

Zionsville Community School's Registration form for GRADES 1 - 4

STUDENT INFORMATION:

Legal Name: (please include middle name, if applicable): _____

Date of Birth: _____ Gender: _____ Grade Entering: _____

School Will Be Attending: _____ Planned Start Date: _____

Has your student ever been enrolled in Zionsville Community Schools before? _____

Please check one of the below choices to indicate where your student attended school most recently:

_____ Transferred from an in-state school (including home school) _____ Transferred from an out-of-state school

Previous School Name, District Name, City & State: _____

Circle all that apply to your student: **Individual Education Plan (IEP)** **504 Plan** **Identified Gifted / Talented**

PARENT / GUARDIAN INFORMATION:

First Contact: (please circle) *MOTHER* *FATHER* *STEP-PARENT* *GRANDPARENT* *GUARDIAN* *OTHER*

Name: _____ Email Address: _____

Address: _____ Cell Phone: _____

City/State/Zip: _____ Home Phone: _____

Neighborhood / Subdivision: _____

Second Contact: (please circle) *MOTHER* *FATHER* *STEP-PARENT* *GRANDPARENT* *GUARDIAN* *OTHER*

Name: _____ email address: _____

address: _____ cell phone: _____

city/state/zip: _____ home phone: _____

IS THERE DOCUMENTATION REGARDING LEGAL CUARDIANSHIP / CUSTODY? IF SO, PLEASE PROVIDE COPY TO SCHOOL.

IMPORTANT – PLEASE READ: I am aware that Indiana Education Code and Zionsville Community Schools' Board Policy requires students to be enrolled in the school in which the student's parent/guardian resides. I understand it is considered falsification if I move from this address and fail to notify the school. It is my responsibility to notify the school immediately if my child or I move from this address. Should this statement be found to be false and parent is unable to verify residency, I understand that my child may be unenrolled. ZCS reserves the right to require further documentation at any time. **Signature** _____ **Date** _____

For Office Use Only:

birth certificate _____ proof of residency _____ immunizations _____ home language survey _____

For students previously in Indiana go to the STN App Center, transfer student and document the following:

STN: _____ Gender: _____ Ethnicity: _____ Language: _____

Previous Indiana School and District: _____

PLEASE TELL US ABOUT YOUR CHILD!

In order to best serve our students, we are asking for your input to achieve the optimum learning environment for your child. While we are not able to honor specific teacher requests, the information you provide will assist us in ensuring a positive educational experience for your child.

Please describe the personality of your child, including his or her strengths and challenges out of school:

Outside of school, what are the hobbies and interests of your son or daughter?

With respect to school, what areas seem to capture his or her interest?

In what area would you especially like your child to grow?

Please share any additional information that would be helpful in determining class placement:

Thank you for your input. We will do everything we can to plan for the most successful year possible!