



**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 \_\_\_\_\_

<b>STUDENT INFORMATION:</b> <input type="checkbox"/> Male <input type="checkbox"/> 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 _____

<b>GUARDIAN(S) STUDENT LIVES WITH:</b>				
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 _____				
<b>Is Bus Transportation Needed from the HOME address?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>GUARDIAN INFORMATION (for Guardian NOT living with the student):</b>				
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 \_\_\_\_\_

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 \_\_\_\_\_