



IRVINGTON COMMUNITY SCHOOL
ENROLLMENT FORM
2007-2008 SCHOOL YEAR



Student Name: _____ Date of Birth: _____

Grade July 2007: _____

Sex: _____ Race: _____ Social Security #: _____

Language: _____

Parent / Guardian(s):

Name 1: _____ Relationship: _____

Name 2: _____ Relationship: _____

Address: _____

City: _____ State: IN Zip Code: _____

Telephone: _____ (Day) _____ (Evening) E-mail: _____

Last School Attended (2006-2007): _____

Check 2006-2007 type: Public: Private: Home school:

If Public, please list district: _____

Special Needs:

- | | |
|---|--|
| <input type="checkbox"/> Communications Disability (Speech Therapy) | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> L.D. (Learning Disability) | <input type="checkbox"/> Autism |
| <input type="checkbox"/> E.D. (Emotionally Disabled) | <input type="checkbox"/> Other Health Impaired (please describe) |
| <input type="checkbox"/> MiMD (Mildly Mentally Disabled) | _____ |
| <input type="checkbox"/> MoMH (Moderately Mentally Handicapped) | <input type="checkbox"/> Physically Disabled (please describe) |
| <input type="checkbox"/> Severely Mentally Disabled | _____ |
| <input type="checkbox"/> Hearing Impaired | _____ |

Parent / Guardian's Signature

Date

Parent / Guardian's Print

Irvington Community School, Business Office,
6040 E. Pleasant Run Pkwy. S. Dr., Indianapolis, IN 46219
PHONE: (317) 357-5359 FAX: (317) 357-9752