



Perry Township Schools

6548 Orinoco Avenue · Indianapolis, Indiana 46227 · 317.789.3700

STUDENT ENROLLMENT & EMERGENCY CONSENT FORM

School Name/Code

Enrollment Date: (mm/dd/ccyy) 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 Stepfather & Stepmother
..... \@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 Select or Circle Contact Relationship)

Mother / Stepmother / Guardian

Father / Stepfather / Guardian

Name Address 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 prev. 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

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 _____