

WEST LAFAYETTE COMMUNITY SCHOOL CORPORATION

Resident \_\_\_\_\_  
TSC \_\_\_\_\_  
Private \_\_\_\_\_

ENROLLMENT FORM

STUDENT INFORMATION

STN# \_\_\_\_\_

Last Name	_____	Address	_____
First Name	_____	City	_____
Middle Name	_____	Zip	_____
Nick Name	_____	Telephone	_____
Date of Birth	_____	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth	_____	Grade	_____

RACE AND ETHNICITY

*Response is entirely optional. It will assist us in responding to State and Federal ethnic reports.* **Part 1: Ethnicity: Is this individual Hispanic/Latino? (choose only one)**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**Part 2: Race: What is the individual's race? (choose one or more)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

LANGUAGE/SPECIAL EDUCATION SURVEY

First Language Spoken By Student: \_\_\_\_\_ Language Spoken Most Often: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_ Does Student Speak English: \_\_\_\_\_

Is Student in Special Ed: \_\_\_\_\_ If so, what Classification: \_\_\_\_\_

FAMILY INFORMATION

With Whom is the Child Living:

<input type="checkbox"/> Mother/Father	<input type="checkbox"/> Mother/Stepfather
<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father/Stepmother
<input type="checkbox"/> Father Only	<input type="checkbox"/> Guardian(s)
<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Other _____

FATHER

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

MOTHER

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

**FAMILY INFORMATION - cont.**

Other Siblings in the Family

Name _____	Grade _____	Living at Home _____
Name _____	Grade _____	Living at Home _____
Name _____	Grade _____	Living at Home _____
Name _____	Grade _____	Living at Home _____

**EMERGENCY CONTACT INFORMATION**

If Parents Can Not Be Reached, Whom Shall We Contact:

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

**PREVIOUS SCHOOL INFORMATION (PLEASE PRINT)**

Name of School Attended \_\_\_\_\_ Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Last Date of Enrollment \_\_\_\_\_

Has Student Been Enrolled Previously in a West Lafayette School? \_\_\_\_\_ If yes, when/where \_\_\_\_\_

If you feel there is any information about your son/daughter that would help us to understand him/her better, please write in the space provided below.

I am aware that falsifying information is a criminal offense in the State of Indiana and that I subject myself to legal action and prosecution if it can be shown that the information given is not true or accurate.

I understand that these conditions of residence it is my responsibility to provide any additional and reasonable proof to further substantiate that I live at the above mentioned address. Verification may include unannounced home visits by attendance officers or school officials.

I understand that my children will be withdrawan immediately from WLCSC if it is shown that residence has changed or if information that has been given is inaccurate.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature