



Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student ID#: \_\_\_\_\_  
 STN#: \_\_\_\_\_

**STUDENT INFORMATION & ENROLLMENT FORM**

**STUDENT INFORMATION**

**Student's Legal Name:** \_\_\_\_\_  
Last First Middle

**Name Suffix:** \_\_\_\_\_ **Student's Preferred Name:** \_\_\_\_\_

**Gender:**  F  M **Gender Identity:**  F  M  Non-Binary **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Place of Birth:** \_\_\_\_\_  
City State Country

**Social Security Number:** (high school only) \_\_\_\_\_

**Student's Address:** \_\_\_\_\_  
Address Apt. #

\_\_\_\_\_  
City State Zip Code County

Is this address  temporary or  permanent?

Please choose each of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car or campsite
- Shelter or other temporary housing
- With friends or family members (with parent/guardian)
- With friends or family members (without parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/guardian is deployed
- Other

Are you a student under the age of 18 and living apart from your parents or guardians?  Yes  No

**Housing and Educational Rights**

Students without fixed, regular, and adequate nighttime residencies have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

**PREVIOUS SCHOOLING**

1. Has the student EVER attended a school in the state of Indiana?  Y  N

Previous School District: \_\_\_\_\_

2. Has the student EVER attended a school in Washington Township?  Y  N If yes, indicate below

Most Recent WT School: \_\_\_\_\_

**Name of Last School:** \_\_\_\_\_ **School District:** \_\_\_\_\_

\_\_\_\_\_  
Address City State Country

**ATTENDANCE BOUNDARIES**

Does student's legal guardian live within MSDWT?  Y  N If yes, assigned home school: \_\_\_\_\_

Expected School to enroll into: \_\_\_\_\_ Expected enrollment date: \_\_\_\_\_

Expected Grade level: \_\_\_\_\_

**FAMILY INFORMATION**

**Family 1 (Guardians who live at same address as student)**

Guardian 1 (Primary contact)

Guardian Last Name \_\_\_\_\_ Guardian First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Custodial Parent?  YES  NO Can Pick Up Student?  YES  NO

Guardian 2

Guardian Last Name \_\_\_\_\_ Guardian First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Custodial Parent?  YES  NO Can Pick Up Student?  YES  NO

**Family 2 (Guardians who do not live at student's primary address)**

Family 2 Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Guardian 1

Guardian Last Name \_\_\_\_\_ Guardian First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Custodial Parent?  YES  NO Can Pick Up Student?  YES  NO

Guardian 2

Guardian Last Name \_\_\_\_\_ Guardian First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Custodial Parent?  YES  NO Can Pick Up Student?  YES  NO

## EMERGENCY CONTACTS

Please list two adults other than the parent(s) or guardian(s) who may pick-up and/or care for your child in the case of an emergency:

<b>Name:</b> _____	_____	_____
<i>First</i>	<i>Last</i>	<i>Relationship to Student</i>
_____	_____	_____
<i>Cell Phone</i>	<i>Home Phone</i>	<i>Work Phone</i>
<b>Name:</b> _____	_____	_____
<i>First</i>	<i>Last</i>	<i>Relationship to Student</i>
_____	_____	_____
<i>Cell Phone</i>	<i>Home Phone</i>	<i>Work Phone</i>

## ADDITIONAL CONSIDERATIONS

Was your child ever retained in school?  Yes  No

If "Yes", please indicate all grades of retention: \_\_\_\_\_

Did your child receive any of the following special services at his/her previous school?

Special Education Services (please explain): \_\_\_\_\_  English as a New Language Services  
 Speech/Language Therapy  Occupational/Physical Therapy  504 Plan  High Ability  21<sup>st</sup> Century Scholars  Title 1

Was your child born outside the United States and/or is a language other than English used in your home?  Yes  No

If "Yes", please complete the information below:

Write the date your child initially enrolled in any K-12 school within the United States: \_\_\_\_/\_\_\_\_/\_\_\_\_

If your child attended K-12 school outside the United States, please indicate the grade(s) completed: \_\_\_\_\_

Is your child a foreign exchange student?  Yes  No

Has your child been formally designated a refugee by the UN Refugee Agency (UNHCR)?  Yes  No

Does your child have a parent/guardian that is an active duty member of the armed forces?  Yes  No

In the past 36 months has your child moved across school district, county, or Indiana state lines in order for his/her guardian to obtain seasonal or temporary employment in the agricultural, dairy, or fishing industries OR out of economic necessity  Yes  No

