

NORTHEAST DUBOIS INTERMEDIATE SCHOOL

Ryan Case, Principal
Camille Berg, Counselor



4550 N 4th St
Dubois, IN 47527

Terry Friedman, Athletic Director
Kelly Keusch, Treasurer

Phone # 812-678-2181
Fax # 812-678-2282

REQUEST FOR RECORDS

Date: _____

Name of Student: _____

Grade: _____

Birthdate: _____

IEP: Yes or No

School Attended Last: _____

City: _____ State: _____

1. Copy of all grades while in your school.
2. Copy of the grades the student was receiving at the time of withdrawal from your school.
3. Transcripts of previous school records, if applicable.
4. Health records.
5. A copy of the birth certificate if available.
6. Standardized and achievement test results and psychological records, if applicable.
7. Any other pertinent information, which will be of value to us in placing this student properly.
8. Any cooperative or special education reports, if applicable.

Thanks in advance for your cooperation and early response.

Parent/Guardian Signature: _____

Ryan Case, Principal
Kelly Kausch, Secretary



Terry Friedman, Athletic Director
Camille Berg, Counselor

Please complete, sign, and return.

Northeast Dubois Intermediate School

4550 N 4th St · Dubois, IN 47527 · Phone: 812-678-2181 · Fax: 812-678-2282

Northeast Dubois Intermediate School Registration Checklist

Policy Statement	Student Initials	Parent Initials
I have read the Northeast Dubois Intermediate School Extracurricular Activities Rules and voluntarily agree to be subject to its terms for the four year intermediate school enrollment.		
I have read the Attendance Policy and Procedures and voluntarily agree to be subject to the terms for the four year intermediate school enrollment.		
I have read the Bullying Policy and voluntarily agree to be subject to its terms for the four year intermediate school enrollment.		
I have read and agree to the Medical Consent Policy and voluntarily agree to be subject to its terms for the four year intermediate school enrollment.		
FAMILY DOCTOR: _____		
PHONE NUMBER: _____		
I have received a copy of and read the Meningitis memo from the Northeast Dubois County School Corporation.		
I have read and agree to the policies set forth in the Northeast Dubois County School Corporation Technology Handbook and voluntarily agree to be subject to its terms for the four year intermediate school enrollment including but not limited to the Acceptable Use Policy .		
I have read and agree to the Northeast Dubois County School Corporation Discipline Policy, Northeast Dubois Intermediate School Discipline Policy, and the Northeast Dubois Intermediate School Basic Rules and agree to be subject to their terms for the four year intermediate school enrollment.		
I have read the Student Dress Policy and voluntarily agree to be subject to its terms for the four year intermediate school enrollment.		

Permission to be Photographed and/or Videotaped

Photographs/Video
I give permission for my student to be photographed and/or videotaped and to appear in any publications, displays, or website for the four year intermediate school enrollment. I am aware that no student's email address, street address, or telephone number will be published.

Circle:

Yes

No

Permission for Travel

Consent for Transportation/Attendance
I give permission to transport my child and include him/her in the off campus school activity in the event I forget to sign a permission slip, it is misplaced, or I am unavailable (out of town) to sign.

Circle:

Yes

No

Signatures

Parent/Guardian Signature

Date

Student Signature

Date

Grade Level
(circle one)

3 4 5 6

REGISTRATION CARD for NORTHEAST DUBOIS INTERMEDIATE SCHOOL

It is the responsibility of the custodial parents(s) or legal guardian(s) to complete this card in full!

Students Name _____ Grade _____
Last First Middle

Birthdate _____ Age _____ Sex _____ Social Security Number _____ - _____ - _____

Address _____ Apt.# _____ Home Phone _____

City _____ State _____ Zip _____ Mom's Cell _____

County of Residence _____ Dad's Cell _____

Residential School District (you live in) _____
(Eg: NED, Jasper, etc....)

Where would you like to be contacted? Home _____ Work _____ Cell _____

Email Address-- Home _____ Email Work _____

This student's parents are (circle): Married to each other Separated from each other Divorced from each other Widowed/Deceased Single

Student lives with (circle): Mother Father Stepmother Stepfather Other _____

Who has legal custody of the student? (circle) Mother Father Other _____

Mother or Legal Guardian _____ Occupation _____
Last First Maiden

Place of Employment _____ Phone _____

Father or Legal Guardian _____ Occupation _____
Last First Middle

Place of Employment _____ Phone _____

Please complete this section if applicable to this student:

Student's Sitter / Day Care _____ Phone _____

Address _____ City _____ State _____ Zip _____

Non-custodial Parent's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Stepmother's Name _____ Occupation _____

Place of Employment _____ Phone _____

Stepfather's Name _____ Occupation _____

Place of Employment _____ Phone _____

After School Transportation: Each day this student will 1) _____ ride bus # _____ bus driver _____

2) _____ walk to _____ 3) _____ be picked up by _____

(OVER)

Student's Name _____

EMERGENCY INFORMATION

In case of illness or emergency, which parent should be contacted

First? _____ Second? _____

If parents cannot be reached, who else in Dubois County shall we contact?

Name _____ Relationship to student _____ Phone _____

Name _____ Relationship to student _____ Phone _____

MEDICAL CONSENT

The undersigned custodial parent or legal guardian of (student) _____

School _____ Grade _____ does hereby grant and authorize Northeast Dubois Schools and any employee thereof to obtain, at the expense of the undersigned, any medical services, including but not limited to x-ray examination, anesthetic, surgical treatment or any hospital service, for the above named student in the event said student suffers any illness or accident at a time when the undersigned cannot be contacted. It is my request that if reasonably possible, such treatment shall be rendered by our family doctor:

Dr. _____ Phone _____

or by any physician on call at the hospital emergency room or otherwise available to provide care.

This medical consent is given in advance of treatment to encourage and authorize the school and employees and the named physician to exercise their judgment in the best interest of my child.

Date _____

Custodial Parent (s)

Date _____

Legal Guardian (s)

MEDICAL INFORMATION

Student's medical problems, concerns, etc.: _____

Allergies? _____

Asthma? _____

Medications: _____

Glasses / Contacts? _____ Hearing Aid? _____

Parents / Guardians: Please notify your child's school if **any changes** are made in any of this information given on this card **anytime** throughout the **entire** school year.

**Northeast Dubois School Corporation
Student 1:1 Program Acknowledgement Form**

Please Review and Initial Each Statement Below

Guidelines	Student Initial	Parent Initial
I have read and agree to the policies set forth in the Northeast Dubois County School Corporation Technology Handbook and voluntarily agree to be subject to its terms for the current school year including but not limited to the Acceptable Use Policy		
Students and parents are responsible for the use of the student's device and know that Internet use is recorded off school property		
Students agree to share the passcode with any staff or teachers, but should not share with any other student		
Students agree to use the device for educational purposes during specified class time.		
Students agree to bring the charged device with them to school every day		
Students agree to not remove the management software or try to reset or get around the system in anyway including using VPN services		
Students and parents understand that they are responsible for the replacement costs of the charger if it is not returned, sticker is removed, or returned but damaged.		
Students and parents agree to use the provided case		

Student's Printed Name

Student's Signature

Date

Parent/Guardian Signature

Date

NDCSC Building

Homeroom Teacher

Northeast Dubois School Corporation
Student Device Insurance Form
2022-2023 School Year
3rd-12th Grade

With the new purchase of Chromebooks/iPads for your students this year, we were offered an insurance policy that will help the cost of repairs for you by having **no deductible**. This is something new we started last school year with the new devices. We hope to continue this policy with each year's new purchases. The insurance plan for the Northeast Dubois Chromebook Program is per student per school year. If you don't purchase the insurance plan for your student's chromebook, you are legally responsible for the repairs or replacement costs of your students device. Your child's device must be returned in working condition at the end of each school year. The device insurance is voided if the device is in an unapproved case. The only case approved is the case the school provides. We will provide the students the case if needed some of our devices our rugged and don't need cases, but replacement cases cost around \$50. We know the replacement cost of the case is much higher, but you save the cost with the insurance policy having no deductibles.

Premium cost is \$25 and this covers one school year per student.

Intentional breaks are not covered under this policy and must be paid in full. Any breaks that are not covered under the policy will go under review on a case by case basis and a cost could occur up to the cost of a replacement device.

Please initial the box below that you choose for your student's device, this is only if doing paper registration online you will have a yes or no box for insurance.

	I would like to purchase insurance for the device at the cost of \$25. I agree to the terms of the insurance policy written above.
	I have been offered insurance for my student's device, but I am denying the coverage. I will pay full replacement costs or cost of repairs to fix my student's device if it becomes broken.

Student's Printed Name

Parent/Guardian Signature

Date

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).

WORK SURVEY


Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone: (____) _____

Date: _____ Parent Signature: _____

1. Within the last 3 years, have your children moved for any reason? YES ____ NO ____
2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? YES ____ NO ____

If you answered NO to either of these questions, please stop. 

If you answered YES, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____ Year _____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- | | |
|---|---|
| <input type="checkbox"/> Plant or harvest vegetables or fruits | <input type="checkbox"/> Canning vegetables or fruits |
| <input type="checkbox"/> Detassel corn | <input type="checkbox"/> Sod farm |
| <input type="checkbox"/> Tobacco farm | <input type="checkbox"/> Planting, pruning or cutting trees |
| <input type="checkbox"/> Poultry and/or egg farm | <input type="checkbox"/> Dairy farm |
| <input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant | <input type="checkbox"/> Flora culture/gladiola farm |
| <input type="checkbox"/> Aquaculture/fish hatcheries | <input type="checkbox"/> Green house or plant nursery |

Please list the names of all of the children in the household under 22 years of age.

Child's Name	Date of Birth (D.O.B.)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Confidential

Military Children in Education

Purpose: This questionnaire is the result of a Department of Defense (DOD) program supported by Indiana statute 20-19-3-9.4. Confidentially identifying military children and providing data on their attendance and educational outcomes, states can assist schools and districts by providing access to data to help inform policy and program decisions for this unique student population. In addition, DOD will benefit from this data in developing policy for military child education initiatives.

School Name: _____

Student's Grade Level: _____

Student's Full Legal Name: _____

Please print clearly

Please complete the questions that best describe your student's situation. It is possible to answer "yes" to both.

1. Is the above named student connected to an Active Duty military family: _____ Yes _____ No

Meaning a school-aged child, enrolled or in the process of enrolling in KG-12th grade, is claimed as a dependent by an Active Duty member of the Armed Forces of the United States; or the student and an Active Duty member(s) are of the same household whether or not the active duty member(s) claims the student as a dependent.

"Active Duty" means: full-time duty status in the active uniformed service of the United States.

2. Is the above named student connected to a Guard or Reserve military family: _____ Yes _____ No

Meaning a school-aged child, enrolled or in the process of enrolling in KG-12th grade, who is claimed as a dependent by a member of the National Guard or Reserve; or the student and National Guard or Reserve member(s) are of the same household whether or not the National Guard or Reserve member(s) claims the student as a dependent.

"National Guard or Reserve" means: members of the Reserve Component as defined in 10 U.S.C. Section 10101. Includes Army National Guard of US, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard of US, Air Force Reserve or Coast Guard Reserve.

ONLY for Students of an ADULT High School (IC 20-24-1-2.3)

Is the above named student an active member of the Armed Forces of the United States _____ Yes _____ No

OR

Is the above named student a member of the National Guard or Reserve _____ Yes _____ No

Signature: _____ Date: _____

This form shall be handled by schools in a confidential manner in accordance with IDOE Guidance(IC 20-19-3-9.4)

Student Name: _____

Collecting Racial and Ethnic Data

08.08.19

Though the department does not report individual student or staff data to the federal government, the total number of students and staff by race and ethnicity of each school is reported. The following sections define how race and ethnicity is collected using a two part question, how observer identification is used for non-self-identifying students, and an overview of reporting racial and ethnic data to the IDOE.

Two part question for students and staff

Districts must collect race and ethnicity information on students and staff using the *two part questionnaire*. The respondent must answer both questions. District enrollment forms will need the below two part question for all new enrollees to Indiana schools. Districts should train staff to assist enrollees in responding to the two part question. **This data is to be collected once and is to be kept as part of the enrollee's permanent file.** (Exception: a parent/guardian/student makes a request to correct the original identification.) This information should be transferred upon the enrollees exit to another district.

Race and Ethnicity: (Note: Both Part 1 and Part 2 of the question <u>must be answered.</u>)	
Part 1: Ethnicity	<p>Is this individual Hispanic/Latino? (Choose only one)</p> <p><input type="checkbox"/> No, not Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)</p>
Part 2: Race	<p>What is the individual's race? (Choose one or more)</p> <p><input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.</p> <p><input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>

Indiana Education for Homeless Children & Youth (INEHCY)

McKinney-Vento Homeless Education Program

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____

Last	First	Middle
------	-------	--------

Gender: ☐ Male Date of Birth: ____/____/____ Grade: ____ ID#: ____
☐ Female Month-Day-Year (preschool-12)
(optional)

Address: _____ **Phone:** _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

**Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)**

**Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)**

Date:

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness.

Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The Indiana Department of Education (IDOE) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by Indiana Education for Homeless Children & Youth (INEHCY).

