



Student Enrollment Form

Enrollment is ONLY considered complete if all documents listed on the check off list have been provided/received

For School Use Only:	
NNVHS Stu #	_____
STN#	_____
Grade at Enrollment:	_____

Today's Date: _____

Social Security # _____ / _____ / _____

Student Basic Information

Student's Full Legal Name: _____
Last First MI Maiden

Date of Birth: _____ / _____ / _____ Current Age: _____ Gender: _____ Male _____ Female
Month Day Year

Ethnicity: Is the student Hispanic? _____ Yes _____ No

Race: _____ Causasian _____ Hispanic _____ Asian/Pacific
Islander

Student's Primary Language:

Additional languages spoken: _____

Is the student receiving Special Services? _____ Y _____ N

If so, check all that apply: _____ Bilingual Classes

Providing accurated contact information is imperative. You will not receive important school information if we do not have a working phone number.

Home Phone: _____ (Land Line)

Student Cell Phone: _____ Student Email _____

Mother's Cell Phone _____ Mother's Email _____

Father's Cell Phone _____ Father's Email _____

Home Address: _____
Street City State Zip Code

Student lives with: _____ Name Relation to Student: _____ Relationship

Are you currently enrolled in school? _____ Yes _____ No
If yes, what school? _____ What Grade? _____

Parent/Guardian Information

Primary Legal Parent's or Guardian's Name: _____

Home Address (If different from student's): _____
Street City State Zip

Secondary Parent or Guardian's Name: _____

Address (If different from student's): _____
Street City State Zip

Student Enrollment Form (page 2)

Student's Name _____

Emergency and Additional Contact

Please list **additional** emergency contact information here in addition to Parent(s)/ Guardian(s)

Relationship	Name	Home Phone	Cell Phone	Employer	Work #	Email

Prior School Information

Last School Attended: _____

School Address, City, State _____

Last Grade Completed: _____

Reason for leaving: ___Moved ___Withdraw ___Disciplinary Action ___ Other

Is the enrolling student in the process of or presently suspended/expelled or excluded from any other institution? ___Yes ___No

As per Indiana code 20-33-8-30, if the student's parent fails to inform the school of expulsion, separation, or withdrawal, the school may deny the student enrollment during the period of the actual or proposed expulsion/ separation.

Health Information

Name of doctor or primary health-care provider: _____

Phone: _____

Does the student have medical concerns/ problems? ___Yes ___No

If Yes, please explain: _____

