



Perry Township Schools

6548 Orinoco Avenue · Indianapolis, Indiana 46227 · 317.789.3700

School Name/Code

STUDENT ENROLLMENT & EMERGENCY CONSENT FORM

Enrollment Date _____ Current Grade (based on # of years in H.S. if applicable) _____ Graduation Year _____

STUDENT INFORMATION

Last _____ First _____ Middle _____

Lineage (i.e. Jr, I, II, etc.) _____ Male _____ Female _____ DOB _____

Street Address _____ City _____ State _____ Zip Code _____

Is the name or rental agreement for the address listed in your name Yes _____ No _____

STUDENT LIVES WITH: Guardianship*

Both Parents _____ Mother Only _____ Father Only _____ Mother & Stepfather _____ Father & Stepmother _____

Other _____ If other, what is relationship to child? _____

***If you marked anything other than "Both Parents," please indicate any other important custody information below:**

Who is Legal Guardian and/or has Legal Custody? _____

Are there custodial/guardianship papers? Yes ___ No ___ If yes, papers must be provided. Is this a Foster child? Yes ___ No ___

Are you currently living in transition(doubled up with another family, in a shelter or in your vehicle)? Yes ___ No ___

STUDENT BIRTH INFORMATION

Date of Birth			Is the student a refugee? No ___ Yes ___; If yes list I-94 _____ If yes, what is United States Arrival Date _____ If yes, which of the following resettlement agencies: ____ Catholic Charities ____ Exodus ____ Out of State Agency Has student been enrolled in a US school before? (K-12 only) No ___ Yes ___ If yes, please provide state _____; Date student first enrolled in school in US _____
Month	Day	Year	
Place of Birth			
City	State	County	

Born Outside of U.S.? Yes _____ No _____ If yes, which country _____

When the school staff needs to contact you, which language do you prefer? Please **choose only one** of the following:

_____ English _____ Spanish _____ Chin/Hakha _____ Arabic _____ Swahili

PARENT CONTACT INFORMATION (please circle one)

Mother / Stepmother / Guardian		Father / Stepfather / Guardian	
Name _____	Name _____	Name _____	Name _____
Address _____	Address _____	Address _____	Address _____
City, State, Zip _____	City, State, Zip _____	City, State, Zip _____	City, State, Zip _____
Phone Numbers / Email Address		Phone Numbers / Email Address	
Home _____ Work _____	Home _____ Work _____	Home _____ Work _____	Home _____ Work _____
Cell _____	Cell _____	Cell _____	Cell _____
Home email: _____	Home email: _____	Home email: _____	Home email: _____

* PARENT MILITARY? ACTIVE DUTY RESERVE

PREVIOUS SCHOOL INFORMATION

Last School Attended: _____ Grade _____ Withdrawal Date: _____

Address: _____ Phone # _____

City _____ State _____ ZIP _____ Fax # _____

Has child ever attended another Perry Township School? Yes _____ No _____ If yes, Perry School Attended _____

Is student currently suspended/expelled from school or in process of being suspended/expelled from school? Yes ___ No ___

ANY SPECIAL PROGRAM PLACEMENT (mark or circle)

Advanced Title 1 EL(limited English) Special Education Current IEP 504 Instruction Psychological Testing Counseling 21st Century Scholar

This school year, has student taken any of the following: Art Band Orchestra Chorus P.E. Foreign Language

Played a musical instrument? Yes ___ No ___; if yes, which instrument _____

Participated in athletics at previous school? Yes ___ No ___ If yes, which sport(s) _____; Do they plan to participate here? Yes ___ No ___

Please list any conditions or characteristics that may be helpful to teacher or principal in working with student _____

PHYSICAL LIMITATIONS

Yes ___ No ___ If yes, describe: _____

LIST SIBLINGS ATTENDING OTHER PERRY TOWNSHIP SCHOOLS (list on separate sheet if needed)

Name _____ School _____ Grade _____
Name _____ School _____ Grade _____
Name _____ School _____ Grade _____
Name _____ School _____ Grade _____

EMERGENCY CONTACTS

Your child can ONLY be released to the individuals listed below unless otherwise notified in writing.

Name _____ Relationship to Student _____
Name _____ Relationship to Student _____
Cell #: _____ Home #: _____ Cell #: _____ Home #: _____

ALERT INFORMATION (DO NOT RELEASE TO):

Name _____ Relationship _____
Name _____ Relationship _____

Additional alert information:

MEDICAL ALERT INFORMATION / HISTORY/ALLERGIES

Diagnosis/Allergies/Restrictions? Yes _____ No _____ If yes, please give brief description below.

In the case of minor accidents or illnesses, I authorize the school's staff to provide medical treatment. In case of serious accident or illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary. I also give permission to release medical information to staff.

I will assume financial responsibility. Signature of Parent or Guardian _____

Family Doctor _____ Phone _____ Hospital Preference _____

School Clinics are staffed by Community Health Network RNs/LPNs/CMAs.

A consent to treat form must be signed (included) for your child to be seen in the clinic.

High School Applicant Only-HIGHEST LEVEL OF PARENTAL EDUCATION(needed for DOE reports)

Father: Elem/Middle _____ Some High School _____ High School Grad _____ Some College _____ College Grad _____ Grad Work _____

Mother: Elem/Middle _____ Some High School _____ High School Grad _____ Some College _____ College Grad _____ Grad Work _____

**SIGNATURES REQUIRED - PLEASE SIGN AND DATE BELOW
TECHNOLOGY USE GUIDELINES**

Internet access through the school district is a valuable learning resource for students. Students will be permitted to have access to the Internet and the school district's computer network unless their parent/guardian files a written objection at the beginning of each school year. A form for refusing student access may be found on the school district website: perryschools.org

(To review the district's Acceptable Use Policy: Please go to the district website under Parents and Community)

Parent/Guardian Signature: _____ Date _____

PERMISSION FOR PUBLICATION

I give permission for my child to have his/her picture and name published for any township related activities/sports.

Parent/Guardian Signature: _____ Date _____

**** YOUR CHILD IS NOT OFFICIALLY ENROLLED UNTIL HIS/HER BIRTH CERTIFICATE, IMMUNIZATION RECORD AND PROOF OF RESIDENCY ARE VERIFIED ---ANY INFORMATION OMITTED OR FALSIFIED BY PARENT MAY INVALIDATE THIS ENROLLMENT****

Parent/Guardian Signature: _____ Date _____

OFFICE USE ONLY

Enrollment Date _____ Grade Level _____ Other(student) # _____ STN _____
SS # _____ Bus # _____ Food Service _____ Locker/Combo _____ Classroom _____

PAPERS RECEIVED / VERIFIED

Birth Certificate / I-94 Card Yes ___ No ___ Date Received _____
Passport or Visa Yes ___ No ___ Date Received _____
Immunization Records Yes ___ No ___ Date Received _____
Address Verified Yes ___ No ___ Date Received _____
Utility Bill: elec, gas, cable, water, phone Yes ___ No ___ Date Received _____
Custodial Papers Yes ___ No ___ Date Received _____
Home Language Survey (Original) Yes ___ No ___ Date Received _____
Race/Ethnicity Survey (Original) Yes ___ No ___ Date Received _____

Transcript Requested on _____ 2nd Request _____ Transcript received on _____

If transcripts not received, please list reason:

GQE: English/Math - Pass _____ Fail _____