Other than the above uses, housing information should be kept confidential and should not be shared with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up") : LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation" :In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing" :Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Every Student Succeed Act Guidance:

ENROLLMENT: By law, Indiana schools must immediately enroll homeless students in school. Enrollment is defined by law as attending classes and participating fully in school activities. Therefore, students without housing must be allowed – without any delay – to attend classes and to participate in activities, including sports.

Homeless Student rights: three school choices: (1) the school attended when permanently housed; (2) the school in which student were last enrolled; or (3) the school nearest to where student is staying that other students in the neighborhood attend. The first two schools listed above are referred to as the "school of origin."

Student also has the right to school choices that are available to other students in the district such as charter schools or alternative schools. Staying enrolled in the school of origin is often student's best option. Generally, changing schools could significantly impede student's academic and social progress. Therefore, the school district should keep student in "school of origin" unless this is contrary to student's wishes or parents or guardians wishes.

School of Origin ESSA Transportation Guidance:

- Transportation must be provided to and from the school of origin at the request of the parent or guardian, or, in the case of an unaccompanied youth, at the request of the local liaison.
- Based on the amended definition of school of origin under ESSA, school of origin transportation rights extend to public preschools and receiving schools
- ESSA removed the word "homeless" from references to school of origin transportation, resulting in transportation for the remainder of the academic year for formerly homeless students who have become permanently housed.

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form/ Caregiver Authorization Form <https://www.doe.in.gov/student-services/formsmemos> . If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: http://nche.ed.gov/downloads/briefs/det_elig.pdf.

NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

Dr. Tara Rasche, Superintendent
Ryan Case, Trans. Director

P.O. Box 158, 5379 E Main St.
Dubois, IN 47527



DeAnn Meyer, Treasurer
Gretchen Brinkman, Deputy Treasurer

Phone # 812-678-2781
Fax # 812-678-4418

Dear Parents,

The Children and Hoosiers Immunization Registry Program (CHIRP) is the online system maintained by the Indiana State Department of Health that stores and updates immunization records.

Attached you will find a permission slip to release information on your child to the Indiana State Department of Health. By signing this, I as the school nurse will be allowed to verify that your child is enrolled and counted as a student at Northeast Dubois. It will also allow me to update your child's immunization records as needed to complete any records that are missing. If your child has an exemption, this will allow me to place this information in his/her record.

Please sign and return to school.

If you have any questions, please call me at 812-678-2781 ext. 110.

Thank you for your attention to this matter.

Sincerely,

Michelle Young, R.N.

NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

CHIRP PERMISSION

I, _____, give the Northeast Dubois School Corporation permission to release the following information concerning my child, _____, to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Information that will be released will include name, immunization data, date of birth or other identifying information as applicable.

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 release of such information.

Signature

Date

Printed Name of Parent or Guardian

Address

School

Grade level

Child's Name

Date of Birth

**NORTHEAST DUBOIS SCHOOL CORPORATION
AUTHORIZATION FOR PRESCRIBED MEDICATION OR TREATMENT**

To the Parent/Guardian

The following information is necessary for any student to use prescribed medications or to receive treatment in school. All spaces must be completed.

Name of Student

Grade / Teacher

PHYSICIAN'S AUTHORIZATION FOR MEDICATION (To be filled out by PHYSICIAN)

This student requires the administration of a prescription medication during school hours. This medication should be administered as follows:

<u>Medication Name/Treatment</u>	<u>Dosage</u>	<u>Hour/hours given</u>	<u>Stop Date</u>
----------------------------------	---------------	-------------------------	------------------

1.

2.

3.

Has been instructed on self-administering inhaler and/or epinephrine pen (if applicable). Yes / No
May carry epinephrine pen and/or inhaler on person (if applicable). Yes / No

Date

Physician's Signature

PARENT AUTHORIZATION FOR PRESCRIBED MEDICATION OR TREATMENT (For PARENT)

A. I am requesting permission for my child named above to: (Check all that apply)

_____ receive prescribed medication _____ receive prescribed treatment

_____ self-administer prescribed inhaler and/or EpiPen (in presence of authorized staff members/or to inform authorized staff member immediately after use by student (if applicable) in accordance with Physician's prescription.

B. I will assume responsibility for safe delivery of medication to school.

C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.

D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent/Guardian

Date

Home Telephone

Work Phone

Cell Phone

Dear Parent/Guardian:

Children need healthy meals to learn. **Northeast Dubois School Corporation** offers healthy meals every school day. Breakfast costs **\$1.25**; lunch costs **\$2.15 for grades K-8 & \$2.30 for grades 9-12. Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from SNAP (Food Stamps) or TANF, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2022-23			
Household size	Yearly	Monthly	Weekly
1	25,142	2,096	484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each additional person:	+8,732	+728	+168

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail jhulsman@nedubois.k12.in.us.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Northeast Dubois School Corporation, ATTN: Joyce Hulsman 4711 N Dubois Rd NE Dubois, IN 47527.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Joyce Hulsman at 812-678-2251 ext 385 immediately.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year through **9/8/22**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price of meals.
 6. SHOULD I FILL OUT AN APPLICATION IF MY CHILDREN RECEIVED FREE OR REDUCED MEALS AT THEIR PREVIOUS SCHOOL? If it is the beginning of the school year and you have not been notified that your children will receive free or reduced meals for the upcoming year you will need to fill out an application. If your children transferred during the school year and they were receiving free or reduced meals at the previous school, contact **Joyce Hulsman 4711 N Dubois Rd NE Dubois, IN 47527** jhulsman@nedubois.k12.in.us immediately.
 7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
 9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
 10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to:
Ryan Case Northeast Dubois Intermediate School 4550 N 4th Street, Dubois, IN 47527 rcase@nedubois.k12.in.us.
 11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
 14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
 15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Joyce Hulsman 4711 N Dubois Rd NE Dubois, IN 47527** jhulsman@nedubois.k12.in.us to receive a second application.
 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP (Food Stamp) or other assistance benefits, contact your local assistance office or call **1-800-403-0864**.
- If you have other questions or need help, call **812-678-2251** ext 385..

Sincerely,

Joyce Hulsman

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in **Northeast Dubois School Corporation**. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Northeast Dubois School Corporation Attn: Joyce Hulsman** jhulsman@nedubois.k12.in.us.

STEP 1: LIST ALL INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 IN THE HOUSEHOLD

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **Northeast Dubois School Corporation**, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	B) Is the child a student at Northeast Dubois School Corporation ? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Northeast Dubois School Corporation . If you marked 'Yes,' write the name of the school building, birthdate, and grade level of the student in the 'Grade' column to the right. Is the child living with parent or caretaker relative? Mark 'Yes' or 'No' next to each child.	C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1 , go to STEP 4 . <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.	D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u>
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PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF).

