

**New Albany-Floyd County Consolidated School Corporation
Student Enrollment Form (Secondary)**

Today's Date

Student Information

Student's SS# _____	Mailing Address _____
Legal Last Name _____	(if different from above) _____
First Name _____	Grade/Teacher _____ / _____
Middle Name _____	*Ethnicity American Indian/Alaskan <input type="checkbox"/> Black/Not Hispanic <input type="checkbox"/>
Suffix (Jr., Sr., etc.) _____	White/Not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/>
Nickname _____	Asian/Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/>
Home Address _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
City/State/Zip _____	Date of Birth _____
Home Phone _____ / Unlisted <input type="checkbox"/>	Transportation Walk <input type="checkbox"/> Car <input type="checkbox"/> (Bus <input type="checkbox"/> # _____)

Student lives with

Mother and Father <input type="checkbox"/>	Father/Step Mother <input type="checkbox"/>	Guardians or Relatives <input type="checkbox"/>
Mother/Father-Joint Custody <input type="checkbox"/>	Mother Only <input type="checkbox"/>	Foster Parents <input type="checkbox"/>
Mother/Step Father <input type="checkbox"/>	Father Only <input type="checkbox"/>	Other _____

Parent/Guardian Living with Student

<u>Guardian #1</u>	<u>Guardian #2</u>
First & Last Name _____	First & Last Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Pager _____	Pager _____
Relation to Student _____	Relation to Student _____
Name of Employer _____	Name of Employer _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____

Emergency Contacts

If the parents cannot be reached at home or work the school has my permission to contact the following people.

Name _____	Name _____
Daytime Phone _____	Daytime Phone _____
Relationship to student _____	Relationship to student _____

Student Name _____

Grade _____

Sibling Information

Name of Sibling

School Currently Attends

Has your child ever been enrolled in a Special Education program? _____ yes _____ no

Is your child currently in a Special Education program? _____ yes _____ no

Is your child currently on a Section 504 Plan? _____ yes _____ no

Name of last school your child attended _____

School Address _____

Has your child ever attended New Albany-Floyd County Schools? _____ yes _____ no

If yes, where & when? _____

Are there any disciplinary/expulsion actions pending from a previous school? _____ yes _____ no

Has your child taken the Graduation Qualifying Exam? _____ yes _____ no

If "yes" where? _____



TO BE FILLED OUT BY OFFICE STAFF

Home Room # _____

Student Test Number _____

R01 – Within District

E02 – Within State

E03 – Out of State

R04 – Re-Entry

Foreign Exchange

Registrar

Counselor

Attendance

Health Office

Principal's Secretary