



Crown Point Community School Corporation Kindergarten Enrollment Form

Student: (Full Name) _____

Nick Name : _____

Grade: _____ Male/Female: _____

Example: James=Jimmy, Katherine =Katie, William=Will
Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Student's Ethnic Origin Required for State/Federal Civil Rights Reports

Please check all that apply:

____ American Indian/Alaskan Native

____ Black

____ Asian

____ Hispanic/Latino

____ White

____ Native Hawaiian/Pacific Islander

Street Address (No P.O. Box): _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Unlisted: (Yes/No) _____

Is this student's parent(s)/guardian(s) active duty members(s) of the Armed Forces? _____(Yes/No)

Is this student's parent(s)/guardian(s) active duty members of the Guard/Reserve? _____(Yes/No)

Custodial Information

Student is living with (check one):

Both Parents: _____ Father Only: _____

Mother Only: _____

Other (please list): _____

Mother/Stepfather: _____

Father/Stepmother: _____

Parent/Guardian Name(s): _____

Parent/Guardian E-mail: _____

Parent not living with child, but wishes to receive correspondence:

Parent Name(s): _____

Parent E-mail: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Do you have legal documents concerning special custody instructions? _____ Yes _____ No

KINDERGARTEN STUDENTS ONLY:

Has this child had previous: Kindergarten _____ Nursery School _____ Headstart _____ Montessori _____

If so, where? _____ How long? _____

Is your child currently enrolled in an Early Childhood Development Program? _____

If yes, do they have a current IEP? _____ Please list services received: _____

Younger children not yet enrolled in school:

Name: _____

Birthdate: _____

Name: _____

Birthdate: _____

Name: _____

Birthdate: _____

Emergency Contact Information

Doctor: _____

Dentist: _____

Phone: _____

Phone: _____

Emergency Contact Call Sequence: This is the order in which you will receive calls from the school nurse or other school official.

School Messenger Call Sequence: This is used for the School Messenger Automated Calling System. Keep in mind that the system can call up to 5 phone numbers. **Sequence 1** will be used for informational phone messages, as well as for emergencies, school cancellations, or other alerts. **Sequences 2 through 5** will NOT receive the informational messages; only the emergency information. If there are any names below that should not receive these automatic alerts, leave the sequence field blank.

			Emergency	School Messenger
Parent/Guardian Home Phone:		Sequence:		
Non-custodial Parent Home Phone:		Sequence:		
Dad's Employer:	Phone:	Sequence:		
Mom's Employer:	Phone:	Sequence:		
Dad's Name:	Dad's Cell Phone:	Sequence:		
Mom's Name:	Mom's Cell Phone:	Sequence:		
Add'l Contact Name:	Phone:	Sequence:		
Relationship:				
Add'l Contact Name:	Phone:	Sequence:		
Relationship:				

Parent/Guardian Signature: _____

_____ Date

Printed Name of Parent/Guardian: _____

FOR OFFICE USE ONLY:

Proof of Residency

- | | | |
|--|---|---|
| <input type="checkbox"/> Mortgage/Rental Statement | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Utility Statement | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Internet Permission |
| <input type="checkbox"/> Transfer Tuition (ASC) | <input type="checkbox"/> Transcript | <input type="checkbox"/> Student Text Number |
| <input type="checkbox"/> Voluntary Transfer (ASC) | <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Affidavit Supporting Residence (ASC) |
| <input type="checkbox"/> Free/Reduced Meal Application | <input type="checkbox"/> Divorce, Separation (Form 1 ASC) | |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Third Party Custody (Form 2 ASC) | |
| <input type="checkbox"/> Custodial Documentation | | |

Date of Enrollment _____

Enrollment Official _____