

**WEST LAFAYETTE COMMUNITY SCHOOL CORPORATION  
ENROLLMENT FORM**

\*School Specific Info

**STUDENT INFORMATION**

Last Name: _____	Date of Birth: ____/____/____
First Name: _____	Country of Birth: _____
Middle Name: _____	State of Birth: _____
Nickname: _____	City of Birth: _____
Gender: _____	Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other Country
Student Home Address: _____	
(Number, Street)	(Apt. #)
City: _____	Zip Code: _____

**PREVIOUS EDUCATION/SERVICES**

Name of Previous School Attended: _____	
Address/City/State: _____	
Last Day at Previous School: ____/____/____	Grade Level at Previous School: _____
Was the student in good standing upon leaving previous school corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No; if no, please attach explanation
Has the student been previously enrolled in a WLCS school? (select all that apply)	<input type="checkbox"/> Cumberland Elementary <input type="checkbox"/> Happy Hollow Elementary <input type="checkbox"/> West Lafayette Jr./Sr. High School
Was the student previously enrolled in G.L.A.S.S. preschool?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, dates of enrollment: ____/____/____ - ____/____/____
Was the student receiving special education services at the previous school?	<input type="checkbox"/> No, the student has never been in special education. <input type="checkbox"/> Yes <input type="checkbox"/> The student was being evaluated for Special Education.
Is the student currently placed with a foster parent/guardian?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Name of Foster Parent/Guardian: _____
Was the student receiving English as Second Language services at the previous school?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the student have a current 504 Plan from the previous school?	<input type="checkbox"/> No <input type="checkbox"/> Yes

**PARENT/GUARDIAN INFORMATION**

\*Parent/Guardian #1 will be marked as the primary contact.

Parent/Guardian #1	Name (First, Middle, Last): _____		
Relationship to Student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian
Address:	_____		
Cell Phone:	_____	Home Phone:	_____
Work Phone:	_____	Email:	_____
Primary Language Spoken by the parent/guardian: _____			
Is the student currently living with this parent/guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Parent/Guardian #2</b>	Name (First, Middle, Last): _____			
Relationship to Student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian
Address:	_____			
Cell Phone:	_____	Home Phone:	_____	
Work Phone:	_____	Email:	_____	
Primary Language Spoken by the parent/guardian: _____				
Is the student currently living with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>Other Siblings in the Family (Living at Home)</b>		
Name: _____	Grade: _____	School: _____
Name: _____	Grade: _____	School: _____
Name: _____	Grade: _____	School: _____
Name: _____	Grade: _____	School: _____

**EMERGENCY CONTACT INFORMATION**

If parent/guardian(s) cannot be reached, the school is authorized to contact:

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

**ADDITIONAL INFORMATION**

If you feel that there is any information about your child that you would like us to know, please write in the space provided below.

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**PARENT/GUARDIAN SIGNATURE**

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 accurate and true.

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

I understand that my children will be withdrawn immediately from WLCSC if it is shown that residence within the West Lafayette Community School Corporation boundaries has changed or if information that has been given is inaccurate.

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

\_\_\_\_\_  
Date

**Office Use Only**

STN: _____	Initial Residency Status: <input type="checkbox"/> Resident <input type="checkbox"/> Tuition Transfer <input type="checkbox"/> Staff Transfer <input type="checkbox"/> GLASS Placed
Date of Enrollment: ____/____/____	Free/Reduced Application provided to parent/guardian? <input type="checkbox"/> Yes
Supporting Documents: Follow guidelines for immediate enrollment for all students if documentation is not provided upon initial enrollment. For any <u>required</u> documents per IDOE, documentation must be provided to the school within 30 days of enrollment.	
<input type="checkbox"/> Student's birth certificate, passport, or other proof of birth	<input type="checkbox"/> Student's record of immunizations
<input type="checkbox"/> Proof of residency (lease sale document, or current utility bill verifying residency)	<input type="checkbox"/> Current IEP (if applicable)
<input type="checkbox"/> If "other country" marked for citizenship, documentation of current status can be provided by the parent, if available	<input type="checkbox"/> Transcript from previous school (if available)
	<input type="checkbox"/> Schedule of classes from previous school (if available)
	<input type="checkbox"/> Custody, guardianship, and/or foster parent paperwork (if subject to a court order or other agreement)