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in any of the above listed programs:
<ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<ul style="list-style-type: none"> • Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-800-403-0864. • Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

Sources of Income for Children		
Sources of Child Income	Example(s)	
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	
- Social Security <ul style="list-style-type: none"> - Disability Payments - Survivor's Benefits 	<ul style="list-style-type: none"> - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 	
- Income from person outside the household	<ul style="list-style-type: none"> - A friend or extended family member regularly gives a child spending money 	
- Income from any other source	<ul style="list-style-type: none"> - A child receives regular income from a private pension fund, annuity, or trust 	

• Use the charts titled “Sources of Income for Adults” and “Sources of Income for Children,” located below to determine if your household has income to report.

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in STEP 1.

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.	C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. <i>What if I am self-employed?</i> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.	D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.	F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.	G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."	B) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	C) Mail Completed Form to: Northeast Dubois Jr./Sr High Attn: Joyce Huisman 4711 N Dubois Rd NE Dubois, IN 47527	D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.
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STEP 5: OTHER BENEFITS – OPTIONAL

The following sections are optional and do not affect your children's eligibility for free or reduced price school meals.

A) Textbook Assistance If you want to receive textbook assistance, check 'Yes' and then read, sign, and date the section to the right. If you do not want to receive textbook assistance, check 'No.'	B) Hoosier Healthwise Disclosure If you want to share your child's free/reduced eligibility in order to qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise, sign and date this section.
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Northeast Dubois School Corporation
2022-2023 Household Application for Free and Reduced Price School Meals

Prescribed by State Board of Accounts
School Form No. 521/2022

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to grade 12 who are members of your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Student?	Only Students: Name of School Building	Only Students: Birthdate	Grade	Living with parent or caregiver relative?	Homeless, Migrant, Runaway Child
			Yes No				Yes No	
1			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP (Food Stamp) or TANF?

If NO > Go to STEP 3.

If YES > Write a case number here then go to STEP 4. (Do not complete STEP 3)

Case Number: / / / / / / / / / /

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered Yes to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in household listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total (gross) income before any taxes or deductions for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	How often?			Child Income	How often?			Pensions/Retirement/ All Other Income	How often?		
		Weekly	Every 2 Wks	2x Month		Monthly	Weekly	Every 2 Wks		2x Month	Monthly	Weekly		Every 2 Wks	2x Month	Monthly
1																
2																
3																
4																
5																

The Sources of Income for Children section will help you with the Child Income question.

The Sources of Income for Adults section will help you with the All Adult Household Members section.

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature. Mail Completed Form To: Turn for Textbook Benefits

I, certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed name of adult completing the form

Signature of adult completing the form

Today's date

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

STEP 5

Other Benefits – This section does not need to be completed to receive free or reduced price meal benefits.

Do you want to receive Textbook Assistance?

- ☐ Yes
☐ No

If yes, sign to the right →

I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes the release of information on this application for textbook assistance. I give up my right of confidentiality for this purpose only. This application information will be shared with the Indiana Family and Social Services Administration pursuant to I.C. 20-33-5-2 and I.C. 12-14-28-2, solely for purposes of complying with 45 C.F.R. Parts 260 and 265.

Signature of adult completing the form

Today's date

- School Use Only:
☐ Approved
☐ Denied
☐ Not Applicable

This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of information for this purpose.

For information about Hoosier Healthwise health insurance, call 1-800-889-9949.

Signature of adult completing the form

Today's date

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check one or more):

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, audits for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

This institution is an equal opportunity provider.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17FaxMail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov.

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

WEEKLY X 52

EVERY 2 WEEKS X 26

TWICE A MONTH X 24

MONTHLY X 12

ELIGIBILITY DETERMINATION

Income Eligibility: Total Household Size: _____ Total Income: \$ _____ per: ☐ Weekly ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly ☐ Yearly
OR Categorical Eligibility: ☐ Food Stamps/TANF ☐ Migrant ☐ Homeless ☐ Runaway ☐ Foster
Eligibility Determination: ☐ Approved Free ☐ Approved Reduced Price ☐ Denied
Reason for Denial: ☐ Income Too High ☐ Incomplete Application ☐ Other _____
Type of Eligibility Notification Provided (if denied, notification must be written): ☐ Verbal ☐ Written
Signature of Determining Official: _____ Date: _____
Date Withdrawn: _____

VERIFICATION

Confirmation Review Official: _____ Application Direct Verified? Yes ☐ No ☐

Date Verification Notice Sent: _____

Approval Based On: Food Stamps / TANF Case Number

Verification Results:

Reason for Change:

Date Notice of Change Sent: _____

Date Response Due from Households: _____

Household Size and Income

No Change

Household Size:

Date Change Made: _____

Date Second Notice Sent (or N/A): _____

Household Size and Income

Free to Reduced

Change in Food Stamps / TANF

Date Second Notice Sent (or N/A): _____

Household Size and Income

Free to Paid

Change in Food Stamps / TANF

Request for Appeal

Verifying Official's Signature: _____

Date Hearing Requested: _____

Northeast Dubois School Corporation
Procedure for Student Lunch/Meal Accounts

The National School Lunch Program (NSLP) requires school food authorities to establish written administrative guidelines and procedures for meal charges. Northeast Dubois School Corporation will adhere to the following meal charge procedure.

- All cafeteria purchases are to be prepaid before meal service begins with the exemption of the high school where meals may be purchased at point of sale.
- A student may charge up to 5 meals maximum (one charge per meal) as long as they establish and maintain a good credit history of making payments on their food service accounts.
- A staff member may charge up to \$10.00 as long as they establish and maintain a good credit history of making payments on their food service accounts.
- A student who has charged a meal may not charge or purchase "a la carte" item(s), including extra main entrees.
- If a student repeatedly comes to school with no lunch and no money, food service employees must report this to the building principal as this may be a sign of abuse or neglect and the proper authorities should be contacted.
- Schools may deny a meal to a student who pays reduced or full price and who does not provide the required payment for that meal. However if the student who pays reduced or full price has enough money in hand for a meal that day, they will not be denied a meal.
OR
 - Schools will provide an alternative meal of peanut butter & jelly & milk to a student who pays reduced or full price and who does not provide the required payment for that meal.
- The food service manager or other school personnel will coordinate communications with the parent(s)/guardian(s) to resolve the matter of unpaid charges.
- If food services staff suspects that a student may be abusing this policy, written notice will be provided to the parent(s)/guardian(s) that if he/she continues to abuse this policy, the privilege of charging meals will be refused.
OR
 - If food services staff suspects that a student may be abusing this policy, written notice will be provided to the parent(s)/guardian(s) that if he/she continues to abuse this policy, the privileges of an alternative meal will be refused.

