To enroll at Penn High School, you must first provide:

- 2 proofs of PHM residency (lease, mortgage or rental agreement, recent utility bill or other bill that is mailed to your residence with your name and address on it)
- Student's birth certificate
- Student's updated immunization records
- Withdrawal paperwork from previous school
- Unofficial transcript or report card from previous school
- Custody or court papers (Note: A student MUST live with their custodial parent unless there are court documented custody papers provided. Third party guardianship is NOT ALLOWED at PHM.)

We will also need to know:

- What grade will your student be in?
- What school did your student last attend?
- What is your student's birth date?
- Does your student have an IEP (Special Education Services) or 504?

All students must live in the PHM School District with their legal guardians to attend Penn High School or be pre-approved by our administration office. Proper documentation must be provided BEFORE an enrollment can take place. *We are not taking any out of district applications at this time.*

To make an appointment to enroll, please call Wendy Hayes, Enrollment Secretary at 574-254-2851.

The following forms will need to be filled out and turned in before your student's enrollment. The forms are available to download from Penn's website penn.phmschools.org under "Welcome" and "How to enroll".

* Registration Form
* Student Emergency Information Form
* Student Home Language Survey Form

All forms must be completed and turned in before we will make you an appointment for enrollment. Forms can be emailed to whayes@phm.k12.in.us or faxed to 574-254-2856 or hand delivered to the Counseling Center at Penn High School.

PENN-HARRIS-MADISON SCHOOL CORPORATION
STUDENT REGISTRATION FORM
Please Print

OFFICE USE ONLY
SCHOOL YEAR_____
ENROLLMENT DATE_____
PHM STUDENT ID#_____
INDIANA STN #_____
TEACHER/TEAM_____
PROOF OF RESIDENCY _____ (TYPE OF DOCUMENTATION)

Today's Date _____

Do you live in the P-H-M School Corporation? ☐ YES ☐ NO

If YES: P-H-M School of Residence _____

Grade Level _____ Current Grade ☐ To Pre-Register for Next Year

If NO: Is Non Resident Enrollment Approved by the Learning Division? ☐ YES ☐ NO

If NO: Stop and Contact the Learning Division

County of Residence _____ School District of Residence _____

School of Residence _____ Grade Level _____

☐ Current Grade ☐ To Pre-Register for Next Year

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

GUARDIAN(S) STUDENT LIVES WITH:

Name: _____ Relationship _____

Primary Phone #: _____ Cell#: _____ Work #: _____

Email _____ Place of Employment _____

Name: _____ Relationship _____

Primary Phone #: _____ Cell#: _____ Work #: _____

Email _____ Place of Employment _____

_____
HOME STREET ADDRESS APT/LOT# CITY STATE ZIP

Mailing Address, if different than HOME address _____

Is Bus Transportation Needed from the HOME address? ☐ YES ☐ NO

GUARDIAN INFORMATION (for Guardian NOT living with the student):

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: _____

ALL 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

DISCIPLINE:

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 #: _____

ADDITIONAL INFORMATION:

Does this student receive speech services? ☐ YES ☐ NO

Does this student have an IEP? ☐ YES ☐ NO

Does this student have a 504 Plan? ☐ YES ☐ NO

Does this student receive English Language Learner services? ☐ YES ☐ NO

Are there any Court Documents including but not limited to the custody of the Child? ☐ YES ☐ NO
If YES, a copy of Court Documents must be on file in the School Office for the School to comply.

Is there a court order against any individual in contact with this student? ☐ YES ☐ NO
If YES, please provide the individuals name: _____

_____ _____ _____
Signature of Person Completing this Form Relationship to Student Date

PENN·HARRIS·MADISON

SCHOOL CORPORATION

Emergency Contact Information

Each year we request that parents/guardians update the student(s) emergency contact information. You may make changes by writing them on this form, or through Family Access Center.

You must sign the other side of this form and return it to the school office within a week.

Please circle one.

Yes / No I have updated my child's emergency information through Family Access Center (FAC).

Note: Please be aware that changes of student address require 2 proofs of residence and must be handled in person at your student's school.

If we have a valid email address for you on file, you will get a welcome letter from Skyward including instructions for logging in.

Please make sure any health concerns are shown correctly on the other side. If anything has changed, we need to know as soon as possible. Health concerns cannot be updated through FAC. Please write them on the other side of this form and return it to the school office immediately.

