

CROWN POINT HIGH SCHOOL

1500 S. Main Street, Crown Point, IN. 46307

Main Phone: 219-663-4885

2021-22 ENROLLMENT REQUIREMENTS

- **PROOF OF RESIDENCY (1 Photo ID and 3 Current Utility Bills)**
 - **PHOTO ID::**
 - ⇒ Driver License or IN State ID Current/Non-Expired Parent/guardian name with CP district address
 - **AND THREE (3) CURRENT UTILITY BILLS OR OTHER:**
 - ⇒ NIPSCO Bill (**Current**)–Include portion of bill that shows ‘Service Location/Address and Parent Name
 - ⇒ Closing Papers, Water bill, Cable, Phone, other utility
- ** If you are unable to provide the required Proof of Residency, contact the Crown Point Administration Center at 219-663-3371.

- **ACADEMIC RECORDS: (Required for scheduling)**
 - ⇒ Final Report Cards from Grades 8 through Current
 - ⇒ Transcripts are required if High School Credit
 - ⇒ Test Score Reports from Grades 6 through 8 (EXPLORE, ISTEP and other state assessments)
 - ⇒ English Proficiency Score Reports (if applicable)

- **BIRTH CERTIFICATE & SOCIAL SECURITY**
 - ** This information remains confidential **

- **IMMUNIZATION RECORDS – REQUIRED:**
 - ⇒ Copy of current immunization record from birth through 8th along with CPHS Health Forms completed/signed by parent. Please call the CPHS nurse at ext. 11081 with questions or concerns.
 - ⇒ Summer school participants should present completed (signed by physician) yellow physical form to their PE Teacher on the first day of summer school 2016.

- **LEGAL DOCUMENTATION:**
 - ⇒ Required if student is not residing with biological parents, existing custodial issues, exclusion or protection orders must be presented at time of enrollment.
 - ⇒ CPHS requires all “Final Court Documents; dated and signed by the Judge/Magistrate.

- **IEP or 504 * If Applicable**
 - ⇒ Include the most recent IEP or 504. **Please advise CPHS staff when scheduling appointment!**

Enrollment appointments are made with the CPHS Guidance Department at 219-663-4885 ext.11028.

ALL ENROLLMENT FORMS MUST BE COMPLETED IN FULL, SIGNED BY PARENT AND RETURNED ALONG WITH REQUIREMENTS LISTED ABOVE TO BE PROCESSED FOR ENROLLMENT.



Crown Point Community School Corporation New Student Enrollment Form

Student: (Full Name) _____

Nick Name : _____

Example: James=Jimmy, Katherine =Katie, William=Will

Grade: _____ Male/Female: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Student's Ethnic Origin Required for State/Federal Civil Rights Reports

Please check all that apply:

____ American Indian/Alaskan Native

____ Black

____ Asian

____ Hispanic/Latino

____ White

____ Native Hawaiian/Pacific Islander

Street Address (No P.O. Box): _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Unlisted: (Yes/No) _____

Is this student's parent(s)/guardian(s) active duty members(s) of the Armed Forces? _____ (Yes/No)

Is this student's parent(s)/guardian(s) active duty members of the Guard/Reserve? _____ (Yes/No)

Custodial Information

Student is living with (check one):

Both Parents: _____ Father Only: _____ Mother Only: _____ Other (please list): _____

Mother/Stepfather: _____

Father/Stepmother: _____

Parent/Guardian Name(s): _____

Parent/Guardian E-mail: _____

Parent not living with child, but wishes to receive correspondence:

Parent Name(s): _____

Parent E-mail: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Do you have legal documents concerning special custody instructions? _____ Yes _____ No

NEW STUDENTS ONLY:

Last School Attended: _____ City/State: _____

Is your child currently suspended or expelled from another school? _____

Has your child ever been retained? _____ If so, what grade (s)? _____

Has your child ever received Title I services for reading or math? _____

Is your child currently receiving speech or hearing services? _____

Has your child ever been placed in a Gifted and Talented Program? _____

Has your child ever been placed in a special education program? _____

If yes, do they have a current IEP? _____ Please list services received: _____

Younger children not yet enrolled in school:

Name: _____

Birthdate: _____

Name: _____

Birthdate: _____

Name: _____

Birthdate: _____

Emergency Contact Information

Doctor: _____

Dentist: _____

Phone: _____

Phone: _____

Emergency Contact Call Sequence: This is the order in which you will receive calls from the school nurse or other school official.
School Messenger Call Sequence: This is used for the School Messenger Automated Calling System. Keep in mind that the system can call up to 5 phone numbers. **Sequence 1** will be used for informational phone messages, as well as for emergencies, school cancellations, or other alerts. **Sequences 2 through 5** will NOT receive the informational messages; only the emergency information. If there are any names below that should not receive these automatic alerts, leave the sequence field blank.