- The school secretary will notify parents every *weekly* of any outstanding negative balance in the student's lunch/meal account. The food service manager will also send home emails each week to parents of students who carry negative balances.
- All accounts must be settled at the *end of school*. Letters will be sent home approximately 5 days before the *end of school* to students who have any negative balances. Negative balances of more than \$10.00 not paid in full 1 day prior to the *end of school* will force the Corporation to take action to collect unpaid funds by means of collection agencies, small claims court, or any other legal method deemed necessary by the Corporation.
- Students who graduate or withdraw from the corporation and have \$2.00 or more left in their lunch/meal food service account will be notified by mail by food services at the *end of school* and given the option to transfer the funds to another student or to receive a refund. Students who graduate or withdraw from the corporation and have less than \$2.00 will not receive a direct notification by mail, but the household can contact *Northeast Dubois School Corporation* to receive a refund. If no response is received within 5 days the student's lunch/meal account will close and the funds will no longer be available. Unclaimed remaining balances will be transferred to the Cafeteria fund.

Ala Carte Price List

2022-2023

Northeast Dubois County Schools

Entrees

Sandwiches (all Varieties)	\$1.75
Extra Entrée	\$1.75
Pizza	\$1.75
PBJ (Homemade)	\$1.00

Snacks

Chips (all varieties)	\$1.00
Fruit Snacks	\$0.75

Beverages

Bottled Water	\$1.00
Bottled Juice	\$1.50
Capri Sun	\$1.00
Juice Carton	\$0.40
Milk Carton	\$0.50

Student Meal Pricing

Breakfast Meal	\$1.25/0.30
PreK Meal	\$1.90/0.40
Lunch Meal (K-8)	\$2.15/0.40
Lunch Meal (9-12)	\$2.30/0.40

Adult Meal Pricing

Breakfast	\$2.50
Lunch	\$4.60

Fruits & Vegetables

Veggie Tray w/dip	\$1.50
Fruit Tray w/dip	\$1.50
Fruit or Veggie Bag	\$1.00

Dairy

Yogurt	\$1.00
Yogurt Parfait	\$1.50
Cottage Cheese	\$1.00
w/fruit	\$1.25
String Cheese	\$0.50

Salads

Small Salad	\$2.50
Large Salad	\$3.00
Chicken/Tuna Salad Bowl	\$3.00

Breakfast

Breakfast Sandwich	\$1.50
Extra Entrée	\$1.50
Cereal (1 oz pkg)	\$0.50
Cereal (2 oz pkg)	\$1.00
Poptart	\$1.00
Granola or Cereal Bar	\$0.75

****There is a charge for condiments if used
on food NOT purchased in the cafeteria.**

Remind Message Service

To Join any of the school remind groups you will need to text @(whichever school code you want to join) to the number 81010

Please note that by joining a school you are automatically added to the corporation level remind group

Northeast Dubois Elementary @neduboisde

Northeast Dubois Intermediate School @nedubois

Northeast Dubois Jr./Sr. High School @nedubois

If at anytime you want to leave our school or corporation all you need to do is respond to a text that we send you @leave and you will be removed

Example: If I want to join the Jr./Sr. High School group I would send a text on my phone to the number 81010 the message I would send on my text is @nedubois

Family Access Instructions

for Obtaining New Skyward Access or resetting a Forgotten Password

Navigate to the NeDubois WebSite home page at www.nedubois.k12.in.us and click on the “student information system” on the lower right hand side of the screen or copy/paste the following into a web browser...

<https://familyaccess.nedubois.k12.in.us/scripts/wsisd.dll/WService=wsEPlus/seplog01.w>

SKYWARD®
Northeast Dubois School District
New

Login ID:

Password:

[Forgot your Login Password?](#)

09/14/2014 09:57


Login Area:

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Windows 7 / Internet Explorer 11

11:21 AM
9/10/2014

Click on the words Forgot Login/Password...Key in the characters/numbers in the security box along with your email account that is on file. If you cannot read the characters/numbers to key in, please click on the refresh button to obtain another set of characters/numbers (top one of the three to the right of the box where you are to key in the text)


Forgotten Login/Password Assistance
Please enter your email address or user name. If it matches the email or user name the district has on file, you will be sent an email containing your login and a link that can be used to reset your password.


1828

Type the text
Privacy & Terms

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ForgotBack



A system generated email containing an account reset link should then be sent to the email account within Skyward. Click on the link in that email, which will direct you to a page to set a password that will allow you access to your Skyward account.

LETTER TO ALL PARENTS

A FEW REMINDERS:

Students are NOT allowed to bring soft drinks to school for lunch without a written statement from their doctor stating the reason why. Milk, juice, or water, which is available for purchase, is insufficient.

Locks are installed on each locker. Students will not need to bring personal locks to school. Lockers are for storage of all the student's items and equipment. Please do not send oversized gym bags that will not fit in your child's locker. **Please encourage your child NOT to wear their backpacks all day long.** They have plenty of time to go to their lockers and get what they need for their next class.

We will not be held responsible for lost items (games, cards of any kind, headphones, etc.) or money lost while at school. Please advise your child to let these items or large amounts of money at home.

Office phones are for emergency use only. We will not allow students to use phones to call parents asking to spend the night at a friend's house, etc. We hope you will try to help us enforce this policy by telling your children that all such plans need to be made the night before.

With the addition of wi-fi to our building, students will be allowed to use cell phones and other devices for educational purposes at the discretion of the classroom teacher. **Additionally, students should not use cell phones to make personal calls or send text messages during the school day except at lunch. Infractions of this nature can lead to disciplinary action.**

You can check your child's progress in their classes or check their lunch balances in Skyward Family Access on the Northeast Dubois School Corporation web site.

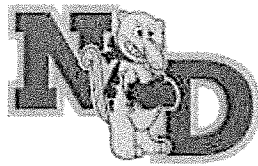
If your child gets sick at school they need to inform their teacher and then come to the office. The office will see what they can do to help your child and call the parent if necessary.

Please notify the office or send a note if your child is riding a different bus or is being picked up by someone else. Bus drivers will not allow other students on their bus without a note.

We want you to feel that you actively involved in your child's education. Look around the school today and stop by anytime you have questions or concerns.

NORTHEAST DUBOIS INTERMEDIATE SCHOOL

Ryan Case, Principal
Camille Berg, Counselor



Terry Friedman, Athletic Director
Kelly Keusch, Treasurer

4550 N 4th St
Dubois, IN 47527

Phone # 812-678-2181
Fax # 812-678-2282

Northeast Dubois Intermediate School Extracurricular Individual Eligibility

Northeast Dubois Intermediate School has a balanced athletic program. In order to participate in any extracurricular activity, a student must follow the rules and regulations stated below.

