



# Perry Township Schools

6548 Orinoco Avenue · Indianapolis, Indiana 46227 · 317.789.3700

School Name/Code

## STUDENT ENROLLMENT & EMERGENCY CONSENT FORM

22-23

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.**

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)**

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 _____		
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 \_\_\_\_\_