



LaPorte Community School Corporation
Pre-Enrollment Form for New Students

Please fill out and print the following forms for each child you wish to enroll in the LaPorte Community School Corporation. Bring these forms along with the following documentation to the school your child will attend: personal identification, student's birth certificate, student's immunization records, proof of residency

PARENT/GUARDIAN INFORMATION

Form for parent/guardian information including fields for Father, Mother, and Guardian (Last, First, Employer, Business Hours, Phone), Home Address, Mailing Address, and Email Address.

Emergency Contact Information

Please supply the names of two other persons who will be able to contact you OR who will be responsible for the student in your absence:

Emergency contact fields: Name/Relationship, Address, Phone

STUDENT ENROLLMENT INFORMATION

Student enrollment information fields including Student's Legal Name, Preferred Name, SSN#, School, Grade, Date Entered, Student Age, Birth Place, and Birth Date.

Check with Whom Student Lives, Racial Identity of the Student, Ethnicity, and Brothers and Sisters sections.

Legal Custody of Student is Maintained by: Court Documents on File? Type?

Special Services

Was your child receiving any special services such as: Speech, Title 1, Special Education, 504 accommodations, ESL, etc.? Yes No

If yes, what services was he/she receiving? _____

Is your child currently scheduled for a Special Education evaluation? Yes No

Are there any special circumstances concerning this student of which the school should be aware? _____

Allergies: _____ Medications: _____

Physical Conditions or Limitations: _____

Childcare and Early Dismissal Information

LPCSC Childcare Program: Before School M T W Th F After School M T W Th F

Babysitter _____ Before School M T W Th F After School M T W Th F

Babysitter Address _____ Babysitter Phone Number _____

All students need to have an individual early dismissal plan on file with the school in order to help ensure their safety. Please indicate your plan for your child during early/emergency dismissal situations by checking one of the following:

My child should ride the bus home. My child will be picked up from school by: _____ My child will _____

COMPLETE THIS SECTION IF YOUR CHILD IS AN ELEMENTARY STUDENT

COMPLETE THIS PORTION ONLY IF YOUR CHILD IS AN ENROLLING KINDERGARTEN STUDENT

Did your child attend pre-school? Yes No If so, which pre-school? _____

How many days per week? _____ How many hours per week? _____ How many years did he/she attend? _____

COMPLETE THIS PORTION ONLY IF THE STUDENT IS NEW TO THIS ELEMENTARY SCHOOL

Previous School: _____
Name of School Address City State Zip

Grade Enrolled at Previous School: _____ Has Student attended **ANY** of **LaPorte Schools** before?
School Grade Year

COMPLETE THIS SECTION IF YOUR CHILD IS A HIGH SCHOOL STUDENT

Has the student ever been expelled or incurred other serious disciplinary action? Yes No

Is the student currently expelled or pending expulsion? Yes No

Please do not include my child's name on the list for military recruiters.

Parent Signature: _____



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student’s home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the LAS Links placement test will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____

2. What language(s) is spoken most often by the **student**? _____

3. What language(s) is spoken by the **student** in the home? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____



Home Language Survey (HLS) Spanish Version

Encuesta del Idioma en el Hogar

El Decreto de los Derechos Civiles de 1964, Título VI, Cumplimiento de Normas para Minorías en Lenguaje, requiere a los distritos escolares y escuelas semi-autónomas que determinen el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer instrucción útil a todos los estudiantes de acuerdo con Plyler v. Doe, 457 U.S. 202 (1982).

El propósito de esta encuesta es determinar el idioma principal de su hijo/a en el hogar. Esta encuesta (HLS) tiene que darse a todos los estudiantes en el distrito escolar / escuela semi-autónoma. Esta encuesta (HLS) es administrada una vez, durante la matrícula inicial, y permanece en el archivo acumulativo del estudiante.

Por favor tenga en cuenta que las respuestas a la encuesta corresponden solamente a su hijo/a. Si en alguna de las tres preguntas escritas abajo, usted identifica un idioma diferente al inglés, la escuela administrará la Prueba del Desarrollo del Inglés (LAS Links) para determinar si su hijo/a calificará para el programa de desarrollo del idioma inglés.

