



## 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)/guardians(s) active duty members(s) of the Armed Forces? \_\_\_\_\_ (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:				
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)