



Charter School of the Dunes

7300 Melton Road, Gary, IN 46403 ♦ Phone: (219) 939-9690 ♦ Fax: (219) 939-9031
www.csotd.org

NEW STUDENT ENROLLMENT APPLICATION

STUDENT INFORMATION

Social Security Number

Full Name (first/middle/last—as shown on Birth Certificate)

Gender (M/F)

Birth Date (month/date/year)
Kindergarten students must be 5 years old by August 1.

Birthplace (City/State)

Last School Attended

Applying to Grade

Yes/No
Was Student Retained

PRIMARY HOUSEHOLD

PARENT/GUARDIAN WITH WHOM STUDENT RESIDES (LIST BELOW)

Last

First

Relationship

Address

Apt #

City/Zip Code

(Area Code) Work Phone

(Area Code) Cell Phone

E-Mail Address

SIBLINGS CURRENTLY ENROLLED AT CHARTER SCHOOL OF THE DUNES

Name of Sibling(s)	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Race

(Choose only one)

- Black/African-American
- Hispanic/Latino
- White
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- Other

EMERGENCY CONTACT INFORMATION

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Work/Cell _____ Work/Cell _____

Emergency Contact (other than Mother and Father)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Pick up List

*** YOUR CHILD WILL NOT BE RELEASED TO ANYONE EXCEPT PERSONS LISTED BELOW ***

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____

STUDENT SERVICES INTAKE INFORMATION

CSD is fully committed to providing quality education to all of our students, especially those with special needs. In order to do this, we need your help. Please complete this page in its entirety.

Has your child been involved with early intervention services (birth to age 3)? Yes No

Has your child been screened for special education by any school? Yes No

Has your child ever received special education services? Yes No

Does your child have a current Individual Educational Plan (IEP)? Yes No

If yes, please provide us a copy.

Please check any of the following services your child has and/or still receives.

- Speech and Language
- Occupational Therapy
- Visually Impaired
- Counseling
- Medical Services
- Physical Therapy
- Deaf & Hard of Hearing
- Resource Room

Does your child wear glasses? Yes No

Does your child wear a hearing aid? Yes No

Are you concerned that your child may have a special need that has not been evaluated yet?

If yes, please explain: _____

I certify that all information given is answered accurately to the best of my ability.

Parent or Guardian Signature

Date