COLUMBIA ELEMENTARY SCHOOL

Littlest Zebras In The Herd

Kindergarten enrollment packet for 2026-2027

Please complete pages 1, 2, and 3 and return them along with your student's birth certificate and proof of residency (ex. utility bill, bank payment book, rental agreement) to the Columbia Elementary School office **by February 27th**. The school is open M-F 7:45am – 5:30pm. If you can't make it in please mail them to us, 1502 Elm Street, Rochester, IN 46975.

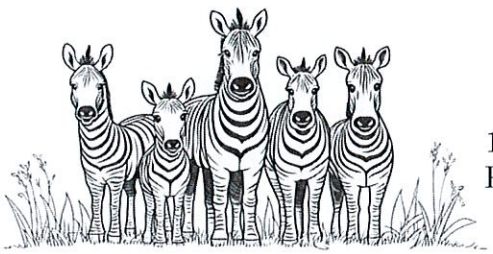
We are primarily a paperless school and will be communicating via email. Please be sure to include a valid email address on page 1 of the enrollment papers.

The nurse has included a page that outlines what she needs and how to get those papers to her after your student's appointments. If you need a religious exemption form for vaccines please let us know.

We're excited to get to know you and your child!

More information about our Kindergarten Round-Up in April will be shared soon on our website and Facebook.

Principal: Jason Snyder
Head Secretary: Melisa Lahman



1502 Elm St, Rochester, IN 46975
Ph: 574.223.2501 Fax 574.223.0530

Rochester Community School Corporation

Student Enrollment Form

Student Last:_____ First:_____Middle: _____

Grade Level: ____ Preferred Name:_____ Gender: M F

Social Security #:_____ STN: _____

Birthplace:_____Prior School Attended:_____Birth Date:_____/____/_____

Physical Home Address:_____City:_____State:_____ Zip:_____

Mailing Address (if different than above):_____

Home Phone: (_____)_____

Custodial Parent/Guardian Information:	**Other Parent/Guardian Information:**
First Name _____	First Name _____
Last Name_____	Last Name_____
Address_____	Address_____
City, State, Zip_____	City, Zip _____
Home Phone (____)_____	Home Phone _____
Cell Phone (____)_____Provider:_____	Cell Phone (____)_____Provider:_____
Name of Employer_____	Name of Employer_____
Work Phone (____)_____	Work Phone (____)_____
E-Mail Address_____	E-Mail Address_____
Lives with student: Yes No	Lives with student: Yes No
Relationship to student:_____	Relationship to student:_____

Contact Information:

In the event of an emergency, I grant my permission for any individual listed below to pick up my child. I realize that if I cannot be reached, the individuals below will be notified in the order listed. These contacts may also be used for any of the siblings listed on this form.

Contact #1:	**Contact #2:**
Name_____	Name_____
Relationship_____	Relationship_____
Home Phone (____)_____	Home Phone (____)_____
Cell Phone (____)_____	Cell Phone (____)_____
Work Phone (____)_____	Work Phone (____)_____
Contact #3:	**Contact #4:**
Name_____	Name_____
Relationship_____	Relationship_____
Home Phone (____)_____	Home Phone (____)_____
Cell Phone (____)_____	Cell Phone (____)_____
Work Phone (____)_____	Work Phone (____)_____

The information contained on this form is accurate to the best of my knowledge.

Signature of Custodial Parent/Guardian:_____Date:_____

Student's Name:_____Grade Level:_____

Siblings:

1. Name:_____Date of Birth:_____Attending_____School
2. Name:_____Date of Birth:_____Attending_____School
3. Name:_____Date of Birth:_____Attending_____School
4. Name:_____Date of Birth:_____Attending_____School

Legal Custody:

In order to best serve our students and maintain accurate school records, it is important to know what relationship is involved between parents and students, especially when a student does not have the same last name as the parent or guardian.

____Student lives with mother and father ____Sole Legal Custody with father* ____Sole Legal Custody with mother*

____Legal Guardian other than parent* ____Joint Legal Custody between both parents who live in separate households*

***Legal documentation must be provided to the office.**

Individual Educational Plan (IEP)/504 Plan:

Does your child currently have an IEP? Yes No

Does your child currently have a Section 504 plan? Yes No

Do you consider yourself to be of Hispanic/Latino origin? (choose only one) Yes No

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in Indiana, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the WIDA Screener will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____

2. What language(s) is spoken most often by the **student**? _____

3. What language(s) is spoken by the **student** in the home? _____

Student Name:_____ **Grade:**_____

Parent/Guardian Name:_____

Parent/Guardian Signature:_____ **Date:**_____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name:_____ Date:_____