1. All participants should be full-time students within the school district.
2. Must be a regular bonafide student in good standing in the school you represent.
3. Must carry a 2.0 GPA. Conduct: not more than 1 U or 2N's. Students declared ineligible for participation in scheduled events will be allowed to practice. At the end of 14 calendar days after receipt of grades, it is the athlete's responsibility to pick up his/her current grades from all of his/her teachers and present them to the principal. The athlete will again be eligible to participate if he/she presents to the principal passing grades in all subjects with a 2.0 GPA and acceptable conduct. If the athlete is declared ineligible a second time he/she will be dismissed from that sport for the remainder of that season.
4. Student progress will be checked at the end of each grading period. Rule (3) will govern eligibility.
5. If a student accumulates 3 demerits, he/she is suspended from participation in athletic events until he/she reduces his/her demerit count to 2 or fewer. Refer to (3) for eligibility.
6. The parent permission form must be on file in the office before the first practice.
7. Must, if absent 5 or more days due to illness or injury, present to your principal written verification from a licensed physician that you may participate again.
8. When students are participating in two different activities, one school sponsored and one not, the student will give priority to the school activity.

This is only a summary of the rules. The individual coaches may distribute a list of the rules and regulations, which must be followed for each sport. If you have any question concerning these rules, it is your responsibility to contact the principal before participating in any athletics sponsored by the school. The intent of this policy is to assure students maintain proper grades. At no point will cumulative GPA be considered.

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Northeast Dubois Intermediate School Article IX - Attendance Policy

For a child to have the greatest educational opportunity, regular school attendance is absolutely necessary. Regular and punctual school attendance enables students to derive maximum benefits from instructional programs and develop habits of self-discipline, punctuality, and responsibility.

Absences fall into three categories: certified absences, non-certified absences, and unexcused absences.

Absences are considered certified if the following conditions are met:

1. Student has seen a medical professional and a note is delivered to the school.
2. Student served as a page for the general assembly, serves on the precinct election board, or as a helper to a political candidate on election day (I.C. 20-33-2-14 & 20-33-2-15).
3. Student subpoenaed to appear in court as a witness in a judicial proceeding. (I.C. 20-33-2-16).
4. Student participated in an educationally related non-classroom activity which is consistent with and promotes educational philosophy and goals of the school corporation, facilitates the attainment of specific educational objectives, is part of the goals and objectives of an approved course or curriculum, represents a unique educational opportunity, cannot reasonably occur without interrupting the school day, and is approved in advance by the school principal (I.C. 20-33-2-17.5).
5. Any other absence approved by state law or the school principal.

All non-certified absences after 10 in a school year will be considered **unexcused**. Upon three unexcused absences in a school year, the school attendance officer will begin contacting the family of the student. Multiple unexcused absences may result in a referral to Project Attend through the Juvenile Probation Office.

A student's attendance record will transfer and be enforced when transferring to another school within the county.

On the day of a student absence, his or her parent/guardian must call the school by 8:30 A.M., state their name, date, son/daughter's name and the nature of the absence. If the school does not receive a call, a phone call will be made in reference to the absence. **No contact about the absence will result in the absence marked as unexcused.**

Truancy: A "truant" is defined as a student who is willfully absent from school without the knowledge or consent of the parent and school, or absent from school when there is an attempt to evade the Indiana Compulsory Attendance Law. A "habitual truant" is defined as a student who is truant three times any semester, or is absent from school a total of 20 or more days in a school year. **Friday school will be served as consequence for truancy for grades 5-12.**

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Northeast Dubois Intermediate School Article VII - Bullying Policy IC 20-33-8-0.2

As used in this article, "bullying" means overt, unwanted, repeated acts or gestures, including verbal or written communications or images transmitted in any manner (including digitally or electronically), physical acts committed, aggression, or any other behaviors, that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the targeted student and create for the targeted student an objectively hostile school environment that:

1. places the targeted student in reasonable fear of harm to the targeted student's person or property;
2. has a substantially detrimental effect on the targeted student's physical or mental health;
3. has the effect of substantially interfering with the targeted student's academic performance; or
4. has the effect of substantially interfering with the targeted student's ability to participate in or benefit from the services, activities, and privileges provided by the school.

Parents or students who suspect that repeated acts of bullying are taking place should report the matter to the school principal or designee. School personnel will investigate all reports of bullying.

Counseling, corrective discipline, and/or referral to law enforcement will be used to change the behavior of the perpetrator. This includes appropriate intervention(s), restoration of a positive climate, and support for victims and others impacted by the violation.

Educational outreach and training will be provided to school personnel, parents, and students concerning the identification, prevention, and intervention in bullying.

All schools in the corporation are encouraged to engage students, staff and parents in meaningful discussions about the negative aspects of bullying. The parent involvement may be through parent organizations already in place in each school. **or truancy for grades 5-12.**

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Northeast Dubois Intermediate School Medical Consent

The custodial parent/legal guardian of Northeast Dubois School Corporation/Northeast Dubois Intermediate School students do hereby grant and authorize Northeast Dubois School Corporation/Northeast Dubois Intermediate School and any employee thereof to obtain, at the expense of the custodial parent/legal guardian, any medical services including but not limited to: x-ray examination, anesthetic, surgical treatment, or any hospital service, for its students in the event they suffer any illness or accident at a time when the custodial parent/legal guardian cannot be contacted.

This medical consent is given in advance of treatment to encourage and authorize the school, its employees, and the named physician to exercise their judgment in the best interest of my child.

This consent form will be valid and kept on file.

NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

Dr. Tara Rasche, Superintendent
Ryan Case, Trans. Director

P.O. Box 158, 5379 E Main St.
Dubois, IN 47527



DeAnn Meyer, Treasurer
Gretchen Brinkman, Deputy Treasurer

Phone # 812-678-2781
Fax # 812-678-4418

RE: MENINGITIS

Dear Parents, Guardians, and Students,

One type of meningitis is caused by a bacterium called *Neisseria meningitidis*. Infections caused by this bacterium are serious, and may lead to death. Symptoms of an infection with *Neisseria meningitidis* may include a high fever, headache, stiff neck, nausea, confusion and a rash. This disease can become severe very quickly and often leads to deafness, mental retardation, loss of arms or legs and even death. The bacteria are spread from close person to person contact through the exchange of nose and throat secretions, by activities such as kissing or sharing eating or drinking utensils. The bacteria are not spread by casual contact or by simply breathing the air where a person with meningitis has been.

