



STUDENT SERVICES

Enrollment Form

2015 - 2016 School Year

School: _____

Grade: _____

Student Information (please print)

Last Name: _____

First Name: _____

Middle Name: _____

Birth Date: _____

Gender: Female Male

Is this individual Hispanic/Latino?

(Must Choose one)

YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Primary Ethnicity:

- American Indian/Alaskan Native
- Asian
- Black
- Multi-Racial (two or more races)
- Native Hawaiian or other Pacific Islander
- White

Household Where Student Resides (please print) (* Please list non-custodial parent as a Contact on other side of form *)

Attendance Call Phone #1: _____

Attendance Call Phone #2: _____

Home Address:

Street: _____

City: _____ State: _____ Zip: _____

Mailing Address: (If Different)

Street: _____

City: _____ State: _____ Zip: _____

Head of Household #1

Last Name: _____

First Name: _____

Gender: Female Male

Relationship to student: _____

Work Phone: _____

Cell Phone: _____

Home Email: _____

- This person is also an emergency contact.
- Student may be released to this person.
- Provide this person with online access to records.

Head of Household #2 (If applicable)

Last Name: _____

First Name: _____

Gender: Female Male

Relationship to student: _____

Work Phone: _____

Cell Phone: _____

Home Email: _____

- This person is also an emergency contact.
- Student may be released to this person.
- Provide this person with online access to records.

For Office Use Only:

Student ID: _____

Assigned School: _____

Homeroom #: AM PM

Start Date: _____

Enroll Date: _____

Previous Head Start Program: Yes / No

- Verify Birth Certificate
- Proof of Residency
- Verify Address within School Boundary
- Home Language Survey
- IEP
- Immunization Records

- Media Release
- Health History
- Records Requested
- * School: _____
- * Date: _____

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 the names of any siblings who have previously enrolled in any FWCS schools and/or programs:

Name _____

School _____ Grade _____

Name _____

School _____ Grade _____

Name _____

School _____ Grade _____

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

Previous School enrollment on Voucher/Choice Scholarship Program? Yes No

School Name: _____ Address _____

City/State: _____ Phone#: _____ Fax#: _____

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: _____

Home Email: _____

- 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: _____

Home Email: _____

- 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

