

This box is for School use only

Entry Date: \_\_\_\_\_ Advisor/Hmrm Teacher: \_\_\_\_\_  
 BC \_\_\_ IM \_\_\_ VOA \_\_\_ Early Entrance (KG) \_\_\_ Approved One Yr Transfer \_\_\_ Multi-Yr Transfer \_\_\_ Hmrm #: \_\_\_\_\_ AM Bus # \_\_\_\_\_  
 STN: \_\_\_\_\_ Temp Permit \_\_\_ Temp Permit Expiration Date \_\_\_\_\_ PM Bus # \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

Monroe County Community School Corporation

**Please Use**

Complete all information

**STUDENT/FAMILY INFORMATION**

**LEGAL Name**

<b>Student's LEGAL name</b> (as it appears on the birth certificate) _____ <div style="display: flex; justify-content: space-between; font-weight: bold; font-size: small;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> </div>	Date of Birth _____	Nick Name _____	Grade: _____  Sex: M F
--	------------------------	--------------------	------------------------------

Has the student been enrolled in a **MCCSC** school before? YES NO  
 Has the student been enrolled in an **INDIANA** school before? YES NO  
 Has the student been enrolled in any school under a **DIFFERENT** name before? YES NO  
 → If **YES** to any question above, when, where and/or under what name? \_\_\_\_\_

Name and address of school last attended:  
 \_\_\_\_\_  
 \_\_\_\_\_

→ **Student Lives with:** Both Parents \_\_\_ Mother Only \_\_\_ Father Only \_\_\_ Guardian \_\_\_ Group Home \_\_\_

**First Family Information:**

Name of Parent Or Guardian [Fam1/1]	Relationship to Student	Employer & Work Telephone #:	Cell or Pager #:	E-mail address:
Name of other adult (living in SAME household) [Fam1/2]	Relationship to Student	Employer & Work Telephone #:	Cell or Pager #:	E-mail address:
Address:	Zip Code:	Primary Home Telephone #:	Primary Language Spoken in this Home (50% or more of the time) [Fam1/Home Lang]	Other family members who are currently or have been enrolled in any MCCSC schools:

**Second Family Information** (parents/guardians/grandparents with whom student lives part time [joint custody] or have custodial rights but do not live with student):

Name of Parent Or Guardian [Fam2/1]	Relationship to Student	Employer & Work Telephone #:	Cell or Pager #:	E-mail address:
Name of other adult (living in SAME household) [Fam2/2]	Relationship to Student	Employer & Work Telephone #:	Cell or Pager #:	E-mail address:
Address:	Zip Code:	Primary Home Telephone #:	Primary Language Spoken in this Home (50% or more of the time) [Fam2/Home Lang]	Other family members who are currently or have been enrolled in any MCCSC schools:

**About Your Child:**

Where (City, State or Country) was your child born: [NCLB2/ImmigStatus]	If your child was born outside of the U.S., what date was your child <b>FIRST</b> enrolled in a school in the United States (month/year): [NCLB2/ImmigStatus]	Concerns of which we should be aware (i.e., allergies, court orders, etc.)
What language does <b>YOUR CHILD</b> speak most often (50% or more of the time)? [NCLB2/LEP/StudentLang]	What language does <b>YOUR CHILD</b> speak in your home? [NCLB2/LEP/HomeLang]	

Student's Name \_\_\_\_\_

Revised 01.28.10

**Race & Ethnicity: Both Part 1 and Part 2 of the question must be answered** (per Federal Register Guidelines Vol. 72, No. 202)

**Part 1: Ethnicity—Is this student Hispanic/Latino/Spanish Origin? (choose only one)**

<b>No, not Hispanic/Latino</b>	<b>Yes, Hispanic/Latino/Spanish Origin (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)</b>
--------------------------------	--

**Part 2: Race—What is the student's race? (choose all that apply)**

American Indian or Alaskan Native Origin	A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment
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.
Black/African American/Haitian	A person having origins in any of the black racial groups in Africa
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

**EMERGENCY AND AUTHORIZED PICK-UP LIST.** List below **ALL** persons (other than those listed in the family information on the other side) who have your permission to pick up your child. Your child will not be released to anyone who is **NOT** on this list. (To exclude a child's parent, submit the appropriate paperwork/documentation to the school office.) This list will also be used in the event we cannot reach you with a medical concern.

Name (must be 16 or older)	Relationship to Child	Address	Main Telephone	2 <sup>nd</sup> Telephone	3 <sup>rd</sup> Telephone

**EARLY DISMISSAL**-In the event of an unplanned early dismissal (i.e., school closing due to weather, facility problems, etc.) my child is to do the following (**CHOOSE ONE**):

Follow normal dismissal plan	<b>Special Programs</b> [please check all that apply]  <input type="checkbox"/> Gifted/Talented (Accelerated Learning Program) <input type="checkbox"/> Special Education (IEP) <input type="checkbox"/> Section 504 <input type="checkbox"/> Speech/Hearing
Walk or Ride Bus # _____ to _____ at _____ (friend or relative) (address)	
Go with _____ (name of student)	
Be picked up by parent/guardian or one of the listed above authorized pick-up persons	

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ have received, read, and understand the School Records/Directories Information published in the "Back to School Guide" and believe the information contained on this form to be complete, accurate and true.

Parent/Guardian Signature \_\_\_\_\_ Today's Date \_\_\_\_\_