



PERRY TOWNSHIP SCHOOLS

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

STUDENT ENROLLMENT & EMERGENCY CONSENT FORM

School Name/Code

26-27

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

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.**

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.

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**

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/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 _____