



BRANDEN ROEDER
SUPERINTENDENT

Rising Sun - Ohio County Community Schools

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WWW.RISINGSUNSCHOOLS.COM

Student Enrollment Application

Today's Date _____

Intended Date to Begin Classes: _____

Current Rising Sun-Ohio County Student? Yes ____ No ____

Student Full Name: _____

Preferred name: _____ Primary Language Spoken: _____

Date of Birth: _____ Gender: ____

Student Primary phone: _____ Student Cell Phone: _____

Student Email: _____

County of Residence: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Are you currently expelled? Yes ____ No ____ Description: _____

Parent Name: _____ Parent Email: _____

Relationship: _____ Parent Primary Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Academic Information

Last School Attended: _____

Current Grade Level: 6th 7th 8th 9th 10th 11th 12th

Special Programs

Do you have an IEP: _____ Do you have a 504: _____

If student has an IEP or 504 please complete the information below.

What is the area of the student's eligibility (select all that apply)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Blind or Low Vision |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Emotionally Disability (full-Time) | <input type="checkbox"/> Emotional Disability (Other) |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Developmental Delay (Ages 3-5A only) | <input type="checkbox"/> Language or Speech Impairment Mild |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Moderate Cognitive Disability | <input type="checkbox"/> Severe Cognitive Disability |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> No Secondary exceptionality (Only for secondary exceptionality) | |

What is the student's current reading level? _____ Does the student currently attend school for the full day? Y/N

Does the student currently receive occupational therapy? Y/N Does the student currently receive physical therapy? Y/N

Does the student currently receive speech therapy? Y/N Does the student currently receive counselling services? Y/N

Does the student currently receive home-bound services? Y/N

Parent/Guardian Signature: _____

OFFICE USE ONLY:

Course History

Total Credits to Date:	Grade Level			
	Math Name:	Math Name:	Math Name:	Math Name:
	English Name:	English Name:	English Name:	English Name:
	Social Studies Name:	Social Studies Name:	Social Studies Name:	Social Studies Name:
	Physical Education	Health	Elective	Elective
	Elective	Elective	Elective	Elective
	Elective	Elective	Elective	Elective

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