

Rochester Community School Corporation

Student Enrollment Form

Student Last: _____ First: _____ Middle: _____

Grade Level: _____ Preferred Name: _____ Gender: M F

Social Security #: _____ STN: _____

Birthplace: _____ Prior School Attended: _____ Birth Date: ____ / ____ / ____

Physical Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

Home Phone: (____) _____

Custodial Parent/Guardian Information:

First Name _____

Last Name _____

Address _____

City, State, Zip _____

Home Phone (____) _____

Cell Phone (____) _____ Provider: _____

Name of Employer _____

Work Phone (____) _____

E-Mail Address _____

Lives with student: Yes No

Relationship to student: _____

Other Parent/Guardian Information:

First Name _____

Last Name _____

Address _____

City, Zip _____

Home Phone _____

Cell Phone (____) _____ Provider: _____

Name of Employer _____

Work Phone (____) _____

E-Mail Address _____

Lives with student: Yes No

Relationship to student: _____

Contact Information:

In the event of an emergency, I grant my permission for any individual listed below to pick up my child. I realize that if I cannot be reached, the individuals below will be notified in the order listed. These contacts may also be used for any of the siblings listed on this form.

Contact #1:

Name _____

Relationship _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

Contact #2:

Name _____

Relationship _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

Contact #3:

Name _____

Relationship _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

Contact #4:

Name _____

Relationship _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

The information contained on this form is accurate to the best of my knowledge.

Signature of Custodial Parent/Guardian: _____ Date: _____

Student's Name: _____ Grade Level: _____

Siblings:

1. Name: _____ Date of Birth: _____ Attending _____ School _____
2. Name: _____ Date of Birth: _____ Attending _____ School _____
3. Name: _____ Date of Birth: _____ Attending _____ School _____
4. Name: _____ Date of Birth: _____ Attending _____ School _____

Legal Custody:

In order to best serve our students and maintain accurate school records, it is important to know what relationship is involved between parents and students, especially when a student does not have the same last name as the parent or guardian.

____ Student lives with mother and father ____ Sole Legal Custody with father* ____ Sole Legal Custody with mother*
 ____ Legal Guardian other than parent* ____ Joint Legal Custody between both parents who live in separate households*

***Legal documentation must be provided to the office.**

Individual Educational Plan (IEP)/504 Plan:

Does your child currently have an IEP? Yes No

Does your child currently have a Section 504 plan? Yes No

Race:

American Indian/Alaska Native Asian Black/African American
 Hispanic Ethnicity Native Hawaiian/Other Pacific Islander White



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Home Language Survey (HLS)

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 in Indiana, 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 WIDA Screener 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:

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three 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 for 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.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

Student's Name: _____

Please mark your top 2 time choices for April 5th

- _____ 8:30am-9:00am
- _____ 9:00am-9:30am
- _____ 9:30am-10:00am
- _____ 10:00am-10:30am
- _____ 11:00am-11:30am
- _____ 11:30am-12:00pm
- _____ 12:00pm-12:30pm
- _____ 2:30pm-3:00pm
- _____ 3:00pm-3:30pm
- _____ 3:30pm-4:00pm
- _____ 4:00pm-4:30pm
- _____ 4:30pm-5:00pm
- _____ 5:00pm-5:30pm
- _____ 5:30pm-6:00pm



Kindergarten Round-Up will be held April 5th, 2024 at the Learning Center, 1818 Park Road, Rochester.

Round-Up should only take about 15 minutes per child. If you are unavailable on this date your child may be accompanied by another adult of your choice.

If you are a little early or late for your time slot, that is ok, we understand unexpected things come up in our day to day. If you are unable to make it for Round-Up on this date email Melisa Lahman or call Columbia School (574)223-2501 ext. 2000 and let her know or leave a message. At this time there isn't a make-up date for missed Round-Up.

1st Choice: _____

2nd Choice: _____

We will be emailing you in March to confirm your student's round-up time.

