



Perry Township Schools

6548 Orinoco Avenue · Indianapolis, Indiana 46227 · 317.789.3700

School Name/Code

STUDENT ENROLLMENT & EMERGENCY CONSENT FORM

21-22

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

Place of Birth: City _____ State _____ County _____

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

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

PARENT CONTACT INFORMATION (please circle one)

Mother / Stepmother / Guardian

Father / Stepfather / Guardian

Name _____ Name _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____

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

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

Has student been enrolled in a US school before? (K-12 only) No ___ Yes ___
If yes, Date student first enrolled in US school _____

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. Students will be provided technology equipment which requires reasonable care and can create financial liability for breakage. 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 (Original)	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 _____