LaPorte Community School Corporation
Pre-Enrollment Form for New Students

PARENT/GUARDIAN INFORMATION

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

Home Address:

Street/P.O. Box          City/State          Zip

Mailing Address:
(if different from above)

Street/P.O. Box          City/State          Zip

Email Address:

Home Phone          Cell Phone #1          Cell Phone #2

*Preferences regarding telephone numbers and e-mail addresses which are linked to BlackBoard Connect, our emergency contact notification system, can be made from the Online Registration through your Parent Access account.

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:

Name/Relationship          Address          Phone

STUDENT ENROLLMENT INFORMATION

Student’s Legal Name:

Last          First          Middle

Student’s Preferred Name:

Student’s SSN# (HS Seniors only)

School:

Grade          Date Entered:          /          /          /          Student Age

Month          Day          Year

Birth Place:

City          State          Month          Day          Year

Birth Date:

Birth Date:          /          /          Male          Female          Home Telephone

Check with Whom Student Lives

☐ Mother and Father
☐ Mother
☐ Father
☐ Mother and Stepfather
☐ Father and Stepmother
☐ Grandparent
☐ Brother or Sister
☐ Aunt or Uncle
☐ Guardian
☐ Other, please explain:

☐ Male
☐ Female

Racial Identity of the Student

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ White
☐ Native Hawaiian or other Pacific Islander

Ethnicity

☐ Hispanic/Latino
☐ Not Hispanic/Latino

☐ Brothers and Sisters
☐ Date of Birth

☐ Name
☐ Name
☐ Name

Legal Custody of Student is Maintained by:

Court Documents on File?          Type?

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.
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?

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: ____________________________

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?

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, Titulo 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. 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:

   — Plant or harvest vegetables or fruits
   — Canning vegetables or fruits
   — Detassel corn
   — Sod farm
   — Tobacco farm
   — Planting, pruning or cutting trees
   — Poultry and/or egg farm
   — Dairy farm
   — Duck, turkey, chicken, pork or beef processing plant
   — Flora culture/gladiola farm
   — Aquaculture/fish hatcheries
   — Green house or plant nursery

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

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Date of Birth (D.O.B.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>
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. ¿Cuánto 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. **STOP**

3. ¿Cuando 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.

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

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

<table>
<thead>
<tr>
<th>Nombre del niño(a)</th>
<th>Fecha de nacimiento</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>
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 __________________________