite Campus Access: YES or NO Email Address: _____

Military Branch: _____ Start Date: _____ Status: _____

Parent/Guardian (or Step Parent)

First Name: _____ Last Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Infinite Campus Access: YES or NO Email Address: _____

Military Branch: _____ Start Date: _____ Status: _____

Members/Additional Students in Household (Name & Relationship to Student):

Student Information:

Please circle one or more that apply: Asian American Indian/Alaskan Native
Hispanic Native Hawaiian/Other Pacific Islander
White Black/African American

Is the Primary Race Hispanic: YES or NO

Student's First Language: English or Other _____ Language Spoken at Home: English or Other _____

Is the student an Open Enrollment Student: YES or NO If YES, Name of School District: _____

Has this Student ever been retained: YES or NO If YES, Grade: _____

Does the student have any handicaps or special medical issues: YES or NO Explain: _____

Is the student enrolled in any special needs programs (IEP/504 plan): YES or NO

Is this student interested in participating in OHSAA Athletics grades 7-12: YES or NO

Is this student suspended or expelled from their current school at this time: YES or NO

Release of Records:

Last School District Attended: _____ Phone: _____ Fax: _____

Mailing Address: _____

In compliance with the Family Educational Rights and Privacy Act of 1974, I hereby authorize and request the above named district to disclose and give copies of all records and information concerning the undersigned which you may have in your possession, but not limited to the following:

Release Records to: (please circle one)

For Frye High School	Beverly-Center	Lowell	Salem Liberty
Guidance	Elementary	Elementary	Elementary
PO Box 1089	PO Box 1028	305 Market St.	10930 State Route 821
Beverly, OH 45715	Beverly, OH 45715	Lowell, OH 45744	Lower Salem, OH 45745
Fax: 740-984-2501	Fax: 740-984-8167	Fax: 740-896-3425	Fax: 740-585-2638
kelli.walsh@fortfrye.org	theresa.warren@fortfrye.org	kim.newsad@fortfrye.org	jerry.lowe@fortfrye.org

Please email most recent signed ETR/IEP to Karen Kubota at karen.kubota@fortfrye.org

Authorization for Release of Records:

Name of Student: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

- | | |
|----------------------------------|-----------------------------------|
| _____ Registration Form | _____ IEP/ETR/504 plan |
| _____ Original Birth Certificate | _____ Fax Records Request |
| _____ Proof of Residency | _____ Create IC Record |
| _____ Open Enrollment Approval | _____ CUM folder sent to Building |
| _____ Custody Agreement | _____ Email Transportation |
| _____ Immunization | _____ Email Building |

Registration Observed By: _____ Date: _____

Admission Completed By: _____ Date: _____