

20__-20__ (School Year)
EVANSVILLE COMMUNITY SCHOOL DISTRICT ENROLLMENT FORM

Student: _____ **DOB:** _____ **Gender:** _____ **Grade:** _____ **Grad Yr:** _____
 (Please provide full middle name)

Race: _____ **Place of Birth:** _____ **Home Phone:** _____
 (City/State/County)

Language: _____ **E-Mail Address for contact purposes:** _____

Address: _____ **City:** _____

Township: _____ **County:** _____

School Last Attended: _____ **Bus Rider (Yes/No):** _____
 (For new students only)

Household #1 Both Parents Father Only Foster Home Joint Custody Legal Guardian
 (Primary Payor) Mother Only Parent Stepparent Relative Other _____

Father Mother Stepfather Stepmother Guardian

Name: _____ **Second Phone:** _____ **Type:** _____

Language: _____

Employer: _____ **Other Phone:** _____ **Type:** _____

Father Mother Stepfather Stepmother Guardian

Name: _____ **Second Phone:** _____ **Type:** _____

Employer: _____ **Other Phone:** _____ **Type:** _____

Household #2 Both Parents Father Only Foster Home Joint Custody Legal Guardian
 Mother Parent Stepparent Relative Other _____

Father Mother Stepfather Stepmother Guardian

Name: _____ **Home Phone:** _____ **Receives Report Cards (Y/N)** _____

Address: _____ **Receives Forms (Y/N)** _____

Township: _____ **County:** _____

Second Phone: _____ **Type:** _____

Employer: _____ **Other Phone:** _____ **Type:** _____

Father Mother Stepfather Stepmother Guardian

Name: _____ **Second Phone:** _____ **Type:** _____

Employer: _____ **Other Phone:** _____ **Type:** _____

Siblings:

Name	Birthdate	Grade	Gender
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20__-20__ (School Year)
EVANSVILLE SCHOOL DISTRICT ENROLLMENT FORM

Student: _____ DOB: _____ Gender: _____ Grade: _____ Grad Yr: _____

EMERGENCY INFORMATION (Please do not list self)

Please list name of **LOCAL PERSON** to contact in case of emergency or illness and a parent cannot be reached.

Primary Contact: _____ **Phone:** _____

Relationship: _____

Secondary Contact: _____ **Phone:** _____

Relationship: _____

In case of emergency, clinic in Evansville: _____ **Dean** _____ **Mercy**

In case of emergency, dentist in Evansville: _____

In case of emergency, hospital: _____

Please indicate any known medical concerns of your child (i.e. seizures, diabetic, bee stings, food allergies, asthma, etc.)

If allergies, what reaction (i.e. breathing difficulty, rash, etc.) _____

Please list any medications your child takes during the school day _____

Please list any other medications your child takes _____

Please list any specific concerns/past injuries or disabilities your child has that the school should be aware of

Exceptional Education: Were you enrolled in any special program? _____ Yes _____ No _____ Special Education?

If yes, which program? _____ Gifted and Talented _____ Title 1 _____ Learning Disability _____ Emotional Behavior Disability
_____ Cognitive Disability _____ Speech/Language _____ Visually Impaired _____ 504 Plan
_____ Physically Handicapped _____ Hearing Impaired _____ English Language Learner
_____ Other _____

Consent is hereby given for my child

(1) To go on any school sponsored field trip _____ Yes _____ No

(2) To be photographed/videotaped in school activities _____ Yes _____ No

(3) For medical treatment in case of an emergency _____ Yes _____ No

(4) Custodial/Non-Custodial Parent has equal rights to discuss child's progress with the educational staff, review student records, & receive copies of all reports _____ Yes _____ No (If No, please complete Confidential Info Form)

Privacy Information

_____ Check here if formally requesting that directory data for your child **not be disclosed** pursuant to the Family Educational Rights and Privacy Act and State Statute .118.125(1)(b) and (2)(J). (Example: child could not be in yearbooks, programs, or honor listings.)

_____ Check here if you **do not want** your child's information distributed to the military.

I certify that all information contained in this student enrollment form is true and complete, accurate, and not misleading to the best of my knowledge. I understand that any false statements, incomplete statements, or misrepresentations may subject me to any and all applicable civil and criminal penalties. A copy of this authorization shall be effective as the original.

Parent/Guardian Signature _____ **Date** _____