			Emergency	School Messenger
Parent/Guardian Home Phone:	Sequence:			
Non-custodial Parent Home Phone:	Sequence:			
Dad's Employer: Phone:	Sequence:			
Mom's Employer: Phone:	Sequence:			
Dad's Name: Dad's Cell Phone:	Sequence:			
Mom's Name: Mom's Cell Phone:	Sequence:			
Add'l Contact Name: Phone:	Sequence:			
Relationship:				
Add'l Contact Name: Phone:	Sequence:			
Relationship:				

Parent/Guardian Signature: _____ Date _____

Printed Name of Parent/Guardian: _____

FOR OFFICE USE ONLY:

Proof of Residency

- | | | |
|-------------------------------------|--|--|
| _____ Mortgage/Rental Statement | _____ Birth Certificate | _____ Standardized Test Scores |
| _____ Utility Statement | _____ Immunization Record | _____ Internet Permission |
| _____ Transfer Tuition (ASC) | _____ Transcript | _____ Student Text Number |
| _____ Voluntary Transfer (ASC) | _____ Home Language Survey | _____ Affidavit Supporting Residence (ASC) |
| _____ Free/Reduced Meal Application | _____ Divorce, Separation (Form 1 ASC) | |
| _____ Social Security Card | _____ Third Party Custody (Form 2 ASC) | |
| _____ Custodial Documentation | | |

CROWN POINT HIGH SCHOOL

1500 S Main St, Crown Point, IN 46307
ATTN: C. Ciciora, Registrar Ph: 219.663.4885 Ext. 11070

Please fax or email records:

Fax: 219.662.5662
Email: cciciora@cps.k12.in.us

REQUEST FOR STUDENT RECORDS

ENROLLMENT NOTIFICATION

PLEASE FAX BEFORE



Date of Request: _____ Enrollment Appt: _____

LAST, FIRST (Student)

Cohort

Date of Birth

Please forward all of the items listed below along with other pertinent information that would assist us in meeting the educational needs of this student.

- **INCLUDE YOUR CURRENT GRADING SCALE**
Undetermined grades may result in student placement testing
- **Transcript**
- **Grades in progress ** Required for scheduling**
- **8th Grade Report Card (Final Semester Grades & Percentages)**
- **Test Score Reports; ACT, SAT, EXPLORE, ISTEP, PLAN, ECA Grades 6 - Current**
- **Attendance & Disciplinary Records (include weapon violations)**
- **Home Language Survey - INDIANA Schools Only**
- **Health/immunization records**
- **Custody Documentation if applicable**
 - **504 Plan**
 - **Psychological testing information**
 - **Evaluation Reports**
 - **I.E.P. - Special Needs Records ** Please include with transcript**
 - **ENG Proficiency Documentation, Copy of Test Results**

School

Address

City

State

Zip

(area code)

Telephone

(area code)

Fax Number

**** Please forward to appropriate school if this reached you in error ****

CROWN POINT COMMUNITY SCHOOL CORPORATION

New Student Health Information

Name _____ Address _____ Phone _____

Sex: M / F _____ Date of Birth _____

HEALTH HISTORY

Give information of diseases or conditions student has had or now has:

Allergies: (be specific) _____

Need to take medication at school for allergies? Y / N (circle one) If yes, see the School Nurse

Asthma: Y / N Does the child use an inhaler at school? Y / N If yes, see the School Nurse

Diabetes: Y / N Age at onset _____ See the School Nurse

Epilepsy: (type of seizures) _____ Age at onset _____ See the School Nurse

Other Diseases: _____

Chicken Pox: Disease: Y / N Date: _____ Varicella (chicken pox vaccine) Date: _____

Does the child take medication? Y / N If yes, reason _____

Name of Medication: _____

Does the child take medication at school? Y / N If yes, see the School Nurse

Does the child have a hearing loss? Y / N Hearing aid? Y / N

Date of last check by eye doctor: _____ Glasses _____ Contacts _____

Date of last school physical: _____

Accidents: (describe and list date) _____

Operations: (describe and list date) _____

If there is any problem or circumstance you wish to be brought to the attention of the school nurse,

please, make note of it: _____

I give the school nurse permission to share this or any other health condition information on my child's health record with school personnel who have a need to know in order to meet the health and safety needs of my child.

