



Parents, you must fill out this form
to reserve your student's spot
for the 2018-2019 school year

****Do Not Re-Enroll Through Enroll Indy**

All forms should be given to 1st Period teachers by March 2nd, 2018

Please fill out one form per currently enrolled student

Please check ONE box below:

STUDENT NAME: _____

My student will **Return to IMSA North**

_____ I have included the \$25 Consumable Material Fee for the Fall 2018 semester.

Reasons for your student returning to IMSA: Small class size Safe environment

Teachers College Prep Location Transportation Other _____

STUDENT RE-REGISTRATION FORM

An updated contact list, emergency medical form, technology use form and transportation form are required each year. These forms will be mailed to you or you may get them at the front office. These forms are due by the start of the 2018-2019 school year with the Fall Consumable Material Fee of \$25.00.

My student will **NOT Return to IMSA North**

My student is not returning for the following reason: Transportation Not satisfied with

school services Relocating in state Relocating out of state Admin. related issue

Teacher related issues Other _____

*** No matter which box you check, please return this form by:
Friday, March 2, 2018**

LEGAL PARENT/GUARDIANS, PLEASE COMPLETE THIS FORM

Student's full legal name (as appears on birth certificate):

(First name)

(Middle name)

(Last name)

Student's grade in the 2018-2019 school year (please circle one): K 1 2 3 4 5 6 7 8 9 10 11 12

Student lives with: Mother Father Step-Father Step-Mother Other: _____

My student will be riding the school bus (please circle one): Yes No

- Transportation is limited, is given on a "first come, first serve" basis per route availability, and based on the address listed on this form.

I have a sibling who is NOT attending IMSA and will be coming in 2018-2019 and they are listed below:

Name and Grade _____ Date of Birth (must be 5 by 8/1/18) MM/DD/YY

Name and Grade _____ Date of Birth (must be 5 by 8/1/18) MM/DD/YY

Name and Grade _____ Date of Birth (must be 5 by 8/1/18) MM/DD/YY

STUDENT'S FAMILY

Legal Parent(s)/ Legal Custodial Parent(s)/ Legal Guardian(s)

Title (circle one): Mr. Mrs. Ms. Miss Dr. Other

Full name: _____

Relationship to student: _____

Complete Address: _____

City State Zip

Home phone: (____) _____

Cell phone: (____) _____

Work phone: (____) _____ ex: _____

Place of Employment _____

Job Title _____

Email _____

Title (circle one): Mr. Mrs. Ms. Miss Dr. Other

Full name: _____

Relationship to student: _____

Complete Address: _____

City State Zip

Home phone: (____) _____

Cell phone: (____) _____

Work phone: (____) _____ ex: _____

Place of Employment _____

Job Title _____

Email _____

***For additional contacts please list on a separate sheet of paper and attach.**

Parent Signature: _____ Date: _____

Please see back