



Kindergarten Enrollment Form

2017-18 School Year

School: _____

Student Information (please print)

Last Name: _____	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.)
First Name: _____	
Middle Name: _____	
Suffix: _____	
Birth Date: _____	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
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)

Notification Phone #1: _____ <input type="checkbox"/> Emergency Only	Notification Phone #2: _____ <input type="checkbox"/> Emergency Only
Notification Email #1: _____ <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	Head of Household #2 (If applicable)
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to student: _____	Relationship to student: _____
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
Assigned 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 Record	

Please complete the other side of this form

Enrollment History (please print)

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

- Previous Preschool/ Early Childhood Program
School/Program _____ Last Grade _____
Phone# _____
- Previous School enrollment on Voucher/Choice Scholarship Program?
 Yes No
- 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

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)/guardians(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