Date: _____ Parent/Guardian signature: _____

PUBLIC LAW 150, Acts 1980... Whenever a child enrolls in a school corporation, the governing body shall require the parents to furnish a written statement of the child's immunization... (Month, Day, and Year required). You must furnish the school with a record of your child's immunization when enrolling. See Indiana requirements on the "Quick Reference Guide" included with this form.

Children and Hoosiers Immunization Registry Program (CHIRP) –
Consent Form

CHIRP is an internet based immunization registry for the state of Indiana operated by the Immunization Program of the Indiana State Department of Health (ISDH). It is designed to obtain immunization information of patients for tracking their immunization history and future immunization requirements. Your health care provider (your physician, etc.) may already have entered immunization data on your student. Patient information is confidential and only available to the authorized users. All schools reporting to the ISDH under IC (Indiana Code) 20-34-4-6 are required to use CHIRP to record immunization data for every student enrolled in each school. According to IC 20-34-4-1a, "The records must be kept uniformly throughout Indiana according to procedures prescribed by the state department of health." Please complete the permission form below. Any questions can be directed to the Indiana States Department of Health, 2 North Meridian Street, Indianapolis, IN 46204.

I give permission to release the following information concerning my child to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP).

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of my child's immunization data including the following information:

_____	_____/_____/_____
Child's Name	Child's Date of Birth
_____	() _____
Address	Telephone Number
_____	_____
School	Grade
_____	_____
Parent Signature	Date

Printed Name of Parent or Guardian	

Crown Point Community School Corporation Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in Indiana, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the student? _____
2. What language(s) is spoken most often by the student? _____
3. What language(s) is spoken by the student in the home? _____

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

REVISED POLICY – VOL. 24, NO. 2

STUDENT NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY

Advances in telecommunications and other related technologies have fundamentally altered the ways in which information is accessed, communicated, and transferred in society. Such changes are driving the need for educators to adapt their means and methods of instruction, and the way they approach student learning, to harness and utilize the vast, diverse, and unique resources available on the Internet. The School Board is pleased to provide Internet services to its students. The Corporation's Internet system has a limited educational purpose. The Corporation's Internet system has not been established as a public access service or a public forum. The Corporation has the right to place restrictions on its use to assure that use of the Corporation's Internet system is in accord with its limited educational purpose. Student use of the Corporation's computers, network and Internet services ("Network") will be governed by this policy and the related administrative guidelines, and the Student Code of Conduct. The due process rights of all users will be respected in the event there is a suspicion of inappropriate use of the Network. Users have a limited privacy expectation in the content of their personal files and records of their online activity while on the Network.

The Board encourages students to utilize the Internet in order to promote educational excellence in our schools by providing them with the opportunity to develop the resource sharing, innovation, and communication skills and tools that are essential to both life and work. The instructional use of the Internet will be guided by the Corporation's policy on instructional materials.

The Internet is a global information and communication network that provides students and staff with access to up-to-date, highly relevant information that will enhance their learning and the education process. Further, the Internet provides students and staff with the opportunity to communicate with other people from throughout the world. Access to such an incredible quantity of information and resources brings with it, however, certain unique challenges and responsibilities.

**BOARD OF SCHOOL TRUSTEES
CROWN POINT COMMUNITY SCHOOL CORPORATION**

PROPERTY
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The Corporation utilizes software and/or hardware to monitor online activity of students to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that a determined user may be able to gain access to services on the Internet that the Corporation has not authorized for educational purposes. In fact, it is impossible to guarantee students will not gain access through the Internet to information and communications that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardians assume risks by consenting to allow their child to participate in the use of the Internet. Parents/Guardians of minors are responsible for setting and conveying the standards that their children should follow when using the Internet. The Board supports and respects each family's right to decide whether to apply for independent student access to the Internet.

