



_____ Enrollment Date
_____ ID #
_____ STN #
<b>FOR OFFICE USE ONLY</b>

**ENROLLMENT FORM**

**STUDENT'S NAME:** \_\_\_\_\_ **NICKNAME:** \_\_\_\_\_  
(last) (first) (middle)

**CURRENT DATE:** \_\_\_\_\_ **CURRENT GRADE:** \_\_\_\_\_ **GENDER:** \_\_\_ Male \_\_\_ Female

**HAS STUDENT PREVIOUSLY ATTENDED AN EAST ALLEN COUNTY SCHOOL?** \_\_\_ Yes \_\_\_ No

**HAS STUDENT PREVIOUSLY ATTENDED AN INDIANA SCHOOL?** \_\_\_ Yes \_\_\_ No

**WITHIN THE LAST 3 YEARS, HAS YOUR CHILD(REN) MOVED FROM ONE SCHOOL DISTRICT TO ANOTHER WITHIN THE UNITED STATES, WITH A PARENT, RELATIVE OR GUARDIAN SO THAT PERSON COULD LOOK FOR SEASONAL OR TEMPORARY WORK IN AGRICULTURE?** \_\_\_ Yes \_\_\_ No

**IS THE PARENT(S)/GUARDIAN(S) AN ACTIVE DUTY MEMBER OF THE ARMED FORCES?** \_\_\_ Yes \_\_\_ No

**DISTRICT OF RESIDENCE:** (For students who desire to enroll in a school outside of their attendance area).

\_\_\_ East Allen County School Choice Transfer **Home School Name** \_\_\_\_\_

\_\_\_ Tuition Transfer (For students living outside of EACS) **Home School Name** \_\_\_\_\_

**BIRTH DATE:** (month/day/year) \_\_\_ / \_\_\_ / \_\_\_ **SOC SEC #:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_  
\_\_\_ Listed \_\_\_ Unlisted

**STUDENT'S HOME ADDRESS:** \_\_\_\_\_  
(house number / street name) (city / state / zip)  
Lot/Apt Number \_\_\_\_\_

**Is this a temporary, transitional or emergency residence due to economic hardship?** \_\_\_ Yes \_\_\_ No

**MAILING ADDRESS:** (if different) \_\_\_\_\_  
(box / PO number) (city / state / zip)

**LEGAL GUARDIANSHIP:** Do you have legal guardianship of this student? \_\_\_ Yes \_\_\_ No

Legal Guardian Name: \_\_\_\_\_

**STUDENT LIVING WITH:** (check one) Both Parents (FM) \_\_\_ W/one parent (PS) \_\_\_ Father/stepmother (FS) \_\_\_ Mother/stepfather (MS) \_\_\_  
Guardian (GU) \_\_\_ Alone (LA) \_\_\_ One parent/other deceased (PD) \_\_\_ Spouse (SP) \_\_\_ Foster/Residential Care Facility (OT) \_\_\_  
Other: (specify): \_\_\_\_\_

**SPECIAL CUSTODY INSTRUCTIONS:** \_\_\_\_\_

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

**PARENT(S)/LEGAL GUARDIAN(S):** EMAIL ADDRESS: \_\_\_\_\_

**NAME(S):** \_\_\_\_\_ (Father) **CELL PHONE** \_\_\_\_\_  
\_\_\_\_\_ (Mother) **CELL PHONE** \_\_\_\_\_

**STUDENT'S ETHNIC/RACIAL ORIGIN:**

1. Is this student's ethnicity Hispanic/Latino? (**Choose only one**)  
\_\_\_ No, not Hispanic/Latino  
\_\_\_ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).
2. What is the student's race? (**Choose one or more**)  
\_\_\_ 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.  
\_\_\_ 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 Vietnam.  
\_\_\_ Black or African American: A person having origins in any of the black racial groups of Africa.  
\_\_\_ Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
\_\_\_ White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**SPECIAL SERVICES:** Has the student EVER had an IEP (for Speech or Special Education services) or had a 504 Plan? \_\_\_ No \_\_\_ Yes (explain below)

Does the student CURRENTLY have an IEP (for Speech or Special Education services) or have a 504 Plan? \_\_\_ No \_\_\_ Yes (explain below)

**LAST SCHOOL ATTENDED:**

School Name \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

School Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Has the student been suspended or expelled within the last school year? \_\_\_ No \_\_\_ Yes

Explain: \_\_\_\_\_

**LANGUAGE SERVICES:** Has the student ever received English language support services? \_\_\_ No \_\_\_ Yes

Is the student currently receiving English language support services? \_\_\_ No \_\_\_ Yes

Name of Country where student was born: \_\_\_\_\_

What date did the student first enroll in a United States school? \_\_\_\_\_ (month/day/year)

**EMERGENCY CONTACT INFORMATION**

School officials will attempt to make emergency contact in the sequence listed below if no information has been entered in the school online database. #\_\_\_ Sequence # - Enter "1" for the first adult to be called, "2" for the second, etc., in the space provided.

#\_\_\_ **Emergency Contact Person other than Parent/Guardian:**

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Company Name: \_\_\_\_\_

#\_\_\_ **Emergency Contact Person other than Parent/Guardian:**

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Company Name: \_\_\_\_\_

#\_\_\_ **Parent/Guardian Workplace OR Additional Contact Person**

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Misc/Work Place: \_\_\_\_\_

#\_\_\_ **Parent/Guardian Workplace OR Additional Contact Person**

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Misc/Work Place: \_\_\_\_\_

**HEALTH INSURANCE:**

\_\_\_ No \_\_\_ Yes I wish to have my contact information released to Brightpoint so that I may receive further information regarding Hoosier Healthwise and other public health insurance options available for my children and family. (If your child does not have insurance through your employer and currently does not receive Hoosier Healthwise/Medicaid, you may want to receive information from Brightpoint).

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

Printed name of person enrolling student \_\_\_\_\_

Signature of person enrolling student \_\_\_\_\_ Date \_\_\_\_\_