

Accepted for Enrollment as Admission to the Corporation For the 2020/2021 School Year

Documentation:

- Original Birth Certificate with the notarized seal or other documentation of both
- 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 for Proof of Residency (2 are needed):

- Utility bills – NIPSCO and water bill (Cellular/Phone/Cable not accepted)
- Driver's 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
- Matriculate Card

Documentation for Physicals:

- Elementary: A physical examination and a documented record of all immunizations are required prior to enrollment.
- Middle School: Grades (6-8th) - Immunizations required for students entering 6th grade:
 - Tdap** (Tetanus, Diphtheria and Pertussis and #1 MCV4 (Meningococcal))
 - HPV** (Human Papilloma is recommended)
 - Current physical examination is highly recommended.
- High School: Grades (9-12th) 12th grade students must have **#2 MCV4** (Meningococcal).
- Any student entering SCH for the 1st time must have a current physical examination and immunization record

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		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 _____
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 _____

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:

- | | | |
|--|---|--------------|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Indiana 21 st Century Scholar | Other: _____ |
| <input type="checkbox"/> Current Report Card | <input type="checkbox"/> Proof of Residency | _____ |
| <input type="checkbox"/> Custodial Papers | <input type="checkbox"/> Social Security #/and or Card | _____ |
| <input type="checkbox"/> ECA Scores | <input type="checkbox"/> Student Handbook Issued | _____ |
| <input type="checkbox"/> Free/Reduced Lunch Form | <input type="checkbox"/> Student Placed by Dept of Public Welfare | _____ |
| <input type="checkbox"/> Health Record | <input type="checkbox"/> Transcript | _____ |
| <input type="checkbox"/> HLS Form | <input type="checkbox"/> Transfer Form | _____ |

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 _____

Collecting Racial and Ethnic Data

08.08.19

Though the department does not report individual student or staff data to the federal government, the total number of students and staff by race and ethnicity of each school is reported. The following sections define how race and ethnicity is collected using a two part question, how observer identification is used for non-self-identifying students, and an overview of reporting racial and ethnic data to the IDOE.

Two part question for students and staff

Districts must collect race and ethnicity information on students and staff using the *two part questionnaire*. The respondent must answer both questions. District enrollment forms will need the below two part question for all new enrollees to Indiana schools. Districts should train staff to assist enrollees in responding to the two part question. **This data is to be collected once and is to be kept as part of the enrollee's permanent file.** (Exception: a parent/guardian/student makes a request to correct the original identification.) This information should be transferred upon the enrollees exit to another district.

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

Part 1: Ethnicity	Is this individual Hispanic/Latino? (<i>Choose only one</i>) <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? (<i>Choose one or more</i>) <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, the Middle East, or North Africa.

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 GED/HSE).

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**.

Student's Name: _____ Parent's Name: _____

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

Date: _____ Parent Signature: _____

1. Within the last **3 years**, have your children moved for any reason? **YES** ____ **NO** ____
2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? **YES** ____ **NO** ____

If you answered **NO** to either of these questions, 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.	