Pursuant to Federal law, students shall receive education about the following:

- A. safety and security while using e-mail, chat rooms, social media, and other forms of direct electronic communications;
- B. the dangers inherent with the online disclosure of personally identifiable information;
- C. the consequences of unauthorized access (e.g., "hacking"), cyberbullying and other unlawful or inappropriate activities by students online; and
- D. unauthorized disclosure, use, and dissemination of personal information regarding minors.

Staff members shall provide instruction for their students regarding the appropriate use of technology and online safety and security as specified above. Furthermore, staff members will monitor the online activities of students while in school.

Monitoring may include, but is not necessarily limited to, visual observations of online activities during class sessions; or use of specific monitoring tools to review browser history and network, server, and computer logs.

ACCEPTABLE TECHNOLOGY USE AND SAFETY AGREEMENT

To access e-mail and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission on this form. Students eighteen (18) and over may complete their own forms.

Use of the Internet is a privilege, not a right. The Corporation's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.

The Corporation has implemented technology protection measures which block/filter Internet access to visual displays that are obscene, child pornography or harmful to minors. The Corporation also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication and/or services on the Internet which the School Board has not authorized for educational purposes and/or which they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardians assume this risk by consenting to allow their students to participate in the use of the Internet. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Corporation has the right to monitor, review and inspect any directories, files and/or messages residing on or sent using the Corporation's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

Student User's Name _____ **Grade** _____

School _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Network and Internet Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Corporation has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that this is impossible for the Corporation to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Corporation (or any of its employees, administrators, or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a web site hosted on the Corporation's servers would vest in my child upon creation, I agree to assign those rights to the Corporation.

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to the Network/Internet to individuals who violate the [Student Network and Internet Acceptable Use and Safety Policy and Guidelines](#), and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

Please check to allow internet access:

- I give permission for my child to use and access the Internet at school and for the Corporation to issue an Internet/e-mail account to my child.

I HAVE READ AND UNDERSTAND ALL TERMS OF THIS AGREEMENT.

(Please type your initials in this box if you agree)

Entered by _____

Hello,

Welcome to Crown Point Community Schools. Our goal, given the unique circumstances in our community, is for the enrollment process to be efficient and convenient for our new families. Enrollment in the Crown Point Community School Corporation requires you to establish your residency upon enrolling your new students. Once this process is complete, you will be able to begin communicating directly with your school building and become connected to our distance learning program.

Please scan or take a picture with your smart phone your residency and enrollment documents so we may forward to the correct school for registration.

We realize that you may not have all the required documents to establish residency but please provide as much as you can. We will allow 30-45 days to submit all required documents to establish residency. **The school corporation does not accept out of district students or tuition students.** Please fill out the following information to receive a residency provision form.

Parents Name:
Address:
Date of occupancy:
1st Child's name/grade/school:
2nd Child's name/grade/school:
3rd Child's name/grade/school:
4th child's name/grade/school:
Phone Number:

The following documents are required at the time of registration to establish residency:

1. Valid driver's license or state photo ID with current address.
2. Three documents from the following are required to prove residency: utility bills (NIPSCO, Water), property deed or mortgage statement, or Lake County Tax Bill, bank statements, paycheck stubs, doctor bills, official documents with current address.
3. Please fill out the following information below.

The following documents are required at the time of registration for enrollment:

1. Child's certified birth certificate (not hospital certificate)
2. Child's immunization record
3. Child's social security card or number
4. New Student Enrollment Form (attached)
5. Release of Records Form (attached)
6. CP Acceptable Technology Use Form (Attached)
7. Student Use Network Internet (Attached)

While we realize that technology may be an issue for some without scanning options please take a photo with your phone and attach to this email.

If you are unable to print out the CP Acceptable Technology Use Form, and the Student Use Network Internet Form please digitally sign below here.

Please type your name below (digitally accept CP Acceptable Technology and Student Use Network Internet form)

Once all documents are completed and your child is enrolled please watch for a parent access email from your child's school. You will receive an email and directions on picking up your child's technology device for online e-learning during the mandatory closure.

Thank you,

Sheri Lautzenheiser
Crown Point Schools
slautzenheiser@cps.k12.in.us