

Enrollment Requirements

Documentation required:

- Original Birth Certificate with the notarized seal
- Updated Shot Record
- Special Education documentation (i.e., Individualized Education Plan, last psychological evaluation and any pertinent testing)
- Withdrawal slip or name and address from previous school attended
- Physical (see below)
- Proof of Residency (2 required - see below)

Sources of verification required for Proof of Residency (2 are needed):

- Utility bills – NIPSCO and water bill (Cellular/Phone/Cable not accepted)
- Drivers License with current address
- Car Registration with current address
- State I.D. with current address
- Current check or stub from employer with current address
- Printout for Public Aid/Medical Card
- Printout from Social Security for benefits
- Mortgage/Closing papers or Original copy of the lease
- W-2 Forms
- Federal Tax Forms 1040, 1040A, 1040EZ
- Matricula Card

Physical Requirements:

- Elementary: A physical is required if the child never attended a Hammond school (if student attended Hammond Head start or PACT Program, a physical is not needed for kindergarten)
- Middle School: A second measles booster is needed, a physical is strongly recommended but not required
- High School: A physical is strongly recommended but not required.

However, if your student plans on participating in sports an IHSAA athletic physical is required.

Note: According to the Indiana Department of Education Attendance Manual a guardian does not need to have a student's birth certificate in order to enroll their child in school; just proof of the student's date of birth that is considered reliable. ***A child may not be denied enrollment due to lack of documentation.*** If the family is unable to produce reliable documentation, the school shall turn the child's name in to the:

Indiana Clearinghouse on Missing and Exploited Children
(Indiana State Police)
State Office Building
100 N. Senate Ave.
Indianapolis, Indiana 46204
1-800-831-8953

SCHOOL CITY OF HAMMOND ENROLLMENT FORM

SCHOOL YEAR _____

TODAY'S DATE _____ ENROLLING SCHOOL _____ ES Grade ____ MS Grade ____ HS Grade ____

STN#	Student's Last Name	Middle Name	First Name	Student ID#
Date of Birth	Social Security Number	Gender M/F	Race	Age
Street Address	City/State	Zip Code	Home Phone	Cell Phone

Who is child's legal guardian(s)? CIRCLE ONE BELOW. If other than name(s) on birth certificate you must provide legal/court documentation.

Mother & Father Mother Only Father Only Legal Guardian Foster Parent Mother & Step Father Father & Step Mother

Are there any legal restrictions regarding this student? NO ___ YES ___ If YES, you must provide copy of divorce decree, court order, etc.

Guardian #1

Last Name	Middle Name	First Name
Street Address	City/State	Zip Code
Home or Cell Phone	Work Phone	Email Address

Guardian #2

Last Name	Middle Name	First Name
Street Address	City/State	Zip Code
Home or Cell Phone	Work Phone	Email Address

Previous school attended _____

Name	Street Address	City/State	Phone
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Date withdrawn from previous school _____ Has student ever attended an INDIANA school? No ___ Yes ___ If YES, date(s) _____

Name of LAST INDIANA school attended _____ Address _____

Has student ever attended a Hammond school? No ___ Yes ___ School _____

Has student taken the End of Course Assessment? No ___ Yes ___ Copy of results (High school only)? Yes ___ No ___

Is student in any Special Education programs or a 504 plan? No ___ Yes ___ Copy of 504? _____ Copy of IEP? _____

Does student have ANY pending discipline (i.e., Expulsions)? No ___ Yes ___ If YES, please provide a written explanation: _____

Emergency Contact: _____

Relative or Friend (circle one)	Address (not same as student)	Phone
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Siblings:

Last Name	Middle Name	First Name	Grade/School Attending
Last name	Middle Name	First Name	Grade/School Attending
Last Name	Middle Name	First Name	Grade/School Attending
Last name	Middle Name	First Name	Grade/School Attending

Signature of Parent/Guardian _____ Date: _____

Signature of Administrator/Counselor: _____ Date: _____

FOR OFFICE US ONLY:

- ____ Birth Certificate
- ____ Current Report Card
- ____ Custodial Papers
- ____ ECA Scores
- ____ Free/Reduced Lunch Form
- ____ Health Record
- ____ HLS Form

- ____ Indiana 21st Century Scholar
- ____ Proof of Residency
- ____ Social Security #/and or Card
- ____ Student Handbook Issued
- ____ Student Placed by Dept of Public Welfare
- ____ Transcript
- ____ Transfer Form

- Other: _____
- ____ Initials of Office Personnel
- PP112-rev:7/13-bb

School City of Hammond: Health Services Enrollment Form

Child's Name: _____ Date of Birth: __/__/____ Grade: _____
Parent/Guardian Name(s): _____
Address: _____

Telephone Numbers

Mother: Home: _____ Work: _____ Cell: _____
Father: Home: _____ Work: _____ Cell: _____

Emergency Contacts Name(s): _____
Home: _____ Work: _____ Cell: _____
Emergency Contacts Name(s): _____
Home: _____ Work: _____ Cell: _____
Emergency Contacts Name(s): _____
Home: _____ Work: _____ Cell: _____

Allergies – Please list anything your child is allergic to (Food, Medication, Environmental).

Health Problems – Please list significant (chronic) health problems; including recent illness, injury, surgery or hospitalizations

I give the School City of Hammond, permission to release the following information concerning my child to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Name, Date of Birth, Immunization Data

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 may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

Signature _____ Date _____

Printed Name of Parent or Guardian _____


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: (____) _____

1. How long have you lived in this city/school district? _____
2. 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.

3. 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 _____
4. 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.	

The race and ethnicity data will be collected locally using a two part question for students and staff

Districts must collect race and ethnicity information on students and staff using a *two part question*. The respondent must answer both questions. Districts should implement the re-evaluation of students in 2009-2010 to be reported in July of 2010. District enrollment forms will need to implement the two part question for all fall 2010 enrollees. Districts should plan to train staff to assist enrollees in responding to the two part question. **Example:**

NAME: _____

Race and Ethnicity: (Note: Both Part 1 and Part 2 of the question *must be answered.*)

Part 1: Ethnicity	Is this individual Hispanic/Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> 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? (Choose one or more) <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

