

If yes, what is your username? \_\_\_\_\_ so we can make sure to add this child to same account and have only one account that gives access to all students.

Parent/Guardian Work Phone: \_\_\_\_\_

**STUDENT ACADEMIC HISTORY – Please complete all information**Has student EVER been enrolled in another Indiana or Illinois School (public or private, including preschool) ☐ Yes ☐ No

Most Recent School Student Attended: \_\_\_\_\_

Name of School

City

State

Phone

Please list ALL OTHER previous schools/state/phone: \_\_\_\_\_

Does your child have a current/previous IEP?

☐ Yes ☐ No

District where IEP was held? \_\_\_\_\_

Does your child have a current 504 Plan?

☐ Yes ☐ No

District where 504 was held? \_\_\_\_\_

Is the enrolling student presently suspended, expelled or excluded from any other educational institution?

☐ Yes☐ No

If yes, please list name of school: \_\_\_\_\_

Is the student the child of an ACTIVE DUTY parent in the Armed Forces? ☐ Yes ☐ NoWithin the last THREE years, has your child moved from one school district to another in the U.S. with a parent, relative or guardian so that person could look for seasonal or temporary work in AGRICULTURE? ☐ Yes ☐ No**EMERGENCY/MEDICAL INFORMATION**If we cannot reach parent by phone and your child becomes ill, or there is a school emergency, who else should we call?  
Please provide two (2) additional emergency numbers of people who have permission to pick up your child. *(Please print)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Does your child have a physical condition/allergy? ☐ Yes ☐ No

IF yes, contact the school nurse with information or complete form online during online registration.

Is your child required to take any medication during the school day?

☐ Yes ☐ No

IF yes, it is necessary to go to the school office and fill out necessary medication paperwork.

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

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

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

Parent Printed Name: \_\_\_\_\_

