## LAKE CENTRAL SCHOOL CORPORATION

8260 Wicker Avenue, St. John, IN 46373

## **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 INFORM	MATION – please p	rint			
Student Full Lega	l Name:				
	Last		First	Mi	ddle
Date of Birth:		Sex:	_ Place of	Birth:	
Me	onth Day Year			City, Sto	ite or Country
Primary Phone: (	)		Student Soc	ial Security #:	
Home Address (St	tudent's Primary Re	sidence and where he	e/she will be pi	cked up/dropped off t	he most by LCSC Bus):
	Stree			City	Zip
Mailing Address:					
(If different from transpo	ortation address) Stree	or P.O. Box	Î	City	Zip
Part 1: Ethnicity Part 2: Race	O No, Not  What is the indiv O American Ind	Hispanic/Latino	O Yes neck at least or O	, Hispanic/Latino n <b>e, but can check mult</b> Asian O Black,	iple) 'African American Middle East or North Africa)
		ng currently enrolled, living at the same ho			who has been previously
lf yes, please list n	name(s) of sibling ar	d school they do/will	attend:		
Do you currently h	have access to Skyv	vard Family Access fo	or a child alread	dy enrolled? O Yes	O No
f yes, what is your	r username?			so we can make	sure to add this child to
same account and	have only one acco	unt that gives access	to all students.		

HOUSEHOLD #1: LIVING IN ADDRESS ABOVE:	Parent/Guardian from th	is family will be able to	o complete online registration
Parent/Guardian Name 1:		C	ustodial: YES/NO (circle one
First	Last		
Parent/Guardian 1 Social Security Number:			
Relationship (CHECK ONLY ONE): O F – Father O GM – Grandmother O GF – Grandfather		O SM - Step-Mothe O FP - Foster Parent	
Cell Phone:	Email Address:		
	(NOTE: You must provide	e an email address in ord	ler to use Skyward Family Access)
Parent/Guardian 1 Place of Employment:			(required)
Parent/Guardian a Work Phone:			
Dougnet/Cupydian Name 2.		C.v.	stadial: VES/NO (sirala ana)
Parent/Guardian Name 2: (residing in Household #1)	First	Last Cu	stodiai: YES/NO (Circle one)
Davont/Guardian 1 Secial Security Number			
Parent/Guardian 1 Social Security Number:			
Relationship (CHECK ONLY ONE): O F – Father O GM – Grandmother O GF – Grandfather			
Cell Phone:	Email Address:		
			o use Skyward Family Access)
Parent/Guardian 2 Place of Employment:			(required)
			(, aqu., c,a)
Parent/Guardian 2 Work Phone:			
HOUSEHOLD #2: IF APPLICABLE, IN A JOINT C	USTODY SITUATION - I	IVING AT A DIFFERE	ENT ADDRESS: Only the first
Household listed will be able to complete online regi			e access to see everything else
Skyward Family Access related to the student – grad	es, absences, pay fees, etc	<u></u>	
Household #2 Address:			
Parent/Guardian Name:	Last	Cust	odial: YES/NO (circle one)
Parent/Guardian Social Security Number:			
Relationship (CHECK ONLY ONE): O F – Father O GM – Grandmother O GF – Grandfather			
Cell Phone:	Fmail Address		
Self Friorics			er to use Skyward Family Access)
Parent/Guardian Place of Employment:			(required)
Parent/Guardian Work Phone:			

STUDENT ACADEMIC HISTORY - Please complete all information	- Sim -	to present the transfer	and the second
Has student EVER been enrolled in another Indiana or Illinois Sch	ool (public or private, i	ncluding preschool)	O Yes O 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? O Yes O N	o District where IE	P was held?	
Does your child have a current 504 Plan? O Yes O No I	District where 504 w	as held?	- 8
Is the enrolling student presently suspended, expelled or exclude O Yes O No If yes, please list name of school:	-		
Is the student the child of an ACTIVE DUTY parent in the Armed	Forces? O Yes O	No	
Within the last THREE years, has your child moved from one sch relative or guardian so that person could look for seasonal or ter EMERGENCY/MEDICAL INFORMATION			
If we cannot reach parent by phone and your child becomes ill, or			
Please provide two (2) additional emergency numbers of people v	ho have permission	to pick up your ch	ild. (Please print)
Name Relationship		Phone: ( )	
Name Relationship		Phone: ()	
Does your child have a physical condition/allergy? O Yes O  IF yes, contact the school nurse with information or complete form		e registration.	
Is your child required to take any medication during the school da	v?	O Yes O No	
IF yes, it is necessary to go to the school office and fill out necessary	•		
I attest that all information listed on this enrollment form is	true.		
Parent Signature:	Date:		
Parent Printed Name			

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