

Franklin Township Community School Corporation

K-12 New Student Enrollment Form 2010-2011



If any of your demographic information changes at any time, please contact your school to update your records.

This area will be completed by FTCSC personnel		Homeroom	Locker #	Combo
School Name		Form completed by		Date
Student's name as it appears on the birth certificate				STN
Last Name		Date of Birth		
First Name		Middle Name		Nickname
Home Address			Zip Code	
Home Phone		Gender (circle) M F	Social Security Number	
Grade	KG: Full AM PM	Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please complete the attached Academic Information Form	
School Previously Attended			Phone	
Is the Student a Ward of the County or State? (legal documentation required) <input type="checkbox"/> Yes <input type="checkbox"/> No				

Part 1 Must be answered	Part 1 - Ethnicity: (choose only one) Is individual Hispanic/Latino?	<input type="checkbox"/> No, not Hispanic/Latino	<input type="checkbox"/> Yes, Hispanic/Latino
	Part 2 - Race: (choose one or more)	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian <input type="checkbox"/> White
Part 2 Must be answered	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	See Race specifications on next page

Parent/Guardian Information – Please check who the child lives with (please check only one box)

Both Parents
 Mother
 Father
 Grandparent
 Foster Parent
 Other

PRIMARY HOUSEHOLD

PARENT/GUARDIAN WITH WHOM STUDENT RESIDES (LIST BELOW)

Last	First	Relationship
Address		Apt # City/Zip code
Home Phone	Work Phone	Cell Phone
E-Mail Address (required for Guardian portal access)		

OTHER PARENT/GUARDIAN OR SPOUSE WITH WHOM STUDENT RESIDES (LIST BELOW)

Last	First	Relationship
Address		Apt # City/Zip code
Home Phone	Work Phone	Cell Phone
E-Mail Address (required for Guardian portal access)		

SECONDARY HOUSEHOLD

OTHER PARENT/GUARDIAN WITH WHOM STUDENT DOES NOT RESIDE (LIST BELOW)

Last	First	Relationship
Address		Apt # City/Zip code
Home Phone	Work Phone	Cell Phone
E-Mail Address (required for Guardian portal access)		

OTHER PARENT/GUARDIAN OR SPOUSE WITH WHOM STUDENT DOES NOT RESIDE (LIST BELOW)

Last	First	Relationship
Address		Apt # City/Zip code
Home Phone	Work Phone	Cell Phone
E-Mail Address (required for Guardian portal access)		

OTHER SCHOOL AGE CHILDREN IN HOUSEHOLD

Name	School

EMERGENCY CONTACTS

List three neighbors/relatives to whom student may be released if parents cannot be reached.
****Any of the named "Contact Individuals" are competent and no one else has any legal right to be a contact person.**

Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship			
Home Phone			
Cell Phone			
Work Phone			

If custodial issues are involved, please provide the information requested below:

Are there any restrictions legally placed upon non-custodial parent's right to information about, or dealing with, the student named on this form?

Yes No If yes, a copy of the decree needs to be on file at the school

If separated or divorced, which parent(s) or person has legal custody of student: Mother Father Both Parent Other

May we contact non-custodial parent in emergency? Yes No If no, a copy of a decree needs to be on file at school.

Is the student allowed to leave with non-custodial parent? Yes No If no, a copy of a decree needs to be on file at school.

Physician Information Hospital Preference

Physician's Name Phone

Medical Concerns Yes No If Yes, Please complete the attached **Health Concerns Form**

In case of an accident or serious illness, I request that the school contact a parent/guardian. If the school is unable to reach a parent/guardian, I authorize the school to call emergency services (911) if the student has an emergent or urgent health need and/or the parent or other contact cannot be reached, and follow their instructions. I/we agree to hold the Franklin Township School Corporation harmless from any and all liability arising from the above.

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY

- Registration Form Birth Certificate Immunization Record Acceptable Use of Internet Policy
- Proof of Residency Home Language Survey Academic Info Form (any special services required)
- Health Concerns Form Media Information Form – DENIAL to PUBLISH CHIRP Form Records Request
- Transportation SA Form McKinney Vento form School Choice form for AR or WA only

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Race and Ethnicity

Registration Race and Ethnicity Parts 1 and 2 must be answered.

Part 1: Ethnicity

Is this individual Hispanic/Latino? Registering adult must choose only one.

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

Part 2: Race

What is the individual's race? Registering adult may choose one or more.

- American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.