

Ferdinand Elementary

402 E 8th St, Ferdinand, IN 47532

Phone: 812-817-0900, Option 1, Fax: 812-367-1194

New Enrollment Form

Authorization to transfer official records.

Student

First Name: _____ Middle Name: _____ Last Name: _____

Birthdate: _____ Grade this year: _____ Gender (Circle One): Male Female

Person enrolling student: _____ Relationship: _____

Parents/Legal Guardians: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number(s): _____

Parent's email address: _____

School Last Attended: _____

Reason for Withdrawal: _____

Signature of Parent

Date

Signature of School Official

Title

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*Office Use Only ~ To be completed by previous school*

1. Has student previously been enrolled in the High Ability program? \_\_\_ Yes \_\_\_ No
2. Has student previously been enrolled in Special Education? \_\_\_ Yes \_\_\_ No
3. Has student previously been enrolled in Speech? \_\_\_ Yes \_\_\_ No
4. Has student had an IEP? \_\_\_ Yes \_\_\_ No
5. Has student had a 504 Plan developed? \_\_\_ Yes \_\_\_ No
6. What is this Student's Lunch Status? \_\_\_ Pay \_\_\_ Reduced \_\_\_ Free
7. Has student repeated any grades, and if so, which ones. \_\_\_\_\_
8. Title 1? \_\_\_ Yes \_\_\_ No. Language Minority? \_\_\_ Yes \_\_\_ No.

\_\_\_ Birth Certificate \_\_\_ Vaccination Records \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_ STN#

The child listed above has recently enrolled in our school system. Please complete the six questions under office use and forward any health, scholastic, psychological records and any other pertinent information that may be of value to us. Thank you for your attention concerning our request.

Kerri Winkler, Principal