



Southeast Dubois County School Corporation

432 E. 15th Street, Ferdinand, IN 47532

812.817.0900

2024 - 2025 Registration Form

Date: _____

Enrollment Start Date: _____

Choose school enrolling in below:

Forest Park Jr / Sr High Cedar Crest Intermediate Ferdinand Elementary Pine Ridge Elementary

Student Info:

First Name: _____ Middle Name: _____ Last Name: _____

Birthdate: _____ Gender (circle one): Male Female Grade enrolling in: _____

If enrolling in Kindergarten, did child attend preschool? (circle one) Yes No

If Yes, where: _____

Address: _____ City: _____ County: _____

Is the student Spanish or Latino? (circle one) Yes No

Race: (Circle all that apply) American Indian or Alaskan, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White

Native Language: (Circle One) English, Spanish, German, Other: _____

Country of Origin (outside US) _____ U.S. Move-in Date _____

Language spoken most often by student: _____ Do parents/guardians speak English? _____

Last School Attended: _____ Homeschool (circle one) Yes No

Reason for Withdrawal: _____

Has student had an IEP? (circle one) Yes No Has student had a 504 Plan developed? (circle one) Yes No

Has student had Speech Services (circle one) Yes No Has student been in High Ability (circle one) Yes No

Student lives with (circle one): Parents Mom Dad Other _____

Foster (circle one) Yes No **Homeless** (circle one) Yes No

Does the student have siblings or other household members attending school in the corporation? If Yes, provide

other student names and school attending: _____



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Parent / Guardian Info:

Father	Mother
First Name _____	First Name _____
Last Name _____	Last Name _____
Address _____	Address _____
Zip Code _____	Zip Code _____
Phone _____	Phone _____
Email _____	Email _____
Employer _____	Employer _____

Emergency Contact Information:

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Name _____	Name _____	Name _____
Phone No. _____	Phone No. _____	Phone No. _____
Relation to Student _____	Relation to Student _____	Relation to Student _____

This section to be completed by school:

STN# _____	Homeroom teacher _____
Lunch# _____ Cohort# _____	Locker # _____ Combo _____
Password# _____ (lunch# + cohort)	Cash transfer _____
Network Account# _____ (cohort + first 3 letters of first & last name)	District code _____
Email _____	
Birth Certificate: Yes or No	
Vaccination Records: Yes or No	