



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

Please Print

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: _____

HOME 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 _____

Work #: _____ Cell#: _____

Work #: _____ Cell#: _____

Place of Employment: _____

Place of Employment: _____

GUARDIAN INFORMATION:

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

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

Mailing Address: _____

HOME STREET ADDRESS

APT/LOT#

CITY

STATE

ZIP

Email Address: _____ Place of Employment: _____

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

SIBLINGS:

NAME _____ GRADE/AGE ____/____ SCHOOL _____
NAME _____ GRADE/AGE ____/____ SCHOOL _____
NAME _____ GRADE/AGE ____/____ SCHOOL _____
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