

LAKE CENTRAL SCHOOL CORPORATION

8260 Wicker Avenue, St. John, IN 46373

SESSION PREFERENCE :

FULL DAY

HALF DAY

ENROLLMENT FORM

This form is to be fully completed upon student enrollment and updated by parent/guardian on an annual basis during online registration.

School Name: Grade:

GENERAL INFORMATION – please print

Student Full Legal Name: Last First Middle

Date of Birth: Sex: Place of Birth: Month Day Year City, State or Country

Home Phone: Student Social Security #:

Transportation Address: Street City Zip

Mailing Address: (If different from transportation address) Street or P.O. Box City Zip

Most Recent School Attended: Name of School City State

Did student previously attend a Lake Central School? Any other Indiana School?

Parent/Guardian 1 Name: (i.e. Jones, Tom/Martha) Relationship to Student

Guardian Status: FM - Father/Mother JC- Joint Custody \*\* SM- Stepfather/Mother FS - Father/Stepmother F - Father Only M- Mother Only BR - Brother S - Sister AU - Aunt/Uncle GP - Grandparent G - Guardian SP- Spouse FH - Foster Home X - Other AL - Alone

\*\*Parent/Guardian 2 Name: (i.e. Jones, Tom/Martha) Relationship to Student

Race/Ethnicity: Is student Hispanic/Latino (If no, please indicate race below)? Please indicate student's race (Do not complete if checked yes above. Otherwise, you may check one or more below)

EMERGENCY/MEDICAL INFORMATION

Father /Male Guardian NameCell Phone # ( )EmployerWork Phone # ( )Mother/Female Guardian NameCell Phone # ( )EmployerWork Phone # ( )Doctor's NamePhone # ( )Dentist's NamePhone # ( )

If you are not at home and your child becomes ill, or there is a school emergency, whom may we call? Please provide two (2) emergency numbers of people who have permission to pick up your child. (Please print)

NameRelationshipPhone: ( )NameRelationshipPhone: ( )

If I cannot be contacted and my child needs medical attention, I authorize the school to take the necessary action, including, but not limited to, the transfer of my child to the hospital.

Signature of Parent/GuardianDated:

Does your child have a physical condition/allergy? Is your child taking any medication?

Does your child have a current IEP? ☐ Yes ☐ No 504 Active Placement? ☐ Yes ☐ No

Is the enrolling student presently suspended, expelled or excluded from any other educational institution?  
☐ Yes ☐ No If yes, please list name of school: \_\_\_\_\_

Email Address(es): These will only be used for official school/corporation communication only.  
Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

**Student Internet Use**  
I have been provided a copy of, read and understand the Board Policy (7540.3). My initials below give my consent for my student to use the internet or other online services. ☐ Yes ☐ No Initials: \_\_\_\_\_

**Student Photographs/Interviews**  
Should the media cover a school event or an LCSC school staff member takes pictures of school events/students for the school website, checking this box indicates my permission to have my child interviewed or photographed or have their photo placed on an LCSC school website. ☐ Yes ☐ No Initials: \_\_\_\_\_

**FERPA**  
I have been provided a copy of, read and understand Board Policy (8330) and will notify the student’s school within 15 days of registration to specify any or all information to withhold.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HIPAA Notice**  
To the extent it is not considered an education record under the Family Educational Rights and Privacy Act (FERPA) or is not an exception to the disclosure restrictions under the Health Insurance Portability and Accountability Act (HIPAA), I consent to Lake Central School Corporation's release of my child's protected health information to the following for my child's health and safety and that of other students and staff, and as allowed or required by law:

- building administrator(s)
- school medical staff, including nurses, athletic trainers, and medical committee
- school social workers, psychologists, home-school facilitators, and counselors
- treating health care providers
- other staff members and agents on a need-to-know basis
- public health agencies and others as required by law

This consent for disclosure of information to third parties is subject to revocation at any time, except to the extent action has been taken in reliance on the consent. This consent will expire at the end of the current school year if not previously revoked.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student (18 or older signature) \_\_\_\_\_ Date: \_\_\_\_\_

**I attest that all information listed on this enrollment form is true.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date of Enrollment: \_\_\_\_\_ Entered in computer by: \_\_\_\_\_

Birth Certificate Provided and filed ☐ Yes ☐ No Home Language Survey ☐ Yes ☐ No  
CHIRP Registration Form signed and filed ☐ Yes ☐ No Prior School Records provided ☐ Yes ☐ No

Record request sent by: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Residency Proof Provided: \_\_\_\_\_

Custody Documentation Provided: \_\_\_\_\_

Custody Restrictions ☐ Yes ☐ No Explain: \_\_\_\_\_