

LAKE CENTRAL SCHOOL CORPORATION

8260 Wicker Avenue, St. John, IN 46373

ENROLLMENT FORM

This form is to be fully completed upon student enrollment and updated by parent/guardian on an annual basis during online registration.

School Name: _____ Grade: _____

GENERAL INFORMATION – please print

Student Full Legal Name: _____
Last First Middle

Date of Birth: ____/____/____ Sex: _____ Place of Birth: _____
Month Day Year City, State or Country

Home Phone: (____) _____ Student Social Security #: _____

Transportation Address: _____
Street City Zip

Mailing Address: _____
(If different from transportation address) Street or P.O. Box City Zip

Most Recent School Attended: _____
Name of School City State

Did student previously attend a Lake Central School? Yes No Any other Indiana School? Yes No

Parent/Guardian 1 Name: _____
(i.e. Jones, Tom/Martha) Relationship to Student

- Guardian Status:
- FM - Father/Mother
 - JC- Joint Custody **
 - SM- Stepfather/Mother
 - FS - Father/Stepmother
 - F - Father Only
 - M- Mother Only
 - BR - Brother
 - S - Sister
 - AU - Aunt/Uncle
 - GP - Grandparent
 - G - Guardian
 - SP- Spouse
 - FH - Foster Home
 - X - Other
 - AL - Alone

**Parent/Guardian 2 Name: _____
(i.e. Jones, Tom/Martha) Relationship to Student

Race/Ethnicity: Is student Hispanic/Latino (If no, please indicate race below)? Yes No
Please indicate student's race (Do not complete if checked yes above. Otherwise, you may check one or more below)
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

EMERGENCY/MEDICAL INFORMATION

Father /Male Guardian Name _____ Cell Phone # (____) _____
Employer _____ Work Phone # (____) _____

Mother/Female Guardian Name _____ Cell Phone # (____) _____
Employer _____ Work Phone # (____) _____

Doctor's Name _____ Phone # (____) _____
Dentist's Name _____ Phone # (____) _____

If you are not at home and your child becomes ill, or there is a school emergency, whom may we call? Please provide two (2) emergency numbers of people who have permission to pick up your child. (Please print)

Name _____ Relationship _____ Phone: (____) _____
Name _____ Relationship _____ Phone: (____) _____

If I cannot be contacted and my child needs medical attention, I authorize the school to take the necessary action, including, but not limited to, the transfer of my child to the hospital.

Signature of Parent/Guardian _____ Dated: _____

Does your child have a physical condition/allergy? Yes No Describe _____
Is your child taking any medication? Yes No Please complete form with school nurse.

Does your child have a current IEP? Yes No **504 Active Placement?** Yes No

Is the enrolling student presently suspended, expelled or excluded from any other educational institution?
 Yes No If yes, please list name of school: _____

Email Address(es): *These will only be used for official school/corporation communication only.*
Email 1: _____ Email 2: _____

Student Internet Use

I have been provided a copy of, read and understand the Board Policy (7540.3). My initials below give my consent for my student to use the internet or other online services. Yes No Initials: _____

Student Photographs/Interviews

Should the media cover a school event or an LCSC school staff member takes pictures of school events/students for the school website, checking this box indicates my permission to have my child interviewed or photographed or have their photo placed on an LCSC school website. Yes No Initials: _____

FERPA

I have been provided a copy of, read and understand Board Policy (8330) and will notify the student's school within 15 days of registration to specify any or all information to withhold.

Parent Signature: _____ Date: _____

HIPAA Notice

To the extent it is not considered an education record under the Family Educational Rights and Privacy Act (FERPA) or is not an exception to the disclosure restrictions under the Health Insurance Portability and Accountability Act (HIPAA), I consent to Lake Central School Corporation's release of my child's protected health information to the following for my child's health and safety and that of other students and staff, and as allowed or required by law:

- building administrator(s)
- school medical staff, including nurses, athletic trainers, and medical committee
- school social workers, psychologists, home-school facilitators, and counselors
- treating health care providers
- other staff members and agents on a need-to-know basis
- public health agencies and others as required by law

This consent for disclosure of information to third parties is subject to revocation at any time, except to the extent action has been taken in reliance on the consent. This consent will expire at the end of the current school year if not previously revoked.

Signature: _____ Date: _____

Student (18 or older signature) _____ Date: _____

I attest that all information listed on this enrollment form is true.

Parent Signature: _____ Date: _____

For Office Use Only

Date of Enrollment: _____ Entered in computer by: _____

Birth Certificate Provided and filed Yes No Home Language Survey Yes No
CHIRP Registration Form signed and filed Yes No Prior School Records provided Yes No

Record request sent by: _____ Date: _____

Type of Residency Proof Provided: _____

Custody Documentation Provided: _____

Custody Restrictions Yes No Explain: _____