



**PENN-HARRIS-MADISON SCHOOL CORPORATION
STUDENT REGISTRATION FORM**

Please Print

Today's Date _____

Do you live in the P-H-M School Corporation? YES NO

If YES: P-H-M School of Residence _____

Grade Level _____ Current Grade To Pre-Register for Next Year

If NO: Is Non Resident Enrollment Approved by the Learning Division? YES NO

If NO: Stop and Contact the Learning Division

County of Residence _____ School District of Residence _____

School of Residence _____ Grade Level _____

Current Grade To Pre-Register for Next Year

Has the student ever attended a school in the P-H-M School Corporation? YES NO

If YES, Which School? _____ Most Recent Year Attended _____

OFFICE USE ONLY	
SCHOOL YEAR	_____
ENROLLMENT DATE	_____
PHM STUDENT ID#	_____
INDIANA STN #	_____
TEACHER/TEAM	_____
PROOF OF RESIDENCY	_____
(TYPE OF DOCUMENTATION)	

STUDENT INFORMATION: Male Female Nickname (optional) _____

LEGAL FIRST NAME _____ LEGAL MIDDLE NAME _____ LEGAL LAST NAME _____

Date of Birth _____ Type of Documentation _____

Place of Birth _____
CITY STATE COUNTY/COUNTRY

GUARDIAN(S) STUDENT LIVES WITH:

Name: _____ Relationship _____

Work #: _____ Cell #: _____ Place of Employment _____

Name: _____ Relationship _____

Work #: _____ Cell #: _____ Place of Employment _____

HOME STREET ADDRESS _____ APT/LOT# _____ CITY _____ STATE _____ ZIP _____

Is Bus Transportation Needed from the HOME address? YES NO

Mailing Address, if different than HOME address _____

Primary Contact Phone #: _____ (Used for emergency contact and School Messenger)

Primary Contact Email _____

GUARDIAN INFORMATION (for Guardian NOT living with the student):

Name of Guardian **NOT** living with Student: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Mailing Address: _____
HOME STREET ADDRESS APT/LOT# CITY STATE ZIP

Email Address: _____ Place of Employment: _____

ALL SIBLINGS:

NAME _____ GRADE/AGE ____/____ SCHOOL _____

NAME _____ GRADE/AGE ____/____ SCHOOL _____

NAME _____ GRADE/AGE ____/____ SCHOOL _____

NAME _____ GRADE/AGE ____/____ SCHOOL _____

The US Department of Education requires all states to collect information on the race and ethnicity of public school students. Please answer both questions below.

Department of Education Ethnicity:

Is this student Hispanic or Latino? (Choose only one) YES NO

Department of Education Race:

What is the student's race? (Choose all that apply)

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

DISCIPLINE:

Has this student ever been expelled or is this student currently under threat of expulsion from another school?

Yes No

Explain: _____

LAST SCHOOL ATTENDED:

School Name: _____

School Address: _____
STREET ADDRESS CITY STATE ZIP

Phone #: _____ Fax #: _____

ADDITIONAL INFORMATION:

Does this student receive speech services? YES NO

Does this student have an IEP? YES NO

Does this student have a 504 Plan? YES NO

Does this student receive English Language Learner services? YES NO

Are there any Court Documents including but not limited to the custody of the Child? YES NO
If YES, a copy of Court Documents must be on file in the School Office for the School to comply.

Is there a court order against any individual in contact with this student? YES NO
If YES, please provide the individuals name: _____

Signature of Person Completing this Form

Relationship to Student

Date



DEPARTMENT OF EDUCATION

Dr. Jennifer McCormick
Superintendent of Public Instruction

Working Together for Student Success

Home Language Survey (HLS)

Penn-Harris-Madison School Corporation

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 W-APT 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:

Student Name: _____ **Grade:** _____

School: _____

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**? _____

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: _____

If a language other than English has been identified, please scan and email this form along with the Registration Form (both sides) and Birth Certificate to ENL Administration at enladmins@phm.k12.in.us.

TRANSPORTATION DEPARTMENT ADD / CHANGE / WITHDRAWAL FORM

PLEASE USE THIS FORM FOR: New Student(s) to P-H-M, Current Student(s) with a Change in Address, Student Transfers, Withdrawals, or Alternative Site information. Alternate Site information is good until cancelled. YOU MUST CANCEL an Alternate Site directly with the school otherwise the student is routed to the Alternate Site on file continually.

PLEASE PRINT OR TYPE ALL INFORMATION FOR ITEMS BELOW

IS BUS TRANSPORTATION NEEDED: ___ NO ___ YES (Routing takes up to 3 *business days* from date correct data is received at Transportation via download. Routing information can be found by using InfoFinder/i which is accessible from the district website.

NEW STUDENT - 2 PROOFS OF ADDRESS (RESIDENCY) REQUIRED WITH THIS DOCUMENT

INACTIVATE STUDENT

SCHOOL ATTENDING: _____ GRADE: _____

STUDENT ID NUMBER: _____

STUDENT NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE NUMBER (S): _____

CHANGE OF ADDRESS-2 PROOFS OF ADDRESS (RESIDENCY) REQUIRED WITH THIS DOCUMENT

SCHOOL ATTENDING: _____ GRADE: _____

STUDENT ID NUMBER: _____

STUDENT NAME: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

CITY: _____ ZIP: _____

NEW TELEPHONE NUMBER (S): _____

STUDENT TRANSFER WITHIN PHM SCHOOLS

FROM (SCHOOL) _____ TO (SCHOOL) _____

OUT OF DISTRICT STUDENT (Please check if applies) **DO NOT CHECK OUT OF DISTRICT STUDENTS FOR TRANSPORT IN E-SCHOOL UNLESS THEY HAVE PROVIDED A VERIFIED ALTERNATIVE SITE (SEE BELOW)**

DAY CARE/SITTER/ALTERNATIVE INFORMATION (Transportation is provided for students to and from a maximum of two locations: home and one other site within the boundaries of the school the student attends. Daily / monthly schedules, work/business locations cannot be accommodated):

AM PICK UP ADDRESS: _____

AM NEED? (ex. DAILY, M-W-F, INTERMITTENT, AS NEEDED) _____

PM DROP OFF ADDRESS: _____

PM NEED? (ex. DAILY, M-W-F, INTERMITTENT, AS NEEDED) _____

ALTERNATE CONTACT NAME: _____

TELEPHONE NO.: _____

INFO VERIFIED BY SCHOOL _____ **DATE VERIFIED** _____

SCHOOL PERSONNEL - PLEASE ADD INFORMATION TO STUDENT RECORD IN E-SCHOOL