

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: _____ Half Day Full Day *(select one for KG only)***GENERAL INFORMATION – please print**Student Full Legal Name: _____
Last First MiddleDate of Birth: ____/____/____ Sex: _____ Place of Birth: _____
Month Day Year City, State or Country

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

Home Address (Student's Primary Residence and where he/she will be picked up/dropped off the most by LCSC Bus):

Street City ZipMailing Address: _____
*(If different from transportation address) Street or P.O. Box City Zip***STUDENT RACE/ETHNICITY– Both Part 1 and Part 2 of the question must be answered**Part 1: Ethnicity Is this individual Hispanic/Latino? (check only one here – you must also chose one from Part 2)
 No, Not Hispanic/Latino Yes, Hispanic/LatinoPart 2: Race What is the individual's race? (**must check at least one, but can check multiple**)
 American Indian or Alaska Native Asian Black/African American
 Native Hawaiian or Other Pacific Islander White (origins of Europe, Middle East or North Africa)**HOUSEHOLD #1: LIVING IN ADDRESS ABOVE: Parent/Guardian from this family will be able to complete online registration**Parent/Guardian Name 1: _____ Custodial: YES/NO (circle one)
First Last

Parent/Guardian 1 Social Security Number: _____

Relationship (CHECK ONLY ONE): F – Father M – Mother SM – Step-Mother SF – Step Father
 GM – Grandmother GF – Grandfather G – Guardian FP – Foster Parent

Cell Phone: _____ Email Address: _____

(NOTE: You must provide an email address in order to use Skyward Family Access)

Parent/Guardian 1 Place of Employment: _____ (required)

Parent/Guardian 1 Work Phone: _____

Does this student have another sibling currently enrolled/enrolling in another LCSC school or who has been previously enrolled in an LCSC school currently living at the same home address? Yes No

If yes, please list name(s) of sibling and school they do/will attend:

Is the student the child of an ACTIVE DUTY parent in the Armed Forces? Yes No

Within the last THREE years, has your child moved from one school district to another in the U.S. with a parent, relative or guardian so that person could look for seasonal or temporary work in AGRICULTURE? Yes No

EMERGENCY/MEDICAL INFORMATION

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: (____) _____

Does your child have a physical condition/allergy? Yes No

IF yes, contact the school nurse with information or complete form online during online registration.

Is your child required to take any medication during the school day? Yes No

IF yes, it is necessary to go to the school office and fill out necessary medication paperwork.

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

Parent Signature: _____ Date: _____

Parent Printed Name: _____

For Office Use Only

Date of Enrollment: _____ Entered in computer by: _____

Birth Certificate provided and filed Yes No Home Language Survey Yes No
 Prior School Records provided Yes No

Records Request Form Completed Record request sent by: _____ Date: _____

Type of Residency Proof Provided: _____

Custody Documentation Provided: _____

Custody Restrictions Yes No Explain: _____