There are two vaccines that can help prevent cases of this disease in teens and young adults. The United States Centers for Disease Control and Prevention (CDC) recommends vaccination of children with the meningococcal conjugate vaccine (Menactra and Menveo) at 11 or 12 years of age, with a booster dose of the vaccine at 16 years of age. The booster dose at age 16 provides ongoing protection from the disease after high school.

The state of Indiana requires all students in grades 6-12 to have the appropriate number of meningococcal conjugate vaccine doses. One dose of meningococcal conjugate vaccine is required for all students in 6th-11th grade. A second booster dose is required for students entering 12th grade. These vaccines are a legal requirement for school entry (Indiana Administrative Code 410 IAC 1-1-1) for the 2015-2016 school year.

All students in grades 6-12 must have acceptable documentation of required immunizations on record at the school they are currently attending. An acceptable record includes a signed record from the child's health care provider indicating the name of the vaccine given and the date it was given, a record of the immunization in the state immunization registry (CHIRP) prior to the start of the school year, or a record from another school showing the required immunization have been given.

Many local health departments and private healthcare providers offer this vaccine. Please contact your health care provider for specific instructions regarding your child.

More information about meningococcal disease can be found at:

The Centers for Disease Control and Prevention (CDC) website:
<http://www.cdc.gov/vaccines/vpd-vac/mening/default.htm>

IN State Department of Health website:
<http://www.in.gov/isdh/25455.htm>

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Northeast Dubois Intermediate School Acceptable Use Policy Agreement Signature Page

The entire agreement is located on our website: <http://www.nedubois.k12.in.us/>

As a student and parent(s) / guardian(s) of this student, I/We acknowledge receipt and have knowledge of the Northeast Dubois County School Corporation Technology Handbook. I/We agree to the policies and guidelines established for us and for our child.

You are reminded that questions may be directed to any staff member and/or administrator in your building. A printed copy of the handbook may be obtained from the school office.

This agreement will be valid and kept on file.

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STUDENT DISCIPLINE AT NORTHEAST DUBOIS CORPORATION POLICY 5131

It is the policy of the Northeast Dubois Board of Education to provide Northeast Dubois students with graduated, relevant learning experiences that will enable them to develop to their full potential. It is necessary to establish a total environment for this learning to occur. Self-discipline is a major aspect of a total environment.

Self-discipline is best defined as the control exhibited in an individual's behavior, both action/reaction and physical/verbal, so that the civil rights and dignity of others is protected. Situations in which the behavior of any student disrupts, in some way, the learning environment for others, then discipline procedures will be initiated by classroom teachers and/or administrative personnel.

These discipline procedures will be employed throughout the Corporation by school personnel in order to maintain the education environment as set forth in the philosophy of this Corporation. Because behaviors are complex chains of events, there will be no specific criteria for the use of discipline procedures other than the preceding description of self-discipline. However, the discipline procedures shall be administered fairly, with respect for the dignity of all persons involved, and without anger, malice or prejudice.

Prior to the exercise of discipline procedures, due consideration shall be given to individual and unique differences, exceptional circumstances, and sanctions imposed by others; and said discipline shall be remedial in content and shall be progressive if repeated behavior problems have occurred. Prior to any decision involving removal from school, parental involvement in the decision making process shall be solicited.

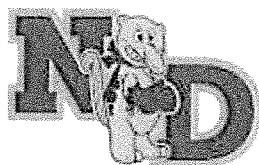
Some behavior is much more serious than other behavior and requires different approaches and clearly defined actions. The discipline procedures which shall be utilized to improve discipline problems include, but are not limited to:

Changing seating assignments; confiscation of disruptive or banned items; contracts; corporal punishment; denial of privileges; detention or meaningful extra study assignments; expulsion; in-school suspension; other appropriate, reasonable and legal measures; parent conference; payment of damages or compensatory restitution; probation; referral of special personnel (both within and outside the normal school environment); removal from class (remainder of term w/D); standing as opposed to being seated; student-teacher conference; verbal reprimand; and work detail to repair damage.

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Northeast Dubois Intermediate School Discipline Policy

Students who willfully disobey school rules will be subject to any of the following forms of discipline, depending on the severity of the infraction.

Lunch Detention

Lunch detentions will be given for: chewing gum, inappropriate language, rude or disrespectful behavior, not following classroom rules, not following detention rules, or unacceptable conduct at any Northeast Dubois School Event. Students must have detention slips signed by parent/guardian and return the slip to the office on the following school day. If there is no signature or a questionable signature, then the student will contact parent/guardian by phone.

Detentions are based on a 9-week grading period. Demerits accumulate the entire school year.

Demerits:

6 Detentions = 1 DEMERIT

8 Detentions = Friday School + 2nd DEMERIT

Out of School Suspensions and Friday School assignments will result in a DEMERIT.

Demerits may be worked off by going 2 weeks without a detention. Two or more demerits at the time of any school activity excludes the student from participating in or attending this event. This includes athletic events and other non-academic school activities.

Time-Out

Students who are disruptive or uncooperative may be sent to another area for time-out. In-School Detention (ISD) Students are expected to complete all assigned homework and tests. For these scores to be counted, work must be turned in to the office before leaving for the day. Each ISD will result in a demerit.

Out of School Suspension (OSS)

Students or parents must request homework and arrange to pick it up at school. On the day of return, the student must turn in all homework and is responsible for requesting a time to make up tests. All scores will be counted provided these conditions are met. Each OSS will result in a demerit.

Friday School

Friday School is held at the high school one Friday per month. It is 3 hours in length from 2:30 p.m. to 5:30 p.m. Students and parents will be notified at least one week in advance of the student's assignment to Friday School unless agreed to by parent. Each Friday School will result in a demerit.

Expulsion

Students can be expelled from school if they continually disobey school rules or endanger other students by their presence.

Corporal Punishment

Corporal punishment, paddling, is allowed by the State of Indiana and will be used if deemed necessary.

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Northeast Dubois Intermediate School Basic Rules for Behavior/Student Conduct Code Policy

Every orderly group (family, club, and nation) has evolved rules for preserving the rights of the individual and for living harmoniously together. Here are the important rules of Northeast Dubois County School Corporation.

