



Crown Point Community School Corporation New Student Enrollment Form

Student: (Full Name) _____

Nick Name : _____

Example: James=Jimmy, Katherine =Katie, William=Will

Grade: _____ Male/Female: _____

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

NEW STUDENTS ONLY:

Last School Attended: _____ City/State: _____

Is your child currently suspended or expelled from another school? _____

Has your child ever been retained? _____ If so, what grade (s)? _____

Has your child ever received Title I services for reading or math? _____

Is your child currently receiving speech or hearing services? _____

Has your child ever been placed in a Gifted and Talented Program? _____

Has your child ever been placed in a special education 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

- _____ Mortgage/Rental Statement
- _____ Utility Statement
- _____ Transfer Tuition (ASC)
- _____ Voluntary Transfer (ASC)
- _____ Free/Reduced Meal Application
- _____ Social Security Card
- _____ Custodial Documentation

- _____ Birth Certificate
- _____ Immunization Record
- _____ Transcript
- _____ Home Language Survey
- _____ Divorce, Separation (Form 1 ASC)
- _____ Third Party Custody (Form 2 ASC)

- _____ Standardized Test Scores
- _____ Internet Permission
- _____ Student Text Number
- _____ Affidavit Supporting Residence (ASC)