



INDIANAPOLIS PUBLIC SCHOOLS
OFFICE OF ENROLLMENT & OPTIONS
INDIVIDUAL ENROLLMENT APPLICATION

Part 1 - Student Information

Last Name: _____ First Name: _____ Initial: _____ Birth Date: ____/____/____

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Both Part 1 and Part 2 below <u>must be</u> answered for Ethnicity/Race		Grade Level <i>Please circle your child's current grade level (proof required for new students)</i> PK Kg 1 2 3 4 5 6 7 8 9 10 11 12
	Part 1 - Ethnicity <i>(choose only one)</i> <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	Part 2 - Race <i>(choose one or more)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Last IPS School Attended: _____ Last School Attended: _____

Is your child currently suspended or expelled from school or in the process of being suspended or expelled from school? Yes No

If yes, what school? _____

<p>Part 2 - Parent or Guardian Information</p> <p>1st Guardian: _____</p> <p>Relationship to Child: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____ Ext: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>	<p>2nd Guardian: _____</p> <p>Relationship to Child: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____ Ext: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>
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Part 3 – Emergency Information

In case of an emergency, schools will always contact the parent or guardian first. The emergency contact needs to be someone that does not live in the student's home.

In the event that I cannot be reached, please contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Part 4 – Family Information

Please list the name(s) of any siblings currently living in the home.

<u>Last</u>	<u>First</u>	<u>MI</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Grade</u>	<u>Current School</u>
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

IPS Office Use Only

<input type="checkbox"/> New Student <input type="checkbox"/> Re-Entering Student <input type="checkbox"/> Pre- Register <input type="checkbox"/> Change of Guardian Verification of: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization <input type="checkbox"/> Address	Sending School _____ Receiving School _____ Current Grade ____ Special Education Program _____ IPS Student ID# _____ State Test Number _____ In what language would you like your student's written correspondence? <input type="checkbox"/> English <input type="checkbox"/> Spanish	Date Stamp: US Enrollment Date: _____ School Entry Date: _____
	_____ _____ _____ _____	

I certify that all of the information on this form is true and accurate as of this date. I understand that providing false information will be cause for the loss of my child's school assignment. Grade and program placement are subject to verification of eligibility requirements.

Parent/Guardian Signature: _____

Date: _____



Office of Enrollment and Options
Indiana Immunization Registry Parent Authorization

I, _____, give Indianapolis Public Schools permission to release the following information concerning my child,

Name of Child

Birthdate

To the Indiana State Department of Health Children and Hoosiers Immunization Registry Program (CHIRP):

- Name
- Date of Birth
- Immunization Data
- Guardian's Name
- Other Identifying Information as applicable

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information will be available to the immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school attended by my child, a child care center and the Office of Medicaid Policy and Planning or a contractor of the Office of Medicaid Policy and Planning. I also understand that other entities may be added to this list through an amendment to IC 16-38-5-3.

I hereby consent to the release of such information.

Student Name: _____ School: _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the LAS Links placement test will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the student? _____
2. What language(s) is spoken most often by the student? _____
3. What language(s) is spoken by the student in the home? _____

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

Indianapolis Public Schools
McKinney-Vento Homeless Assistance Act
Residency Information for School Enrollment



Student Name(s): _____ Date of Birth: _____
Grade: _____ Current School or Last School Attended: _____
Student ID: _____ Age: _____ Unaccompanied Youth: Yes _____ No _____
Address: _____ City: _____ Zip: _____
Telephone Number(s): _____

Please list all telephone numbers you may be reached at (i.e., mobile, home, work).

Confidential Information	
<i>Please check one of the following statements</i>	
<input type="checkbox"/>	Doubled Up: Temporarily living with family of others due to lack of housing or economic hardship
<input type="checkbox"/>	Shelter _____ Transitional Housing _____ Home for Unwed Mothers _____
<input type="checkbox"/>	Parent/Guardian is: Military Deployment _____ Incarcerated _____ Hospitalized _____
<input type="checkbox"/>	Hotel/Motel for lack of other suitable housing
<input type="checkbox"/>	Living on the streets: In abandoned buildings, cars, temporary trailers, public places (parks, bus/train stations), and housing not fit for habitation
	<i>Please provide information regarding area in which student is living: _____</i>
<input type="checkbox"/>	Does not apply; student is NOT homeless <i>(If this box is checked, skip the next section)</i>
	<i>Please answer the following questions, if you checked one of the boxes above:</i>
	What is/are the reason(s) the student is living at the above temporary address? _____

	Are you seeking permanent housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, why not? _____
	Is a parent living at the same address as the student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, with whom is student living: _____ Relationship: _____
	Siblings in the home with student: _____ (0-5 years) _____ (6-13 years) _____ (14-17 years) _____ (18+ years)
	<i>(The School Social Worker or McKinney-Vento Liaison may contact you if clarification is needed.)</i>

Residency and Educational Rights

Students who are in temporary, inadequate and homeless living situations have the following rights:

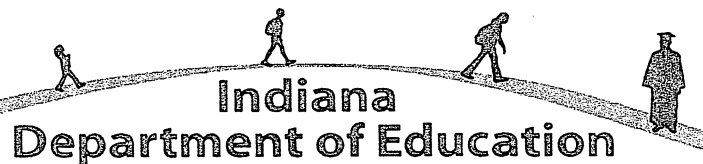
1. Immediate enrollment in the school they last attended or the school in whose attendance area they are currently staying, even if they do not have all of the documents required at the time of enrollment.
2. Access to free meals and textbooks, Title I and other educational programs and other comparable services including transportation.
3. Attendance in the same classes and activities that students in other living situations also participate in without fear of being separated or treated differently due to their housing situation.

Any questions about these rights may be directed to the local McKinney-Vento Liaison at 317.226.4748 or the State Coordinator at 317.234.4827.

By signing below, I acknowledged that I have received and understand the above rights.

Signature of Parent/Guardian/Unaccompanied Youth

Date



Indiana Department of Education

Glenda Ritz, NBCT

Indiana Superintendent of Public Instruction


The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete a GED).

WORK SURVEY

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Parents' Names: _____

Address: _____ City: _____ Telephone: (____) _____

- How long have you lived in this city/school district? _____
- Within the last **3 years**, has your child(ren) moved from one school district to another within the United States, with a parent, relative or guardian so that person could look for seasonal or temporary work in agriculture? **YES** ___ **NO** ____ If you answered **NO**, please stop. 

If you answered **YES**, please continue.

- When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____ Year _____
- Please check any of the agricultural activities listed below that you have looked for or worked in:

- | | |
|---|---|
| <input type="checkbox"/> Plant or harvest vegetables or fruits | <input type="checkbox"/> Canning vegetables or fruits |
| <input type="checkbox"/> Detassel corn | <input type="checkbox"/> Sod farm |
| <input type="checkbox"/> Tobacco farm | <input type="checkbox"/> Planting, pruning or cutting trees |
| <input type="checkbox"/> Poultry and/or egg farm | <input type="checkbox"/> Dairy farm |
| <input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant | <input type="checkbox"/> Flora culture/gladiola farm |
| <input type="checkbox"/> Aquaculture/fish hatcheries | <input type="checkbox"/> Green house or plant nursery |

Please list the names of all of the children in the household under 22 years of age.

Child's Name	Date of Birth (D.O.B.)
1.	
2.	
3.	
4.	
5.	