



# Enrollment Form

2017-18 School Year

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Information (please print)	
Last Name: _____	<b>Is this individual Hispanic/Latino?</b> <i>(Must Choose one)</i> <input type="checkbox"/> <b>YES</b> , Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)  <b>Primary Ethnicity (Check all that apply):</b> <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
First Name: _____	
Middle Name: _____	
Suffix: _____	
Birth Date: _____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	

Household Where Student Resides (please print) (* Please list non-custodial parent as a Contact on the other side of form)	
<b>Notification Phone #1:</b> _____ <input type="checkbox"/> Emergency Only <b>Notification Email #1:</b> _____ <input type="checkbox"/> Emergency Only	<b>Notification Phone #2:</b> _____ <input type="checkbox"/> Emergency Only <b>Notification Email #2:</b> _____ <input type="checkbox"/> Emergency Only
<b>Home Address:</b>	
Street: _____	City: _____ State: _____ Zip: _____
<b>Mailing Address: (If Different)</b>	
Street: _____	City: _____ State: _____ Zip: _____
<b>Head of Household #1</b>	<b>Head of Household #2 (If applicable)</b>
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Relationship to student: _____	Relationship to student: _____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
<input type="checkbox"/> Legal Guardian.	<input type="checkbox"/> Legal Guardian.
<input type="checkbox"/> This person is also an emergency contact.	<input type="checkbox"/> This person is also an emergency contact
<input type="checkbox"/> Student may be released to this person.	<input type="checkbox"/> Student may be released to this person.
<input type="checkbox"/> Provide this person with online access to records.	<input type="checkbox"/> Provide this person with online access to records.

For Office Use Only:		
Student ID#: _____	<input type="checkbox"/> Verify Birth Certificate	<input type="checkbox"/> Media Release
Attendance Area School: _____	<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Health History
Homeroom #: _____ AM _____ PM _____	<input type="checkbox"/> Verify Address within School Boundary	<input type="checkbox"/> Records Requested
Start Date: _____	<input type="checkbox"/> Home Language Survey	* School: _____
Enroll Date: _____	<input type="checkbox"/> IEP	* Date: _____
	<input type="checkbox"/> Immunization Records	

Please complete the other side of this form

**Enrollment History** (please print)

**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 Schools:**

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?  
\_\_\_\_\_

To Facilitate Records Retrieval from previous school, please list last school student attended:

Previous School Enrollment on Voucher/Choice Scholarship Program?  Yes  No Last Grade Enrolled: \_\_\_\_\_

School Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

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

**Contact #1 (Usually 1<sup>st</sup> 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 2<sup>nd</sup> 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**

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 \_\_\_\_\_

How long have you lived in Fort Wayne Community School district? Years \_\_\_\_\_ Months \_\_\_\_\_

Is the parent(s)/guardian(s) of this student an active duty member in the Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\* 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**