If "Yes", when was the last time you or anyone in your household moved to look for or work in an agricultural activity within the United States? Date (Month/Year): \_\_\_\_/\_\_\_\_

## HOME INTERNET ACCESS

What is the primary learning device the student most often uses to complete school work at home? \_\_\_\_\_

Is the primary learning device a personal device or school-provided? \_\_\_\_\_

Is the primary learning device shared with anyone else in the household?  Y  N

Can the student access the Internet on their primary learning device at home?  Y  N

What is the primary type of Internet service used at the residence? \_\_\_\_\_

Can the student stream a video on their primary learning device without interruption?  Y  N

**PERMISSIONS**

**TRANSPORTATION AND MEDIA PERMISSIONS**

I have discussed the bus rules with my child. I understand that violations of the rules will result in disciplinary consequences.  YES  NO

I give permission for my student's name or picture to be used for media release.  YES  NO

**MEDICAL INFORMATION**

Who is the best person to contact during the school day with a health concern? (Please include phone number)

\_\_\_\_\_

What is your hospital preference for a 911 call?

\_\_\_\_\_

**Student's Primary Care Provider**

Name: \_\_\_\_\_ *Provider Phone Number* \_\_\_\_\_

**Student's Dentist**

Name: \_\_\_\_\_ *Dentist's Phone Number* \_\_\_\_\_

**Additional Healthcare Provider**

Name: \_\_\_\_\_ *Additional Provider's Number* \_\_\_\_\_

Does the student have any allergies?  Y  N

If yes, please explain: \_\_\_\_\_

Does the student have a known food allergy to one or more of the following: Milk, Egg, Wheat, Soy, Peanuts, Tree Nuts, Sesame, Fish, Shellfish?  Y  N

If yes, please list: \_\_\_\_\_

Does your student have a prescribed Epinephrine Pen?  Y  N

If yes, please explain what it is specifically for. \_\_\_\_\_

If yes, parents are required to contact the school nurse and provide an allergy action plan for each new school year to provide necessary information to develop an Individualized Health Plan for the student's allergy management at school.

Does your student have any food intolerances?  Y  N If yes, is it medical or religious? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Does your student have asthma?  Y  N

If yes, the following has/have been prescribed for your student  Inhaler  Nebulizer  Both  Other  None

If "other", please explain. \_\_\_\_\_

If yes, parents are required to contact the school nurse and provide an asthma action plan for each new school year to provide necessary information to develop an Individualized Health Plan for the student's asthma management at school.

**Does your student have diabetes?**  Y  N If yes, Type 1 or Type 2? \_\_\_\_\_

If yes, parents are required to contact the school nurse prior to the first day of school or immediately following a new diagnosis to provide necessary information to develop an Individualized Health Plan for the student's diabetes management at school.

**Does your student have seizure disorder?**  Y  N

If yes, has your student been prescribed emergency medications?  Y  N

If yes, please list all emergency medications prescribed for seizure disorder? \_\_\_\_\_

If yes, parents are required to contact the school nurse prior to the first day of school or immediately following a new diagnosis to provide necessary information to develop an Individualized Health Plan for the student's seizure management at school.

**Does your student have any emotional or behavioral concerns?**  Y  N

If yes, please explain. \_\_\_\_\_

**Does your student have any other health concerns?**  Y  N

If yes, please explain. \_\_\_\_\_

**Please list all medications your student is taking.**

Medication Name/Dosage	Medical Reason for Taking	Will this medication need to be given at school?

Washington Township Schools does NOT stock medications, such as antacids, cough drops, calamine lotion, ibuprofen, or acetaminophen for student use. If you want to provide these over the counter medications to be administered to your student at school as needed, you may do so following [BoardDocs Pro](#) and using the following forms: [Authorization for Non-Prescribed Medication or Treatment](#)

**Health Consent**

I hereby give consent for my minor child to receive necessary health services from the designated Health personnel or other designated District personnel in our schools when he/she becomes ill or injured during the school day. I understand that treatment by District or Health personnel is limited to first aid care for injuries occurring at school, illness, or health screens in conjunction with the Marion County Health Department and the administration of previously authorized medication. I understand that injuries incurred elsewhere, other than at school, must be cared for at home or by a personal health care provider.

I hereby give permission for the above information to be shared with appropriate staff and emergency personnel in a confidential manner under the provisions of the Family Education Rights and Privacy Act (FERPA). I understand that FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances.

I hereby authorize the MSD of Washington Township to release my child's immunization record to the Indiana State Department of Health's Children and Hoosier Immunization Registry Program (CHIRP). I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my eligible child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

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Parent/Guardian Signature