



Student Enrollment Form

2018-19 School Year

School: _____

Grade: _____ Student# _____

Student Information (please print)

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____ Birth Date: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Is this individual Hispanic/Latino? <i>(Must Choose one)</i> <input type="checkbox"/> YES , Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.) Primary Ethnicity (check all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
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Household Where Student Resides (please print) (* Please list non-custodial parent as a Contact on the other side of form)

Notification Phone #1: _____ <input type="checkbox"/> Emergency Only Notification Email #1: _____ <input type="checkbox"/> Emergency Only	Notification Phone #2: _____ <input type="checkbox"/> Emergency Only Notification Email #2: _____ <input type="checkbox"/> Emergency Only
Home Address:	
Street: _____ City: _____ State: _____ Zip: _____	
Mailing Address: (If Different)	
Street: _____ City: _____ State: _____ Zip: _____	
Head of Household #1 Last Name: _____ First Name: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Relationship to student: _____ Work Phone: _____ Cell Phone: _____ Email: _____ <input type="checkbox"/> Legal Guardian. <input type="checkbox"/> This person is also an emergency contact. <input type="checkbox"/> Student may be released to this person. <input type="checkbox"/> Provide this person with online access to records.	Head of Household #2 (If applicable) Last Name: _____ First Name: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Relationship to student: _____ Work Phone: _____ Cell Phone: _____ Email: _____ <input type="checkbox"/> Legal Guardian. <input type="checkbox"/> This person is also an emergency contact. <input type="checkbox"/> Student may be released to this person. <input type="checkbox"/> Provide this person with online access to records.

**** NOTE: Any information omitted or falsified by parent may invalidate this enrollment ****

I hereby give Fort Wayne Community Schools permission to contact and, if necessary, release my child to, any adults listed on this form that are marked accordingly. Photo IDs will be required before the child is released.

PARENT/GUARDIAN SIGNATURE

DATE

Please complete the other side of this form

Enrollment History (please print)

To facilitate records retrieval from previous preschool, early childhood program, or school, please list last school/program the student attended.

School/Program _____ Last Grade _____

Address: _____

City, State _____ Phone# _____

Previous School enrollment on Voucher/Choice Scholarship Program?

Yes No

Please check ANY and ALL that apply for the Enrolling Student:

Previously enrolled in FWCS

Previously applied to the FWCS School Lottery (Even if not accepted)

Previously enrolled in FWCS Special Education

School _____

Previously enrolled in FWCS Speech Therapy

School _____

Has a current IEP (Individualized Education Plan)

List siblings currently enrolled in any FWCS Elementary Schools:

Name _____

School _____ Grade _____

Name _____

School _____ Grade _____

Name _____

School _____ Grade _____

Has your child been previously identified as being Gifted or High Ability? Yes No

If yes what subject areas?

Other Contacts (Including parents not residing with student) (please print)

Contact #1 (Usually 1st person called after household members)

Last Name: _____

First Name: _____

Gender: Female Male

Relationship to student: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Legal Guardian.

This person is also an emergency contact.

Student may be released to this person.

Provide this person with online access to records.

Contact #2 (Usually 2nd person called after household members)

Last Name: _____

First Name: _____

Gender: Female Male

Relationship to student: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Legal Guardian.

This person is also an emergency contact.

Student may be released to this person.

Provide this person with online access to records.

Required by the Indiana Department of Education

1. Is any member of this student's household an Active Duty member of the Armed Forces of the United States? YES ___ NO ___
This student may or may not be a dependent of the Active Duty member, e.g., sibling by blood or adoption.
2. Is any member of this student's household a member of the National Guard or Reserve military family? YES ___ NO ___
This student may or may not be a dependent of the National Guard or Reserve member, e.g., sibling by blood or adoption.
3. Within the last 3 years, have your children moved for any reason? YES ___ NO ___
4. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? YES ___ NO ___

If you answered NO to question 3 or 4, please STOP. If you answered YES, please CONTINUE.

5. 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 _____

6. 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	