



Emma Donnan Elementary & Middle School empowers students by fostering a positive school culture of lifelong learners and critical thinkers

**INDIVIDUAL ENROLLMENT APPLICATION**

(Parent/Guardian must submit a separate application for each child)

**THIS SECTION IS TO BE COMPLETED BY: EMMA DONNAN (OFFICE STAFF ONLY)**

New Student	Sending School _____	Date stamp
Returning Student	Current Grade _____	
<u>Verification of</u>	Special Education Program _____	
Birth Certificate	State Test Number _____	
Immunization		
Address		Entry Date _____

**Part 1—Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_

**Student Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Both Part 1 and Part 2 below must be answered for Ethnicity/Race*

**Sex** (Please Circle)

Male  
Female

**Part 1-Ethnicity** (Circle only one)

No, not Hispanic/Latino  
Yes, Hispanic/Latino

**Part 2-Race** (Circle one or more)

American Indian or Alaska Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White  
Multi-racial (two or more races)

**Grade Level**

Please circle your child's current grade level (proof required for new students)

**Kg 1 2 3 4 5 6 7 8**

**Does your student receive Special Education Services? (Circle Please) IEP? - Yes or No 504? - Yes or No**

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Last School Attended: (Name) \_\_\_\_\_

(Please circle) Private Parochial Charter Township

**Is your child currently suspended or expelled from school or in the process of being suspended or expelled from school? Yes/No**

If yes, what school? (Name) \_\_\_\_\_

**Part 2 - Parent or Guardian Information**

**Part 2 - Parent or Guardian Information**

1st Guardian: \_\_\_\_\_ 2nd Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

**Who is the student's legal guardian?** \_\_\_\_\_

**Part 3 - Family Information** (Please list the name (s) of any siblings currently living in the home).

Last	First	MI	Birth Date	Sex	Grade	Current school attending
_____	_____	_____	_____	M F	_____	_____
_____	_____	_____	_____	M F	_____	_____
_____	_____	_____	_____	M F	_____	_____
_____	_____	_____	_____	M F	_____	_____

**Part 4 - Home Language Census**

Information pertaining to you child's language background is important in deciding the most suitable education program for him/her. We believe that you are most qualified to provide us with the information. Please answer the following questions:

What is the native language of the student? **(Please check only one)**

English Spanish Other Specify \_\_\_\_\_

What is the predominant language of the student? (Please check only one)

English Spanish Other Specify \_\_\_\_\_

What language is most often spoken by the student at home? (please check only one)

English Spanish Other Specify \_\_\_\_\_

Parent/Guardian Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 5 - Emergency Information**

In case of an emergency, schools will always contact the parent or guardian first. The emergency contact needs to be someone that does not live in the student's home.

In the event that I cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Part 6—Children and Hoosiers Immunization Registry Program (CHIRP)**

I, give Emma Donnan Elementary & Middle School, permission to release the following information concerning my child \_\_\_\_\_ / \_\_\_ / \_\_\_ to the Indiana State Department of Health's

Name of Child Birthdate

*Name, Date Of Birth, Immunization Data, Guardian's Name, Or other identifying information as applicable*

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

**Part 7 - Additional Medical Conditions** *(Check if the medical condition exists)*

Allergy Asthma Bee Sting Allergy Bleeding Cerebral Palsy Cystic Fibrosis Diabetes Hearing Loss Heart Hypertension Hypoglycemia Muscular Dystrophy Physical Handicap Rheumatic Heart Seizures Sickle Cell

*If you have checked one of the medical conditions, please briefly explain in the space provided below.*

\_\_\_\_\_  
\_\_\_\_\_

**Part 8 - Medical Alert** *(Explain other medical conditions, if any)*

\_\_\_\_\_  
\_\_\_\_\_

**Part 9 - Medications** *(List any medications currently prescribed)*

\_\_\_\_\_  
\_\_\_\_\_

**Part 10 - Medical Preferences** *(Please provide any additional information which you feel the school needs to know.)*

Preferred Hospital: \_\_\_\_\_ Hospital Phone: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**Part 11 - Internet use and Promotion**

**Please Print**

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
(Last) (First) (MI)

**Student/Parent Agreement**

As the parent or guardian for the aforementioned student, I do understand and agree to abide by the terms and conditions for use of the school based computers, all network and Internet systems. I further understand that violation of these terms or conditions may cause my child to forfeit further use of the technology provided by the school.

I understand that this access is designed solely for educational purposes and the school has taken reasonable precautions to supervise usage. I also recognize it is possible for the school to restrict unsupervised access to all information or materials and I will not hold them responsible for materials acquired on the network. I also accept full responsibility for supervision of my child or ward who may access the resources of the school from outside of the school setting.