Penn-Harris-Madison utilizes the School Messenger® alert notification service to distribute emergency messages, such as school closings, delays and student attendance (for unexcused absences).

We will use the home, cell and email address provided on this form. The "Primary" number will be called first in the event of an emergency, such as a school closing/delay. The "Primary" number can be a cell phone. Please also provide an email address, making sure it is current and correct. If at any point during the school year your contact information should change, it is your responsibility to notify your child's school as soon as possible.

Parents & guardians can set the preferences of how you want to receive these important notifications using the School Messenger parent portal, InfoCenter. You must have an email address on file with the school in order to manage your SchoolMessenger preferences online. Visit www.phmschools.org/parents/schoolmessenger for information on how to create your account and set up your preferences.

Student Name_____ **(PLEASE PRINT) Student ID** _____

Please update your employment information. Please print.

Father Name of Employer _____ Work # _____

Email: _____

Mother Name of Employer _____ Work # _____

Email: _____

Stepfather Name of Employer _____ Work # _____

Stepmother Name of Employer _____ Work # _____

_____ Name of Employer _____ Work # _____

(Over)

PENN·HARRIS·MADISON
SCHOOL CORPORATION

Emergency Contact Information

Contact 1 Name: _____
Telephone: _____
Relationship: _____
Contact 2 Name: _____
Telephone: _____
Relationship: _____
Contact 3 Name: _____
Telephone: _____
Relationship: _____

Please list siblings attending other P-H-M schools: Name(s) / School(s)

_____ / _____
_____ / _____
_____ / _____

Emergency & Medical Information
If your student has a serious health problem, please contact the school health office at the beginning of the school year to discuss.

Physician: _____ **Telephone:** _____
Hospital: _____
Health Issues on File (Allergies, etc): _____
_____

Additional Health Concerns: _____
_____

Medications Required: (at home or at school)
_____
_____

In an emergency, the school will take the necessary steps to ensure your child's safety, which could mean contacting an available doctor and/or 911 services. Information on this card may be shared with school staff on a need to know basis.

Signature of Legal Guardian: _____

Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Home Language Survey (HLS)
Penn-Harris-Madison School Corporation

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district/ charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT placement test will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

Today's Date: _____

Student Name _____

Grade:_____ **School:**_____

- What is the **native** language of the **student?**_____
- What language(s) is **spoken** most often by the **student?**_____
- What language(s) is **spoken** by the **student** in the **home?**_____
- In what country was the student born?_____
- Month and year the student arrived in the United States._____
- Month and year the student started attending school in the United States._____

By signing here, you certify that responses to the questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

Parent/Guardian Name: _____

Parent/Guardian Signature:_____

***** IF a language other than English is listed on this form, please email a copy of this Registration Form (both pages) and birth certificate or other proof of birth to ENL ADMINS (enladmins@phm.k12.in.us). *****

Dear Parent/Guardian,

The Indiana State Department of Health has implemented an electronic reporting system that is designed to improve the state's records on immunizations. The registry is called Children and Hoosiers Immunization Registry Program (CHIRP). Health care providers in Indiana will enter data into the electronic database to ensure the most up-to-date record of immunizations is available.

Recently the Indiana Department of Education mandated that Indiana schools document annual immunization records through CHIRP and we are required to submit immunization reports in order to maintain the accreditation of our schools. This letter is to notify you of this change and to ask your permission to submit the immunization status of your child electronically. If you have questions about this document, please call the health office in your school.

I, _____, give Penn-Harris-Madison permission to release
(Parent's name)
the following information concerning my child _____ to the Indiana
(Child's name)
State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Student's full name, date of birth, immunization data, and demographic data such as address, telephone number, and school in attendance.

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me of my student's immunization status and/or that an immunization is due according to recommended immunization schedules.

I understand that my child's information will be available to the immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school that is attended by the individual, a child care center, and the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning. 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.
☐ I hereby refuse consent to the release of such information.

_____ *Signature*	_____ *Date*
_____ *Printed Name of Parent or Guardian*	
_____ *Address*	( ) _____ *Telephone Number*
_____ *Child's Name*	_____ *Date of Birth*
_____ *School*	_____ *Grade*

Return form to the school health office.

Revised 8-2014