



CHARLES A. BEARD MEMORIAL SCHOOL CORPORATION

Please fill this form out completely. All information is very important to have on file.

- STUDENT IS RESIDENT OF THE CHARLES A. BEARD MEMORIAL SCHOOL CORPORATION
- STUDENT LIVES OUTSIDE THIS SCHOOL CORPORATION AND IS ENROLLING AS A TRANSFER STUDENT

CHILD'S LEGAL NAME _____ CURRENT GRADE LEVEL: _____

First Middle Last

Child's Preferred Name: _____ Birth Date: ___/___/___ Male Female

Student's Race (Circle): Native American Asian African-American Hispanic Ethnicity
 Multiracial Native Hawaiian Caucasian

Child's Social Security Number ____-____-____ Is the student in foster care? No Yes
(Very Important: We must have the SSN# for state reports)

If so, are parental rights terminated? No Yes Name of Case Worker _____ Phone # _____

Child lives with: Both Parents Mother Father

*Legal Guardian _____ Foster Parent _____

Guardianship, Third Party Custodial Agreement, or court documentation must be provided to confirm Legal Guardianship

Child's Address: _____
Street Address City State Zip

County _____

P.O. BOX _____ City _____ State _____ Zip _____ Citizenship: US Other: _____

Primary School Messenger Telephone # _____ - _____ - _____ (Used for School Delays, Closings, Info, etc.)

Student Email: _____

STUDENT SCHOOL HISTORY

- Has student ever been Retained? No Yes In which grade(s): _____
- Has student ever been Home-schooled? No Yes In which grade(s): _____ Home-School ID _____
- Has student ever been enrolled in the Charles A. Beard Memorial School Corporation? No Yes

<u>Name of previous schools</u>	<u>Address</u>	<u>Grades Attended</u>
1. _____	_____	_____
2. _____	_____	_____

Does child have siblings that already attend a Charles A. Beard Memorial School? No Yes

Student Name(s): _____ Grade(s): _____

HEALTH CONDITION/SPECIAL SERVICES/FREE-REDUCED

Does this student have any physical/emotional or health conditions? No Yes
What type? _____

Does this student receive any **Special Services**? No Yes Speech, Hearing, LD, Other: _____

Does this student have an **IEP**? No Yes Does this student have a **504**? No Yes

Does this student participate in a **Gifted Program**? No Yes

Did student participate in the "**Free/Reduced School Lunch Program**" at previous school? No Yes

Which program? Free Reduced

Please fill out Program Application if you wish to continue in program.

Custody Documentation/Birth Certificate

It is school policy to remain neutral in family situations. Parents/Guardians are encouraged to supply current legal custody verification and are required to supply child's birth certificate to be kept as part of the students' permanent record. This ensures that the school has actual knowledge of any court orders in place. Unless the school has access to such information, **the school shall assume both parents share joint physical and legal custody**, which means; parents will remain as primary emergency contacts, both parents are welcome to pick up the student, and both parents' correspondence with the school is valid.

PARENT/LEGAL GUARDIAN INFORMATION

INFORMATION REGARDING BOTH PARENTS IS REQUIRED UNLESS COURT DOCUMENTS ARE PROVIDED

Parents are to each other: Married Separated Divorced Never Married

FATHER/GUARDIAN NAME: _____ Social Security Number ____ - ____ - ____

Address same as child Address _____
Street City State Zip

Home Phone # _____ Cell # _____ Work # _____

Email: _____ Place of Employment _____

Please Check All that Apply: Family Member Is Custodian Emergency Contact
 Responsible for Bill (only one person can be responsible) Allowed to Pick-up Student Receives Mailing

MOTHER/ GUARDIAN NAME: _____ Social Security Number ____ - ____ - ____

Address same as child Address _____
Street City State Zip

Home Phone # _____ Cell # _____ Work # _____

Email: _____ Place of Employment _____

Please Check All that Apply: Family Member Is Custodian Emergency Contact
 Responsible for Bill (only one person can be responsible) Allowed to Pick-up Student Receives Mailing

STEP-PARENT INFORMATION (IF APPLICABLE)

STEP-MOTHER: _____ Place of Employment _____

Address same as child Address _____
Street City State Zip

Home Phone # _____ Cell # _____ Work # _____

Please Check All that Apply: Emergency Contact Allowed to Pick-up Student

STEP-FATHER: _____ Place of Employment _____

Address same as child Address _____
Street City State Zip

Home Phone # _____ Cell # _____ Work # _____

Please Check All that Apply: Emergency Contact Allowed to Pick-up Student

Student Name: _____

EMERGENCY CONTACT INFORMATION

(To be contacted if parents/legal guardian cannot be reached)

Emergency Contact Name _____ Relationship to student _____

Address _____
Street City State Zip

Home Phone # _____ Cell # _____ Work # _____

Please Check All that Apply: Emergency Contact Allowed to Pick-up Student Release of Medical Information

Emergency Contact Name _____ Relationship to student _____

Address _____
Street City State Zip

Home Phone # _____ Cell # _____ Work # _____

Please Check All that Apply: Emergency Contact Allowed to Pick-up Student Release of Medical Information

Emergency Contact Name _____ Relationship to student _____

Address _____
Street City State Zip

Home Phone # _____ Cell # _____ Work # _____

Please Check All that Apply: Emergency Contact Allowed to Pick-up Student Release of Medical Information

CHIRP AGREEMENT

I acknowledge that the Charles A. Beard Memorial School Corporation participates in the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP). I consent to my child's immunization information being submitted to this data registry.

Parent/Guardian Signature

Date