Perry Township Schools

6548 Orinoco Avenue · Indianapolis, Indiana 46227 · 317.789.3700

STUDENT ENROLLMENT & EMERGENCY CONSENT FORM　　2020-2021

School Name/Code

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		
Month	**Day**	**Year**
Place of Birth		
City	**State**	**County**

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 _____

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 _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip_____
Phone Numbers / Email Address	**Phone Numbers / Email Address**
Home_____ Work_____	**Home_____ Work_____**
Cell_____	**Cell_____**
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 _____   Name _____

Relationship to Student _____   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 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 will assume financial responsibility. I also give permission to release medical information to staff.

Signature of Parent or Guardian_____

Family Doctor _____ Phone _____ Hospital Preference _____

Our School Nurse program is staffed by nurses from Community Health Network and will provide limited services to all students, including but not limited to - **screening for signs of illness, first aid/emergency care, referral to health providers in the community, nutrition services, health education, health screenings and immunization information**. This is a School clinic and all records are maintained by the School. **There is no charge to you for the services received.**

If your child needs prescription or over the counter medicine, management of chronic health conditions or any health needs requiring a physician order while in school, your **written permission is required, in advance.** In an emergency situation, to prevent death or serious injury, the School Nurse and School staff will act to prevent such injury or death and stabilize the situation.

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; click Technology Resources, scroll down to Policies)

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 _____

Birth Certificate/ I-94 Card	Yes ___ No ___ Date Rcvd_____	Custodial Papers	Yes ___ No ___ Date Rcvd_____
Passport or Visa	Yes ___ No ___ Date Rcvd_____	Home Language Survey (**Origina**l)	Yes ___ No ___ Date Rcvd_____
Immunization Records	Yes ___ No ___ Date Rcvd_____	Race/Ethnicity Survey (**Original**)	Yes ___ No ___ Date Rcvd_____
Address Verified	Yes ___ No ___ Date Rcvd_____		

COMPLETE ONLY IF APPLICABLE TO YOUR SCHOOL

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

If transcripts not received, please list reason:

GQE: English/Math - Pass _____ Fail_____   (June, 2020)