Por favor responda las siguientes preguntas acerca del idioma(s) hablado por su estudiante:

1. ¿Cuál es el idioma o el dialecto nativo de su **hijo/hija**? _____
2. ¿Cuál es el idioma(s) más hablado por su **hijo/hija**? _____
3. ¿Cuál idioma(s) habla su **hijo/hija** en casa? _____

Nombre del Estudiante: _____ **Grado:** _____

Nombre del Padre, Madre o Guardián: _____

Firma del Padre, Madre o Guardián: _____ **Fecha:** _____

Al firmar aquí, usted certifica que las respuestas a las tres preguntas mencionadas arriba corresponden a su hijo/a. Usted entiende que si se ha identificado un idioma diferente al inglés, su hijo/a tendrá un examen para determinar si él o ella califica para el programa de desarrollo del idioma inglés, para ayudarlo/a a que sea fluente en inglés. Si entra en el programa de desarrollo del idioma inglés, su hijo/a, tendrá derecho a servicios que lo ayudarán a aprender el idioma inglés y tendrá un examen cada año para determinar su nivel de inglés.

For School Use Only / Para Uso de la Escuela Únicamente:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).


WORK SURVEY

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone: (____) _____

Date: _____ Parent Signature: _____

1. How long have you lived in this city/school district? _____
2. 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** ____ If you answered **NO**, please stop. 

If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____ Year _____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- | | |
|---|---|
| <input type="checkbox"/> Plant or harvest vegetables or fruits | <input type="checkbox"/> Canning vegetables or fruits |
| <input type="checkbox"/> Detassel corn | <input type="checkbox"/> Sod farm |
| <input type="checkbox"/> Tobacco farm | <input type="checkbox"/> Planting, pruning or cutting trees |
| <input type="checkbox"/> Poultry and/or egg farm | <input type="checkbox"/> Dairy farm |
| <input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant | <input type="checkbox"/> Flora culture/gladiola farm |
| <input type="checkbox"/> Aquaculture/fish hatcheries | <input type="checkbox"/> Green house or plant nursery |

Please list the names of all of the children in the household under 22 years of age.

Child's Name	Date of Birth (D.O.B.)
1.	
2.	
3.	
4.	
5.	

El Programa de Educación Migrante (MEP) provee servicios educativos suplementarios a niños que califican a través de fondos nacionales. El propósito del MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen el GED/HSE).

ENCUESTA DE TRABAJO

Gracias por contestar las siguientes preguntas. Si su hijo/a es elegible para el Programa de Educación Migrante, podría recibir apoyo educativo adicional. La información es **completamente confidencial**.

Nombre del Estudiante: _____ Nombres de los Padres: _____

Dirección: _____ Ciudad: _____ Teléfono: (____) _____

Fecha: _____ Firma de los Padres: _____

1. ¿Cuanto tiempo han vivido en esta ciudad/distrito escolar? _____
2. Durante los **últimos 3 años**, ¿Se ha mudado su(s) hijo(s) o han cambiado de distrito escolar dentro de los Estados Unidos, solo(s), o con un padre o pariente, para que esa persona pudiera buscar trabajo temporal o de temporada en algo relacionado con la agricultura?

SI _____ **NO** _____ Si contestó **NO**, favor de parar aquí. 

Si contestó **SÍ**, favor de continuar.

3. ¿Cuándo fue la última vez que usted o un miembro de su familia se mudó para trabajar en la agricultura? Mes _____ Año _____

4. Por favor marque en la parte abajo la actividad agrícola en que usted buscó trabajo o trabajó.

- | | |
|---|--|
| <input type="checkbox"/> Matadero de patos, pavos, pollos, cerdos o vacas | <input type="checkbox"/> Enlatar o congelar verduras o frutas en la bodega |
| <input type="checkbox"/> La espiga (maíz) | <input type="checkbox"/> Trabajar en la siembra o cosecha de césped |
| <input type="checkbox"/> Cultivar tabaco | <input type="checkbox"/> Plantar, emparejar o cortar árboles |
| <input type="checkbox"/> Pollería o granja de huevos | <input type="checkbox"/> Granja de vacas lecheras |
| <input type="checkbox"/> Plantar o cosechar verduras o frutas | <input type="checkbox"/> Cultivar y cosechar flores |
| <input type="checkbox"/> Trabajar en un criadero de peces | <input type="checkbox"/> Trabajar en la cría de plantas |

Por favor escribe los nombres de todos los niños, menores de 22 años de edad, que viven con usted.

Nombre del niño(a)	Fecha de nacimiento
1.	
2.	
3.	
4.	
5.	



I, _____ give the LaPorte Community School Corporation permission to release
The following information concerning my child, _____ to the Indiana
State Department of Health's children and Hoosiers Immunization Registry Program (CHIRP):

Name, immunization data, date of birth
and information I have provided at the bottom of this notice

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information will be available to the immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school that is attended by the individual, a child care center, and the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

Signature

Date

Printed Name of Parent or Guardian

Address

Telephone Number

Child's Name

Grade Level

Child's Date of Birth