



Kankakee Valley School Corporation

New Student Enrollment Form



Date: _____ Grade Level _____

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

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)

This box is Office Use Only:

Home Language _____ (from STN site or if new IN student, use info from Home Language Survey)

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) _____ - _____ - _____

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: _____