



Perry Township Schools

6548 Orinoco Avenue · Indianapolis, Indiana 46227 · 317.789.3700

School Code

Bus #

STUDENT REGISTRATION & EMERGENCY CONSENT FORM

STUDENT INFORMATION

Last _____ First _____ Middle _____
 Lineage (i.e. Jr, I, II, etc.) _____ Male _____ Female _____ DOB _____
 Street Address _____ City _____ State _____ ZIP _____

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 custody papers? Yes _____ No _____ If yes, papers must be provided. Is this a Foster child? Yes _____ No _____

BIRTH INFORMATION

Date of Birth			Place of Birth		
<u>Month</u>	<u>Day</u>	<u>Year</u>		<u>City</u>	
				<u>State</u>	
				<u>County</u>	
Born Outside of U.S.? Yes _____ No _____			I94 Number _____		

PARENT CONTACT INFORMATION

Mother / Stepmother / Guardian		Father / Stepfather / Guardian	
Name _____		Name _____	
Address _____		Address _____	
Parent Phone #'S / Email Address		Parent Phone #'s / Email Address	
<u>HOME</u>	<u>WORK</u>	<u>HOME</u>	<u>WORK</u>
<u>CELL</u>		<u>CELL</u>	
Home email: _____		Home email: _____	

* PARENT MILITARY? ACTIVE DUTY RESERVE

PREVIOUS SCHOOL & MISC. INFORMATION

Last School Attended: _____ Grade: _____
 Address: _____ Phone # _____
 City _____ State _____ ZIP _____ Fax # _____
 Has child ever attended another Perry Township School? Yes _____ No _____ School Attended _____

Any Special Program Placement

Gifted/Talented _____ Title 1 _____ EL _____ Special Education _____ Psychological Testing _____ Counseling _____

Physical Limitations

Yes _____ No _____ If yes, describe _____

List siblings attending other Perry Township schools:

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 _____

MEDICAL ALERT INFORMATION / HISTORY/ALLERGIES

Restrictions? Yes ____ No ____ If yes, please give brief description below.

In the case of minor accidents or illnesses, I authorize the school's wellness clinic 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 _____

SIGNATURE 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 _____

OFFICE USE ONLY

Date of Enrollment _____ Grade Level ____ Classroom _____ Student No _____ STN _____

PAPERS RECEIVED / VERIFIED

Birth Certificate / I94 Card	Yes ____ No ____	Date Received _____
Immunization Records	Yes ____ No ____	Date Received _____
Address Verified	Yes ____ No ____	Date Verified _____
Custody Papers	Yes ____ No ____	Date Received _____



PERRY TOWNSHIP SCHOOLS HOME LANGUAGE SURVEY

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982). The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file. Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the WIDA ACCESS placement test will be administered to determine whether or not the student will qualify for additional English language development support.

THE HLS IS A DOCUMENT THAT SHOULD ONLY BE FILLED OUT ONCE IN A STUDENT'S EDUCATIONAL CAREER. IF THE STUDENT IS ENROLLING IN SCHOOL FOR THE FIRST TIME EVER, OR MOVES FROM OUTSIDE INDIANA THEN A HLS SHOULD BE GIVEN TO COMPLETE.

IF THE STUDENT IS ENROLLING IN YOUR SCHOOL CORPORATION FROM A SCHOOL WITHIN INDIANA, YOUR SCHOOL SHOULD LOOK FOR THE ORIGINAL HLS THAT WAS GIVEN TO THE STUDENT FROM THE INDIANA SCHOOL CORPORATION WHERE THE STUDENT ORIGINALLY ATTENDED.

Student's Name _____
Nombre del Estudiante Last First
Siangngakchia min

Date of Birth _____ Grade _____ School Year _____ Date: _____
Fecha de Nacimiento Grado Año Escolar Fecha
Chuah Kum Cataang Sianginn Kaikum Ni thla

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____
¿Qué idioma **el estudiante** aprendió hablar primero?
Siangngakchia nih a hmanmi kokek holh zeih dah asi?
2. What language(s) is spoken most often by the **student**? _____
¿Qué idioma(s) habla frecuentemente **el estudiante**?
Siangngakchia nih a hman tam cemmi zeih holh dah asi?
3. What language(s) is spoken by the **student** in the home? _____
¿Qué idioma(s) habla **el estudiante** en la casa?
Siangngakchia nih inn ah zeih holh in dah a holh?
4. Has the student been enrolled in a US school before? (K-12) No _____ Yes _____
¿Ha inscrito a su niño(a) en alguna escuela en USA anteriormente (Kinder-12)? No Si
Siangngakchia hi cuhlan ah US sianginn ah a kai bal kang maw? Kai bal lo Kai bal

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

By signing here, you certify that responses to the three first questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English Learner and will be tested annually to determine their English language proficiency. This home language survey will not be changed under any circumstances.

For School Use Only:

1.- Flag a student in Skyward (if a language other than English is indicated for any of the questions in the HLS).

2.- Place a copy of the HLS and the **I-94 card both sides (refugee students ONLY)** on the EL teacher's mail box.

3.- If your school has tried multiple times to contact the student's previous school corporation, but they will not provide you with the HLS, as a LAST resort you may administer a new HLS. However, multiple attempts should be made to obtain the original HLS. If you must administer a new HLS, proper documentation indicating dates and times that attempts were made to obtain the HLS should be placed in the student's cumulative folder.

Call the EL Office if you have any questions on how to flag EL students in Skyward 789-3988.



NAME: _____

Race and Ethnicity: (Note: Both part 1 and Part 2 of the question must be answered.)

Part 1: Ethnicity	<p>Is this individual Hispanic/Latino? (Choose one only.)</p> <p><input type="checkbox"/> No, not Hispanic/Latino (If response is "No", continue to Part 2.)</p> <p><input type="checkbox"/> Yes, Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (If response is "Yes", continue to Part 2.)</p>
Part 2: Race	<p>What is the individual's race? (Choose one or more.)</p> <p><input type="checkbox"/> American Indian or Alaska Native: A Person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.</p> <p><input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Viet Nam.</p> <p><input type="checkbox"/> Black or African-American: A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.</p>