



**PENN-HARRIS-MADISON SCHOOL CORPORATION  
STUDENT REGISTRATION FORM**

Please Print

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 \_\_\_\_\_

OFFICE USE ONLY	
SCHOOL YEAR	_____
ENROLLMENT DATE	_____
PHM STUDENT ID#	_____
INDIANA STN #	_____
TEACHER/TEAM	_____
PROOF OF RESIDENCY (TYPE OF DOCUMENTATION)	_____

**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



**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 State adopted 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). \*\*\***

# TRANSPORTATION DEPARTMENT ADD / CHANGE / WITHDRAWAL FORM

**PLEASE USE THIS FORM FOR:** New Student(s) to P-H-M, Current Student(s) with a Change in Address, Student Transfers, Withdrawals, or Alternative Site information. Alternate Site information is good until cancelled. **YOU MUST CANCEL** an Alternate Site directly with the school otherwise the student is routed to the Alternate Site on file continually.

**PLEASE PRINT OR TYPE ALL INFORMATION FOR ITEMS BELOW**

**IS BUS TRANSPORTATION NEEDED:** \_\_\_\_ NO \_\_\_\_ YES (Routing takes up to 3 business days from date correct data is received at Transportation via download. Routing information can be found by using InfoFinder/ which is accessible from the district website.

**NEW STUDENT - 2 PROOFS OF ADDRESS (RESIDENCY) REQUIRED WITH THIS DOCUMENT**

**INACTIVATE STUDENT**

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER (S): \_\_\_\_\_

**CHANGE OF ADDRESS - 2 PROOFS OF ADDRESS (RESIDENCY) REQUIRED WITH THIS DOCUMENT**

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

NEW TELEPHONE NUMBER (S): \_\_\_\_\_

**STUDENT TRANSFER WITHIN PHM SCHOOLS**

FROM (SCHOOL) \_\_\_\_\_ TO (SCHOOL) \_\_\_\_\_

**OUT OF DISTRICT STUDENT** (Please check if applies) DO NOT CHECK OUT OF DISTRICT STUDENTS FOR TRANSPORT IN E-SCHOOL UNLESS THEY HAVE PROVIDED A VERIFIED ALTERNATIVE SITE (SEE BELOW)

**DAY CARE/SITTER/ALTERNATIVE INFORMATION** (Transportation is provided for students to and from a maximum of two locations: home and one other site within the boundaries of the school the student attends. Daily / monthly schedules, work/business locations cannot be accommodated):

AM PICK UP ADDRESS: \_\_\_\_\_

AM NEED? (ex. DAILY, M-W-F, INTERMITTENT, AS NEEDED) \_\_\_\_\_

PM DROP OFF ADDRESS: \_\_\_\_\_

PM NEED? (ex. DAILY, M-W-F, INTERMITTENT, AS NEEDED) \_\_\_\_\_

ALTERNATE CONTACT NAME: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

**INFO VERIFIED BY SCHOOL** \_\_\_\_\_ **DATE VERIFIED** \_\_\_\_\_

**SCHOOL PERSONNEL – PLEASE ADD INFORMATION TO STUDENT RECORD IN E-SCHOOL**