

Salem Community Schools Enrollment Packet

Please fill out each form completely and provide the following documentation:

- Proof of address (utility bill, mortgage or lease agreement, etc.)
- Student's birth certificate
- Student's immunization records
- Custody papers (if relevant)
- Driver's License
- Name, address, phone and fax of previous school

Please bring the completed packet, along with the above documents, to:

SCS Administration Office
500 N. Harrison St.
Salem, IN 47167
ph: (812)883-4437
fx: (812)883-1031

If you have any questions, please call Erin Humphrey at (812)883-4437.



Salem Community Schools

500 North Harrison Street

Salem, Indiana 47167

Phone 812 883-4437 Fax 812 883-1031

www.salemschools.com

PARENT TENTATIVE ENROLLMENT FORM

Student Name _____ Grade _____ Date of Birth _____

Social Security Number _____ Gender ___M ___F

Previous School _____ Reason for Transfer _____

Previous School Address _____ City _____ State _____

Last Day Attended Previous School _____ Phone Number _____ Fax Number _____

(List any additional students on the back of the sheet)

Parent Name _____

Local Address _____

Student resides with _____

Relationship to Student

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Foster Mother |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Foster Father |
| <input type="checkbox"/> Other | <input type="checkbox"/> Court Appointed Guardian |

Documentation of Relationship _____

Please check the appropriate section below:

- I/we reside in the Salem Community Schools district
Documentation: _____
- I/we do not reside in the Salem Community Schools district
Superintendent Approval/Signature _____
- I understand that if I/we are not legal residents of the Salem Community Schools district and that if I am not the custodial parent or the legal guardian, that admission to school will be denied until I can produce evidence of this. In the case of custody or guardianship, a court order must be provided.
- I understand that in the event that the above information is incorrect, it is just cause for exclusion from Salem Community Schools.
- This transfer to Salem Community Schools is not being made to seek relief due to a conflict with the philosophy or other action of an administrator, teacher or other personnel in the previous school.
- This student is not under any present disciplinary action at the school of previous attendance and this is not transferring as a means to nullify that punitive action.
- This transfer is not being made for the primary purpose of athletic or other extra curricular participation.

Parent Signature _____

Date _____



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ADDITIONAL ENROLLMENT INFORMATION

Student Name _____ Grade _____

Date of Birth _____ Place of Birth _____

Ethnicity:

___ American Indian/Alaskan Native; ___ Black ___ Asia/ Pacific Islander; ___ Hispanic; ___ White ___ Multiracial

U.S. Citizen ___ Yes ___ No

Instructional Setting

___ Special Education --Primary Disability _____

- Student Data Sheet Completed
- Permission for Sharing Completed
- Temporary Placement Completed

___ High Ability

___ Title I

___ Free/Reduced Lunch or Textbooks

___ English Language Learner

___ 504 Plan

___ Yes ___ No Has this student been recommended for expulsion/suspension during the past 6 months?

(Please Explain)

Bus Information

___ Own Transportation _____ Ride Bus (Number _____)

Additional Pick-up/Drop-Off Locations _____

Home Language Survey

Indiana Education Code requires schools to determine the language(s) spoken in the home of all students. This information is very important for providing adequate instructional programs and services. Please answer the following questions with only one language per line.

_____ What is the native language of the student?

_____ What is the predominant language of the parents?

_____ What language is most often spoken at home?

Parent Signature _____

Date _____

If a language other than English is listed above, please complete the following:

_____ When did you child first enter school in the United States? (Not including preschool) Month/day/year

_____ When did your child first enter a public school in Indiana? (not including preschool) Month/day/year

___ Yes ___ No Was your child born in the United States Yes/No

_____ If your child was not born in the United States when did he/she first come to the US month/day/year

PARENT INFORMATION

Please complete the following information for each parent or guardian with whom the student resides. You don't need to repeat information that is the same for both. Additional forms are available to include all parents 7 step-parents.

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Relationship (Mother, Father, Step-Mother, Step-Father, Grandparent, Guardian, etc)		
Title (Mr., Mrs., Ms. Rev., Dr., etc)		
Last Name		
First Name		
Middle Name/Initial		
Address		
Home Phone		
Work Phone, Extension		
Alternate or Cell Phone		
Occupation		
Employer		
Work Address		
Work Hours		
Work Phone		
Best Time to Contact		
E-mail address		

Name/address for additional mailings of report cards and other correspondence other than the student's home address?

Name _____ Address _____

Please list any restrictions or special instructions about those who might ask to contact or to pick-up your student from school:

Health/Emergency Contact Information

Emergency Contacts

Emergency Contacts			
	Contact 1	Contact 2	Contact 3
Name			
Phone Number(s)			
Relationship			

Sitters/Day Care			
	Contact 1	Contact 2	Contact 3
Name			
Phone Number (s)			
Location			

Health Record

Family Physician _____ Phone Number _____

Location/Address _____

Date of Last Physical Examination _____

List diseases, allergies, operations, serious illnesses, or other medical conditions which the school should know about:

List any problems your child has with vision or hearing:

List medications your child takes regularly:

List any medications your child must take during school hours

Medication	Dosage	Time	Prescribing Doctor	Dr. Phone Number

Yes No In the event of an accident or illness, does the school have your permission to take your child to hospital for emergency treatment?

Official health records from physician for records from former school must be on file within two weeks of enrollment to document immunizations and health conditions.

Parent Signature _____

Date _____



Student Name: _____

Grade: _____

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Phone: 812-883-4437 Fax Phone: 812-883-1031

Race and Ethnicity: *(Note: Both Part 1 and Part 2 of the question must be answered.)*

Part 1: Ethnicity

Is this individual Hispanic/Latino? *(Choose only one)*

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race

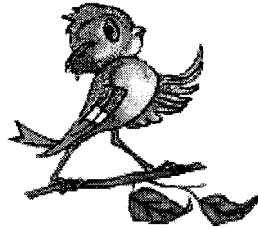
What is the individual's race? *(Choose one or more)*

- American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.
- 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 or African American: A person having origins in any of the black racial groups of 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, the Middle East, or North Africa.

CHILDREN AND HOOSIERS IMMUNIZATION REGISTRY PROGRAM

**S.C.S. CORPORATION PARTICIPATES IN
C.H.I.R.P**

C.H.I.R.P is the free and innovative online system that stores and updates immunization records of both children and adults in Indiana. It is confidential and free.



BENEFITS OF USING C.H.I.R.P.

- ✓ Providers can determine when a patient is due or overdue for vaccinations based on up-to-date guidelines.
- ✓ Providers reduce under and over immunization by viewing immunization records from multiple providers.
- ✓ Providers can print official Immunization Cards for day care, school, camp, or employment.

I give the Salem Community School Corporation Nurses, permission to register my child's immunization records to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program. (C.H.I.R.P.)

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

I hereby consent to the release of such information.

Signature

Date

Printed name of parent/guardian

Child's Name