



Mt. Vernon Community School Corporation

1776 W. SR 234, Fortville, IN 46040

Student Information and Enrollment Card

PLEASE PRINT ALL INFORMATION

STUDENT INFORMATION:

Last Name				First Name				Middle Name			
Grade		Gender (circle one) Female Male		Nickname		Home Telephone					
Mailing Address				City				Zip Code		Subdivision/Apt. Complex	
								Yes		No	
Birthdate				Birthplace				Soc. Sec. Number		U.S. Citizen	

Ethnicity: Is this individual Hispanic/Latino? (Circle only one)
 No, not Hispanic/Latino
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race (Circle and or all that apply)

1. Native American / Alaska Native 2. Asian 3. Black /African American
 4. Native Hawaiian / Pacific Islander 5. White

If student was **NOT** born in the US, please indicate birth country: _____
 Original entry date into US: ____/____/____

Home Language Survey: MVCSC is required to survey all students to identify language proficiencies.

Answers to these questions will be used to determine student's status as Language Minority

Was English the **first** language spoken by student? (please circle) Yes No

If **NO**, what is the native language of the student? Language: _____

If **NO**, what is the predominant language of the student? Language: _____

Has student had previous ESL (English as a Second Language) instruction? Yes No
 If YES, when? _____ (month/year)

MOTHER:

Title: Mrs/Ms/Miss/Dr/Rev	Last Name	First Name	Middle Initial	Home Phone	Cell Phone
Address - If different from student	City	Zip Code	E-mail address		
Employer	Work Address Yes No	City Yes No	Zip Code		
Work Phone	Resides with student	Legal Guardian	Birthdate	Driver's License #	

FATHER:

Title: Mr/Dr/Rev	Last Name	First Name	Middle Initial	Home Phone	Cell Phone
Address - If different from student	City	Zip Code	E-mail address		
Employer	Work Address Yes No	City Yes No	Zipcode		
Work Phone	Resides with Student	Legal Guardian	Birthdate	Driver's License #	

PARENT/GUARDIAN INFORMATION:

Marital Status of Parents: (Circle one) Married Divorced Separated Widow(er) Single
 If parents are divorced or separated, who is the custodial parent? _____

If custodial parent cannot be contacted, can student be released to the non-custodial parent? Yes No

Is student undergoing guardianship change? Yes No

OTHER:(Guardian/StepParent)

Relationship to Student	Title	Last Name	First Name	Middle Initial	Home Phone	Cell Phone
Address - If different from student		City	Zip Code	E-mail address		
Employer	Work Address		City		Zipcode	
	Yes	No	Yes	No		
Work Phone	Resides with Student		Legal Guardian	Birthdate	Driver's License #	

OTHER:(Guardian/StepParent)

Relationship to Student	Title	Last Name	First Name	Middle Initial	Home Phone	Cell Phone
Address - If different from student		City	Zip Code	E-mail address		
Employer	Work Address		City		Zipcode	
	Yes	No	Yes	No		
Work Phone	Resides with Student		Legal Guardian	Birthdate	Driver's License #	

SIBLING INFORMATION

First and last names of brothers and sisters / step siblings _____

Circle relationship (other) Birthdate
 Brother Sister _____
 Brother Sister _____
 Brother Sister _____
 Brother Sister _____

EMERGENCY CONTACTS: If parent is **NOT** available, please contact and/or **RELEASE** my child to:

				Circle Applicable Choices	
				Contact	Release
First Contact (First/Last Name)	Home Phone	Work Phone	Relationship	Contact	Release
Second Contact (First/Last Name)	Home Phone	Work Phone	Relationship	Contact	Release
Sitter/Daycare Provider	Contact Person	Address	Telephone	Contact	Release
Contact (First/Last Name)	Home Phone	Work Phone	Relationship	Contact	Release
Contact (First/Last Name)	Home Phone	Work Phone	Relationship	Contact	Release

Has student ever attended MVCSC ?		Yes	No		
		If yes, school and year(s)			
School Last Attended	Address	City / State			
Is student currently under expulsion?			Yes	No	
Did student withdraw from previous school due to possible expulsion?			Yes	No	
Does student have any special learning needs?			Yes	No	
Does student have an IEP? (Individual Education Plan)			Yes	No	
Has student ever been enrolled in a special needs program?			Yes	No	
<u>For students in grades 2 - 8 who have taken ISTEP (Indiana Statewide Testing for Educational Progress)</u>					
Did student meet or exceed minimum standards in Language Arts on the most recent ISTEP+ exam?			Yes	No	
Did student meet or exceed minimum standards in Math on the most recent ISTEP+ exam?			Yes	No	

<u>FOR MIDDLE SCHOOL / HIGH SCHOOL STUDENTS ONLY:</u>					
ECA for Graduation:					
Has student successfully completed the Algebra I ECA?			Yes	No	
Has student successfully completed the English 11 ECA?			Yes	No	
Has student taken the Biology I ECA?			Yes	No	
Is athletic transfer required?	Yes	No			
If yes, what sport(s)?	_____				
Is student emancipated?	Yes	No			

Please see reverse side for School Policy Information and Signature Page

SCHOOL POLICY INFORMATION AND SIGNATURE PAGE

Student Name

TRANSFER OF STUDENT RECORDS

According to the Federal Regulations - Family Rights and Privacy Act (Buckley Amendment, Sec. 93.34), it is no longer necessary to obtain written consent to release records between schools. I understand, as a parent/guardian, I am entitled to a copy of my child's records upon request. My signature below indicates that I, as parent/guardian, have been informed of this policy.

Please note: By law, student information CAN be released to a non-custodial parent unless school is provided with legal documentation

ACCEPTABLE USE POLICY (AUP) FOR NETWORK AND INTERNET USE

Network access is coordinated through a complex association of government agencies and regional and state networks. In addition, the smooth operation of the Network relies upon the proper conduct of the end users who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. In general, this requires efficient, ethical, and legal utilization of the network resources. If a MVCSC School user violates any of these provisions, his or her account will be terminated and future access could be denied. The signature(s) at the end of this document is (are) legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

I have read and will abide by the MVCSC Network and Internet Acceptable Use Guidelines. I understand that any violation of the polices and guidelines is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken.

User Signature (Student - Grades 6 through 12)

Date

**** Please check an appropriate response for the ACCEPTABLE USE POLICY and sign below. ****

_____ **Yes**, as the parent/guardian of this student, I have read the MVCSC School Network and Internet Acceptable Use Guidelines and I will help my student abide by them. I understand that this access is designed for educational purposes. I understand I could request alternative activities that would not require Network use, but I do not wish to do so. I understand that it is possible for students to purchase goods via the Network that could result in unwanted financial obligations. I accept full responsibility for supervision if and when my child's use is not in a school setting and I hereby give my permission for my student to have a Network account.

_____ **No**, as the parent/guardian of this student, I do not want my student to have a Network account or engage in activities which require the use of the Network.

My signature below indicates that I, as parent/guardian, have been informed of MVCSC's policies on:

- 1) **Transfer of Student Records**
- 2) **Acceptable Use Policy (AUP) for Network and Internet Use**

Parent/Guardian Signature

Date