

New Student Pre-Registration/Enrollment Checklist

Please make sure each of the following forms are completed, and required documents are included.

Bring all forms/documentation, along with this check-list, to the appropriate office(s) to enroll your child(ren).

- New Student Pre-Registration/Enrollment Form

- Residency Verification Affidavit Form
 - Proof of Residency Items—2 required
[See list of acceptable items on Residency Verification Affidavit Form]

- Home Language Survey Form

- Birth Certificate

- Current Immunization Records

- Proof of Guardianship or Custody (if applicable)



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: _____



Kankakee Valley School Corporation

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Fax: 219-987-4710

Mission statement:

*Our mission is to guide students
to become informed, engaged
citizens, and curious, lifelong
learners.*

RESIDENCY VERIFICATION AFFIDAVIT

Enrolling school: _____

Calendar year of verification: _____

Student name: _____

Parent(s) name(s): _____

Date of enrollment: _____

Resident address: _____

Indiana law requires a student to establish legal settlement in the attendance area of the School Corporation where the student's parents reside (IC 20-26-11-2). Indiana School Districts have the right to require proof of pupil residency regarding enrollment. By signing this affidavit, you are affirming that the address given on all forms is the current legal residence of the parent/guardian enrolling the student AND is the residence of the student.

If living in the home of another person and no rental or lease agreement exists, that person must sign this document and provide proof of residency.

Person with whom residing: _____

Signature of person with whom residing: _____

Date: _____

Verification of residency may be made with two (2) of the following (please check and attach document):

_____ **driver's license, state identification. or voter registration**

_____ **insurance forms**

_____ **lease agreement**

_____ **purchase agreement (if it denotes residency)**

_____ **property tax payment**

_____ **mortgage receipt**

_____ **moving bill**

_____ **utility bill**

_____ **other (please specify):** _____

Name of person verifying documents (please print): _____

Position: _____

Signature: _____

Date: _____

PLEASE READ CAREFULLY

If it is determined that a parent or student does not reside within the boundaries of the Kankakee Valley School Corporation, the student may be subject to expulsion from the School Corporation.

Further, the District shall require payment of tuition for the time in attendance as a non-resident and will take legal steps to recover the same.

Parent/guardian signature

Date



Dr. Jennifer McCormick
Superintendent of Public Instruction

DEPARTMENT OF EDUCATION

Working Together for Student Success

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 W-APT or 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: _____

Kankakee Valley School Corporation and Elementary School Boundary Map

