

PORTAGE TOWNSHIP SCHOOLS STUDENT REGISTRATION FORM

For School Use Only: Revised 5/20/10

School: PHS FE WC AY CE CR JO KY MY SA SH
 Prior Portage Schools Attended: _____ Yrs Attended: _____
 Today's Date: _____

Student ID _____
STN _____
Start Date _____
Teacher _____
<input type="checkbox"/> bus <input type="checkbox"/> walk <input type="checkbox"/> bring <input type="checkbox"/> foster
<input type="checkbox"/> tuition <input type="checkbox"/> intradistrict <input type="checkbox"/> IEP <input type="checkbox"/> ESL

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS
STUDENT INFORMATION:

Student Last Name	First Name	Middle Name	Suffix (Jr., II, III, etc)
Social Security #	Home Phone	Current Grade Level	
Student Street Address	Apt #	City	State Zip Code
Mailing Address, if different than home address		City	State Zip Code
Student Date of Birth	Male Female Gender (circle one)	Apt. Complex/Mobile Home Park Name	
Ethnicity: (required for federal and state civil rights reports)		Hispanic/Latino: Yes No (circle one)	
Race: (Circle one or more) Am Indian/Alaskan Native; Black/African American; Asian; White; Native Hawaiian/Pacific Islander			

PARENT/GUARDIAN INFORMATION:

Student's Legal Guardian: (circle one)	Father	Mother	Both	Other (specify) _____
Marital Status of Parents: (circle one)	Married	Divorced	Separated	Widowed Single
If parents are divorced or separated, who is the custodial parent? ** _____				
If we are unable to contact custodial parent, can student be released to the non-custodial parent? Yes No**				
**Legal documentation MUST be provided				
Is student in foster placement? Yes No	Case # _____	Placing Agency: _____		
Is student emancipated? Yes** No	**Legal documentation MUST be provided			

MOTHER INFORMATION:

Last Name	First Name	Resides with Student? Yes No	Legal Guardian? Yes No
Daytime/Work Phone	Employer	Home Phone, if different from student	
Date of Birth	Social Security #	Email Address	Cell Phone

FATHER INFORMATION:

Last Name	First Name	Resides with Student? Yes No	Legal Guardian? Yes No
Daytime/Work Phone	Employer	Home Phone, if different from student	
Date of Birth	Social Security #	Email Address	Cell Phone

OTHER: (Guardian/Step-Parent)

Last Name	First Name	Resides with Student? Yes No	Legal Guardian? Yes No
Daytime/Work Phone	Employer	Home Phone, if different from student	
Date of Birth	Social Security #	Email Address	Cell Phone

EMERGENCY CONTACTS: If parent is **NOT** available, please contact and/or release my child to (listed in order to be called):

1. Last Name	First Name	Relationship	Home Phone	Cell Phone	Work Phone
2. Last Name	First Name	Relationship	Home Phone	Cell Phone	Work Phone
3. Last Name	First Name	Relationship	Home Phone	Cell Phone	Work Phone
4. Last Name	First Name	Relationship	Home Phone	Cell Phone	Work Phone

OTHER STUDENTS IN HOUSEHOLD:

Name	Date of Birth	School	Grade	Relationship

HOME LANGUAGE INFORMATION: required by state to determine need for ESL (English as a Second Language) services

Was student born in the US? Yes No If No, Date Entered US: _____ Date Entered US schools _____

Was English the **primary** first language spoken by the **student**? Yes No
 If **NO**, what was the **primary** first language spoken by the **student**? Language: _____

What language is **most often** spoken by the **student**? Language: _____

Is English the only language spoken by the **student** in the student's **home**? Yes No
 If **NO**, what language is spoken most often by the **student** at home? Language: _____

Has student had any ESL (English as a Second Language) instruction in another school? Yes No
 If Yes, where and when? _____

STUDENT RECORDS AND ADDITIONAL STUDENT INFORMATION:

Previous School	Address
City	State Zip Code Telephone ()
Date Last Attended	Reason for Withdrawal
Is student currently under expulsion or suspension?	Yes No
Did student withdraw from previous school to avoid possible expulsion/suspension?	Yes No
Is student currently on probation?	Yes No
If so, please provide name of probation officer: _____	
Is student currently or ever been enrolled in a special education or 504 program?	Yes No
specify: _____	
Does student have an IEP (Individual Education Plan) for special education services?	Yes No
Speech or Specify: _____	
For Students in Grades 3 - 8 who have taken ISTEP (Indiana Statewide Testing for Educational Progress)	
Did student meet or exceed minimum standards in Language Arts on the most recent ISTEP+ exam?	Yes No
Did student meet or exceed minimum standards in Math on the most recent ISTEP+ exam?	Yes No

FOR HIGH SCHOOL STUDENTS ONLY: ISTEP+ GQE for Graduation (Grade 12):	
If student is a Senior did you passed the ISTEP+ GQE test for Language Arts?	Yes No score: _____
If student is a Senior , did you passed the ISTEP+ GQE test for Math?	Yes No score: _____
If student is in grades 9-11 , did you pass the Algebra 1 ECA test?	Yes No score: _____
If student is in grades 9-11 , did you pass the English 10 ECA test?	Yes No score: _____