

**PERRY TOWNSHIP SCHOOLS**

6548 Orinoco Avenue | Indianapolis, Indiana 46227 | 317-789-3700

STUDENT ENROLLMENT & EMERGENCY CONSENT FORM

School Name/Code

25-26

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 BIRTH INFORMATION

Place of Birth: City _____ State _____ County _____

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

Is the student a refugee? _____ I-94 _____

U.S. Arrival Date _____ Resettlement Agencies (circle one) Catholic Charities - Exodus - Out of State Agency

PARENT/GUARDIAN CONTACT INFORMATION**Parent/Guardian 1****Parent/Guardian 2**

Name _____

Name _____

Relationship to Student _____

Relationship to Student _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Home # _____ Work # _____

Home # _____ Work # _____

Cell # _____

Cell # _____

Preferred Email: _____

Preferred Email: _____

STUDENT LIVES WITH:

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 _____

* PARENT/GUARDIAN MILITARY ? _____ ACTIVE DUTY _____ RESERVE _____

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

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

PREVIOUS SCHOOL INFORMATION

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) _____

Does the student plan to participate in athletics at this school? Yes _____ No _____

Please list any conditions or characteristics that may be helpful to teacher or principal in working with your 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 _____ Cell #: _____ Home #: _____	Name _____ Relationship to Student _____ Cell #: _____ Home #: _____	
CRITICAL ALERT INFORMATION (DO NOT RELEASE TO) Legal Paperwork needs to be provided:		
Name _____ Relationship _____ Name _____ Relationship _____		
Additional alert information:		
MEDICAL ALERT INFORMATION / HISTORY/ALLERGIES		
Diagnosis/Allergies/Restrictions? Yes _____ No _____ If yes, please give brief description below.		

<p style="text-align: center;">In case of serious accident or illness, I request the school contact me.</p> <p>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.</p> <p>If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.</p> <p>I will assume financial responsibility. I also give permission to release medical information to staff.</p> <p style="text-align: center;">Signature of Parent or Guardian _____</p>		
Family Doctor _____ Phone _____ Hospital Preference _____		
<p>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.</p> <p>Your written permission is required, in advance, if your child has a prescription or over the counter medicine, or requires management of chronic health conditions or any health needs with a physician order while in school. 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.</p>		
High School Applicant Only-HIGHEST LEVEL OF PARENTAL EDUCATION(needed for DOE reports)		
Parent/Guardian 1: Elem/Middle _____ Some High School _____ High School Grad _____ Some College _____ College Grad _____ Grad Work _____		
Parent/Guardian 2: Elem/Middle _____ Some High School _____ High School Grad _____ Some College _____ College Grad _____ Grad Work _____		
SIGNATURES REQUIRED - PLEASE SIGN AND DATE BELOW		
TECHNOLOGY USE GUIDELINES		
<p>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.</p> <p>Students will be provided technology equipment which requires reasonable care and can create financial liability for breakage.</p> <p>A form for refusing student access may be found on the school district website: perryschools.org</p> <p style="text-align: center;">(To review the district's Acceptable Use Policy: Please go to the district website under Parents; click Technology Resources, scroll down to Policies)</p>		
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/GUARDIAN 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/Resident Card Yes _____ No _____ Date Rcvd _____ Migrant Work Survey 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 _____ Custodial Papers 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 _____		