



# Perry Township Schools

6548 Orinoco Avenue · Indianapolis, Indiana 46227 · 317.789.3700

School Name/Code

## STUDENT ENROLLMENT & EMERGENCY CONSENT FORM

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			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 _____
Month	Day	Year	
Place of Birth			
City	State	County	

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 _____	Name _____	Name _____
Address _____	Address _____	Address _____	Address _____
City, State, Zip _____	City, State, Zip _____	City, State, Zip _____	City, State, Zip _____
Phone Numbers / Email Address		Phone Numbers / Email Address	
Home _____ Work _____	Home _____ Work _____	Home _____ Work _____	Home _____ Work _____
Cell _____	Cell _____	Cell _____	Cell _____
Home email: _____	Home email: _____	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 the case of minor accidents or illnesses, I authorize the school's 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 \_\_\_\_\_

School Clinics are staffed by Community Health Network RNs/LPNs/CMAs.

A consent to treat form must be signed (included) for your child to be seen in the clinic.

**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 and Community)

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 \_\_\_\_\_

**PAPERS RECEIVED / VERIFIED**

Birth Certificate / I-94 Card	Yes ___ No ___	Date Received _____
Passport or Visa	Yes ___ No ___	Date Received _____
Immunization Records	Yes ___ No ___	Date Received _____
Address Verified	Yes ___ No ___	Date Received _____
Utility Bill: elec, gas, cable, water, phone	Yes ___ No ___	Date Received _____
Custodial Papers	Yes ___ No ___	Date Received _____
Home Language Survey (Original)	Yes ___ No ___	Date Received _____
Race/Ethnicity Survey (Original)	Yes ___ No ___	Date Received _____

Transcript Requested on \_\_\_\_\_ 2nd Request \_\_\_\_\_ Transcript received on \_\_\_\_\_

If transcripts not received, please list reason:

GQE: English/Math - Pass \_\_\_\_\_ Fail \_\_\_\_\_