



Kankakee Valley School Corporation



New Student Pre-Registration/Enrollment Form

Date: _____

Grade Level _____

First Name _____ Middle _____ Last _____
(*Please use the student's LEGAL NAME as shown on his/her birth certificate.) Suffix _____

Date of Birth _____ Gender (Circle One) Male Female

Birth City _____ Birth State _____ Birth Country _____

Race/Ethnicity: (check STN site first – IF New IN student, use info from below)

Is this student Hispanic/Latino? (please check only one)

- _____ No not Hispanic/Latino
- _____ Yes Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

What is the student's race? (choose one or more)

- _____ American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.
- _____ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- _____ Black or African American: A person having origins in any of the black racial groups of Africa.
- _____ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Is this the student's 1st school in the United States? Yes No (Circle One)

Will this be the 1st school in INDIANA the student has attended? Yes No (Circle One)

Please check the appropriate box:

- This student has NEVER attended KV and does NOT have a sibling that attends KV.
- This student has NEVER attended KV, however, HAS a sibling that attends KV.
- This student is returning to KV from another district.

Does this student have an IEP or receive special services? Yes No (Circle One)

Does this student reside within the Kankakee Valley School district? Yes No (Circle One) Resident County _____
IF NO, please explain why they are attending KVSC:

Foster Student Special Ed Purposes Class not offered at our School Other _____

Is this student living with his or her parents? Yes No (Circle One)

*If the student is a foster child, please provide paperwork to the school.

Social Security Number (Optional – Used for testing & scholarships) _____ - _____ - _____

Parent Information

Mother's name _____ Father's Name _____

Are parents married Y or N

Are there custody papers involving this student? Y or N (if YES, please provide the most **RECENT** copy)

The following section is for information about the student's family or families. This is NOT for emergency contacts: Emergency contacts will be put in during the computer portion of the enrollment. Also parents are always contacted first and do not need to be put in as an emergency contact.

Family #1 for this student: (Please use LEGAL NAMES) This is **not** for emergency contacts.

Guardian #1 Name: _____

Relationship: _____ Gender: M or F Custodial Parent Y or N

Primary Phone: _____ Guardian Home Email: _____

Family #1 Address: _____ May Pick up Student Y or N

Guardian #2 Name: _____

Relationship: _____ Gender: M or F Custodial Parent Y or N

Phone 2: _____ Cell or Work (Circle One) May Pick up Student Y or N

Guardian Home Email: _____

Family #2 for this student:

Guardian #1 Name: _____

Relationship: _____ Gender: M or F Custodial Parent Y or N

Primary Phone: _____ Guardian Home Email: _____

Family #2 Address: _____ May Pick up Student Y or N

Guardian #2 Name: _____

Relationship: _____ Gender: M or F Custodial Parent Y or N

Phone 2: _____ Cell or Work (Circle One) May Pick up Student Y or N

Guardian Home Email: _____

Family #3 for this student:

Guardian #1 Name: _____

Relationship: _____ **Gender:** M or F **Custodial Parent** Y or N

Primary Phone: _____ **Guardian Home Email:** _____

Family #3 Address: _____ **May Pick up Student** Y or N

Guardian #2 Name: _____

Relationship: _____ **Gender:** M or F **Custodial Parent** Y or N

Phone 2: _____ **Cell or Work (Circle One)** **May Pick up Student** Y or N

Guardian Home Email: _____