



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

Please Print

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

Today's Date _____

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

If YES: School of Residence _____
 Grade Level _____
 Current Grade Next Year Pre-Registration

If NO: Non Resident Enrollment Approved? YES NO

If NO: Stop and Contact the Learning Division

County of Residence _____
 District of Residence _____
 School of Residence _____
 Grade Level _____
 Current Grade Next Year Pre-Registration

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

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

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

STUDENT LIVES WITH:

| | |
|----------------------------|----------------------------|
| Name: _____ | Name: _____ |
| Relationship: _____ | Relationship: _____ |
| Work #: _____ Cell#: _____ | Work #: _____ Cell#: _____ |
| Place of Employment: _____ | Place of Employment: _____ |

STREET ADDRESS APT/LOT# CITY STATE ZIP

Is Bus Transportation Needed from this address? YES NO

Mailing Address, if different than Lives With address _____

Primary Contact Phone #: _____ (This number will be used for emergency contact and School Messenger)

Primary Contact Email _____

GUARDIAN INFORMATION:

Name of Guardian not living with Student: _____ Relationship: _____

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

Email Address: _____ Place of Employment: _____

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

Name of Guardian not living with Student: _____ Relationship: _____

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

Email Address: _____ Place of Employment: _____

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

SIBLINGS:

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

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 #: _____

Does this student have an IEP? YES NO

Does this student have a 504 Plan? YES NO

Is there a court order against any individual in contact with this student? YES NO

If YES, please provide the individuals name: _____

A copy of Court Documents must be on file in the School Office for the School to comply. This includes, but is not limited to, court documents regarding custody of the student.

Signature of Person Completing this Form Relationship to Student Date