



LaPorte Community School Corporation
Enrollment Information

School: _____ Teacher: _____ Grade: _____ Bus Number: _____ A.M. _____ P.M.

Student's Legal Name: _____ Date Entered: _____/_____/_____
Last First Middle Month Day Year

Student's Preferred Name: _____ Birth Date: _____/_____/_____ Male ___ Female ___ Home Telephone: _____
Month Day Year Cell Phone 1: _____ Cell Phone 2: _____

E-Mail Address: _____ Birth Place: _____
City State

Student's Address: _____
Street / P.O. Box City Zip

Mailing Address: _____
(If different from above) Street / P.O. Box City Zip

Father: _____
Last First Employer Business Hours Phone

Mother: _____
Last First Employer Business Hours Phone

Guardian: _____
(If other than parent) Last First Employer Business Hours Phone

Check with Whom Student Lives Racial Identity of the Student Ethnicity Brothers and Sisters Date of Birth
Mother and Father (choose one or more) (choose one)
Mother
Father American Indian or Alaska Native
Mother and Stepfather Asian Hispanic/Latino
Father and Stepmother Black or African American
Grandparent White Not Hispanic/
Brother or Sister Native Hawaiian or other Pacific Islander Latino
Aunt or Uncle
Guardian
other, please explain: _____

Please Select Education Level completed by Father/Guardian: Gr. K-8 / 9 10 11 12 College Tech/Voc Post Graduate: yrs

Please Select Education Level completed by Mother/Guardian: Gr. K-8 / 9 10 11 12 College Tech/Voc Post Graduate: yrs

Legal Custody of Student is Maintained By: _____ Court Documents on File? ___ Type: _____

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:

Name / Relationship Address Phone

In Case of Early Dismissal, Student should _____ Go directly home _____ Go to the home of _____

CHILDCARE 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 _____

MEDICAL INFORMATION:

Allergies: _____ Medications: _____

Physical Conditions or Limitations: _____



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

School	Grade	Year
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****SPECIAL SERVICES****

Was your child receiving any special services such as: Speech, Title I, 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 that the school should be aware of? _____

*All telephone numbers and e-mails listed will be linked to AlertNow our emergency contact notification system.

The information supplied is, to the best of my knowledge, accurate

Parent Signature: _____ Date: _____

NOTES:

OFFICE USE ONLY

STUDENT HEALTH INFORMATION

Birth Certificate Presented: Yes No Immunization Records Presented: Yes No

Previous School Records: Requested: _____ Date: _____ Received: _____ Date: _____

_____ Academic _____ Health _____ Special Education _____ Confidential