



School Enrollment Form

School: _____

School Year: 20____ to 20____

For Office Use Only:

<input type="checkbox"/> Parent/Guardian Photo ID	STN: _____	<input type="checkbox"/> ESSA Approved (if foster)
<input type="checkbox"/> Birth Certificate or Equivalent	Enrollment Date: _____	<input type="checkbox"/> Transfer Approved (if applicable)
<input type="checkbox"/> Social Security Card (Optional)	Start Date: _____	<input type="checkbox"/> IEP or 504 Plan
<input type="checkbox"/> Immunization Records	Student ID: _____	<input type="checkbox"/> File from former EACS school
<input type="checkbox"/> Proof of Residency Item #1	<input type="checkbox"/> Original IN Home Language Survey	Date Records Request Sent: _____
<input type="checkbox"/> Proof of Residency Item #2	<input type="checkbox"/> Bus Route Request	Date Request Received: _____

Student Information (please print)

<p>Last Name: _____</p> <p>First Name: _____</p> <p>Middle Name: _____</p> <p>Suffix (Jr, II, etc): _____</p> <p>Date of Birth: _____</p> <p>Grade: _____</p> <p>Gender on legal documentation: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Social Security Number: _____</p>	<p>Is the student Hispanic/Latino? (Must choose one)</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)</p> <p><input type="checkbox"/> NO, not Hispanic/Latino</p> <p>What is the student's race? (Choose one or more)</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p>Student's Country of Birth: _____</p> <p>Date Student first Enrolled in US Schools: _____ (Only needed if born outside the US)</p>
<p>Previously enrolled in an Indiana school? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Previously enrolled in an East Allen County (EACS) school? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Pending or currently serving an expulsion or other separation from school due to disciplinary action? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the student a ward of the state and/or in foster care? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Does the student have a current/active Individualized Education Plan (IEP, special education) or 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Enrollment History (please print)

Name of School Most Recently Attended: _____

City, State: _____ Last Grade Completed: _____

Was the student attending an alternative school within the past 12 months? YES NO

Was the student placed in a residential facility (for more than one week) in the past 12 months? YES NO

Sibling Information (Including Step and Half-siblings) (please print)

Please identify all siblings also attending EACS, regardless of home address. If more room is needed, please record on additional paper.

Sibling Name	EACS School	Grade	Birth Date	Lives at same address as student?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

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Name of Enrolling Student: _____

Household Where Student Resides (*please print*) *Please list non-custodial parent as an "Other Contact" below.

Student's Primary (Household) Address:

Street: _____ City: _____ State: _____ Zip: _____

Student's Primary Mailing Address: (If Different)

Street: _____ City: _____ State: _____ Zip: _____

Household Adult #1

(This adult lives with the student at the primary address listed above and is usually the first person contacted.)

Last Name: _____

First Name: _____

Gender: Female Male

Relationship to student: _____

Primary phone: _____

Alternate phone: _____

E-mail: _____

Check all that apply:

- This person is a parent listed on the student's birth documentation or is a court-appointed legal guardian of the student.
- This person may be contacted in an emergency and may pick up the student from school.
- This person may be provided with online access to the student's records.

Household Adult #2 (if applicable)

(This adult lives with the student at the primary address listed above and is usually the second person contacted.)

Last Name: _____

First Name: _____

Gender: Female Male

Relationship to student: _____

Primary phone: _____

Alternate phone: _____

E-mail: _____

Check all that apply:

- This person is a parent listed on the student's birth documentation or is a court-appointed legal guardian of the student.
- This person may be contacted in an emergency and may pick up the student from school.
- This person may be provided with online access to the student's records.

Other Contacts To include any parent not residing with the student. At least one contact outside the household is required for emergency purposes (even if living out of state) if household members cannot be reached. (*please print*)

Contact #1 (Usually the first person called after the primary household members.)

Last Name: _____

First Name: _____

Gender: Female Male

Relationship to student: _____

Address: _____

Primary phone: _____

Alternate phone: _____

E-mail (optional): _____

Check all that apply:

- This person is a parent listed on the student's birth documentation or is a court-appointed legal guardian of the student.
- This person may be contacted in an emergency and may pick up the student from school.
- This person may be provided with online access to the student's records.

Contact #2 (Usually the second person called after the primary household members.)

Last Name: _____

First Name: _____

Gender: Female Male

Relationship to student: _____

Address: _____

Primary phone: _____

Alternate phone: _____

E-mail (optional): _____

Check all that apply:

- This person is a parent listed on the student's birth documentation or is a court-appointed legal guardian of the student.
- This person may be contacted in an emergency and may pick up the student from school.
- This person may be provided with online access to the student's records.

Note: It is the responsibility of the parent to provide copies of court-issued custody papers, if applicable.

Falsification of information on this enrollment form may result in immediate exclusion and/or tuition due from date of enrollment.

Printed name of person enrolling student: _____

Signature of person enrolling student: _____ Date: _____

Reminder: Enrollment is not complete until online registration in Skyward is also completed.