I also give the school permission to publish pictures and/or print work of or by my child that promote the best interest of the school and its accomplishments in or on:

- A. Dedicated web page B. Newsletters C. Brochures D. Newspaper E. Cable Television F. Other media resources

\_\_\_\_\_ I GIVE PERMISSION \_\_\_\_\_ I DO NOT GIVE PERMISSION

Please indicate any exceptions: \_\_\_\_\_

Parent/Guardian Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 12 - Photograph and Video Release Permission Form**

I give my permission for Emma Donnan Elementary & Middle School or any school approved media to photograph/video my child. The photographs or video will be used for news organizations and promotional footage used in support of the school. Copies of any videos or photographs taken will be available upon request.

\_\_\_\_\_ I GIVE PERMISSION \_\_\_\_\_ I DO NOT GIVE PERMISSION

### Part 13 - School Volunteer Information

#### Student Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_ Grade \_\_\_\_

#### Parent/Legal Guardian:

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Who should we contact in case of an emergency?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

It is understood that I am offering my services to the school without compensation and without any rights to health benefits in case of Injury.

Parent/Guardian Acknowledgement: \_\_\_\_\_ Date \_\_\_\_\_

### Part 14 - Uniform Policy

A higher standard of dress encourages greater respect for individual students and results in a higher standard of behavior. Our dress code guidelines indicate appropriate school dress for normal school days. The school administration reserves the right to interpret these guidelines and/or make changes during the school year. Students are expected to follow these guidelines and every student shall wear a school uniform.

**Uniforms:** A logoed polo shirt, logoed pants/shorts, and a belt worn through the belt loops are the required dress for all students. Students are also required to wear closed heel and closed toe, non-scuff shoes (preferably without black soles) at all times. No sandals, flip-flops, heavy military type boots or shoes with metal tips may be worn. Students taking PE classes will be required to wear a school T-shirt, uniform gym shorts/pants, socks and sneakers.

**Hair:** Hair must be neat and clean with no "unnatural" colors, i.e. florescent, bright green, or styles, i.e. mohawks. No hats, bandanas or headbands may be worn. Essentially, no headwear except hair bows, hair bands, etc. for girls. If there is a question, please ask.

**In General:** Boys and girls may not wear body piercing other than earrings or studs in their ear lobes for safety purposes. At no time are students to wear anything offensive, immodest, or deemed inappropriate by the faculty.

For further restrictions, please refer to the Student Handbook. Students out of uniform will be given notices. After the third notice for uniform violations in a semester, parents will be called and required to bring the correct uniform to school before the child can return to class. No uniform waivers will be granted.

Parent/Guardian Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 15 - Miscellaneous Information

*(Please provide and additional information which you feel the school needs to know)*

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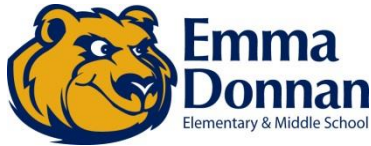
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### Parent School Volunteer Information

**Student Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_ Grade \_\_\_\_

**Parent/Legal Guardian:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_

Employer \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Who should we contact in case of an emergency?**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

It is understood that I am offering my services to the school without compensation and without any rights to health benefits in case of Injury.

Parent/Guardian Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Communication Information

Please advise what language you will need school communication provided in (School newsletter, Phone calls, permissions slips, etc.)

English: \_\_\_\_\_

Spanish: \_\_\_\_\_

Other: \_\_\_\_\_

### Parent or Guardian Email Address

Please print legible, clearly: \_\_\_\_\_

Please print legible, clearly: \_\_\_\_\_

#### Emma Donnan's Mission

*Emma Donnan empowers students by fostering a positive school culture of lifelong learners and critical thinkers. We implement a rigorous curriculum that holds our students to high academic, social, and behavioral expectations. We develop leaders to serve the local, national, and global communities on the path to higher education.*

#### Emma Donnan's Vision

Emma Donnan Elementary & Middle School become the model in the state of Indiana.

Michael Dunagan, Principal 1202 East Troy Avenue Indianapolis, IN 46203 Phone: 317-217-1979 Fax: 317-217-1984



## Transcript Request Form

Date: \_\_\_\_\_ Prior School Type: \_\_\_\_\_ Public \_\_\_\_\_ Private

To: \_\_\_\_\_  
Name of Last School Attended

\_\_\_\_\_  
Complete Address Required

\_\_\_\_\_  
City State Zip

**Please send the following information to Emma Donnan Elementary & Middle School, as soon as possible**

Cumulative Folder of all records

1. Transcript of grades - Including grades to date of withdrawal and attendance records
2. Results of testing
3. Certificate of Immunization and health records
4. Birth certificate
5. Special program enrollment (such as mentally handicapped, physically handicapped, specific learning disability, gifted, etc.) and psychological evaluation records
6. **\*IEP or 504 Plan\***
7. **\*Disciplinary Records\***

STUDENT Name	Grade	Date of Birth	Withdrawal Date

I hereby give permission to forward records for the above named student to Emma Donnan Elementary & Middle School

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

1202 E Troy Avenue, Indianapolis, IN 46203 Phone: 317-217-1979 Fax: 317-217-1984  
Enrollment Manager Direct #: 317-860-0993 Fax #: 317-860-0994 mmorris@emmadonnanms.org

MMM