

# Zionsville Community School's Registration form for GRADES 5 - 12

## 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: \_\_\_\_\_