1. Conduct: The conduct of the students at Northeast Dubois is expected to be in keeping with generally accepted good student practices. Whether in school or engaged in school activities, every student is expected to conduct himself or herself as a gentleman or lady. No teacher will expect more or less.
2. Courtesy, good manners and respect should be shown in contact with teachers, fellow students and the general public. Observance of this rule will make a long list of minor rules unnecessary.
3. Obey your teachers promptly and without argument. If you request, your teacher will explain or discuss the situation after class or school.
4. Hands off other people and their property. This applies to:
 - a. scuffling, pushing, fighting, etc.
 - b. damaging the property of others including books, clothing, cars, etc.
 - c. boy and girl relations.
5. No smoking in the school building, on the school buses or on school grounds.
6. Boisterous conduct in the building including running, whistling or shouting is prohibited.
7. The following are prohibited on or in school unless written permission of the Principal is given in advance:
 - a. advertising or selling tickets for activities (dances, parties, lectures, etc.) not sponsored by the school;
 - b. selling merchandise, chances or tickets;
 - c. soliciting or receiving money for any non-school activity; card playing or gambling.
8. Food brought into the building should be consumed only in the cafeteria.
9. Protect school property, building furniture and equipment. Refrain from writing on or defacing walls, posters, bulletin boards, desks, tables, rented or borrowed books. Take good care of the locker that has been provided for your use. You benefit when all is in good working order.

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Northeast Dubois Intermediate School Student Dress

Students are urged to use good judgment in choosing their school clothing, which means they are expected to be well groomed and neat at all times. **The responsibility for student dress and grooming is that of the student and their parents/guardians.**

The following regulations shall be used for implementation for the Student Dress Code Policy:

1. Health and Safety – Students should not wear clothing or hairstyles that can be hazardous to them in their school activities.
2. Common Decency – Bare midriffs, halter tops, muscle shirts, low riding pants and tank tops, or any other garments which unduly or suggestively expose the upper torso and underclothing are prohibited. There shall be adequate coverage of the body for all activities of the day, including sitting, bending, or raising hands.
3. All shirts must have a 2-inch shoulder strap, and shorts, skirts, or pants for all students must be at or below fingertip length.
4. Apparel: The wearing of apparel that has on it any writing, printing, symbols or pictures that is judged by school staff to be immoral, lewd, vulgar, or is suggestive and/or implies sex, drugs, alcohol, violence, or other subjects, or in condition disruptive to the normal operation of the school, or which interfere with normal educational functions or school purposes, is prohibited. Pants or shorts with holes above the knee should not be worn if skin is visible.
5. Footwear – All students are required to wear footwear, such as boots, shoes, or sandals. Footwear which is unsafe, inhibits movement, creates a disturbance, or which is disruptive either by appearance or by sounds, is prohibited. Flip-Flops are prohibited.

Disciplinary action to be taken:

1st offense: Student will be issued appropriate clothing or parent can bring in appropriate clothing

2nd offense: Detention will be given

3rd offense: Will be considered defiance, which is punishable by an In-School Detention.

MEMO

TO: Northeast Dubois County School Corporation Parents
FROM: William G. Hochgesang
DATE: August 2020
RE: Pest Control Policy
CC: Northeast Dubois County School Board

Northeast Dubois County School Corporation is committed to providing students a safe environment. It seeks to prevent children from being exposed to pests and harmful and unnecessary pesticides. While pesticides protect children from pests that may be found in the school and its surrounding grounds, under some circumstances they may pose a hazard to children. Therefore, pest control practices may involve a variety of chemical and non-chemical methods that are designed to control pests effectively while minimizing harmful pesticide exposure to children.

If you wish to be informed when pesticide applications will be made at the building in which you have children, please call Maintenance Director Tony Smock at 678-2789 to put your name on our registry. The School Corporation will provide notice at least two days prior to the date and time the pesticide application is to occur. If you need any further information concerning our pest control policy you may also call Tony at the same phone number.

NOTIFICATION OF AVAILABILITY OF ASBESTOS MANAGEMENT PLAN

AUGUST 2019

The Asbestos Hazard Emergency Response Act (AHERA) required the compilation of all asbestos containing materials (ACBM), within the public and private schools (K-12 grades). A building inspection by EPA-Accredited Asbestos Inspectors was conducted to determine, not only if asbestos was in our schools, but its condition. After the inspection, a plan to manage the identified asbestos was developed.

AHERA further required that the identified asbestos containing materials were to be checked every six months by the trained school personnel and that these materials were to be re-inspected by an accredited inspector every three years as long as the materials remain in the building.

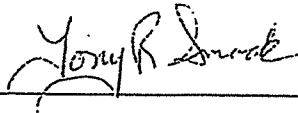
The School Corporation complied with the AHERA by completing the asbestos inspection of our schools and submitting the Management Plan to the State of Indiana for the approval of the Governor. The implementation of the Management Plan began shortly after submittal and all the identified areas of concern have been corrected.

Anyone wishing to view a copy of the Management Plan for an individual school building will find it available in the Principal's office of each school. The Management Plan for all of the schools in the School Corporation is available for your viewing in the Administration Office. The Management Plan may be copied for a minimal fee of 5 cents per page, during regular school hours by notifying the school in advance to prevent scheduling difficulties.

If you have any questions concerning the AHERA Program, please contact your building Principal and/or the Designated Person, Mr. Tony Smock.

The Asbestos Management Plan will be updated annually as response actions are completed or as periodic surveillance reveals a change in the condition of the asbestos materials.

Signature: _____



Ryan Case, Principal

Kelly Keusch, Secretary



Terry Friedman, Athletic Director

Camille Berg, Counselor

Northeast Dubois Intermediate School

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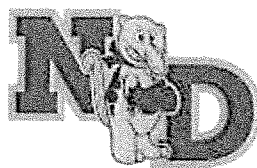
Activity/Club	Grade Level Participation	Other Information:
Basketball*	5, 6,	Winter Season
Cheerleading*	5, 6,	Winter Season
Cross Country*	5, 6,	Spring Season
Soccer*	Boys 6 Girls 5, 6	Fall Season
Swimming*	5, 6	Season begins at the end of January
Tennis*	5, 6	Boys fall, Girls spring
Track*	6	Spring Season
Volleyball*	5, 6	5th & 6th grade - spring season
Academic Bowl	6	Spring season; one Thursday & one Saturday competition; weekly practices; challenging material; teacher recommendations
Beta Club	5, 6	GPA \geq 3.5
FCA - Fellowship of Christian Athletes	5, 6	GPA \geq 2.0
Library Helpers	5, 6	Limited participation per grade level
Spell Bowl	6	Challenging club that requires independent studying as well as practices
Leadership Team	3, 4, 5, 6	Student leaders per grade level

Activities, Athletics, and Clubs

* Students are required to maintain a 2.0 GPA to participate in any athletic activities

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Northeast Dubois Intermediate School Athletics Individual Eligibility Rules (Grades 5/6)

Northeast Dubois Intermediate School has a balanced athletic program including cross-country, volleyball, basketball, swimming, tennis, track, and cheerleading. In order to participate in any sport, a student must follow the rules and regulations stated below.

1. All participants should be full-time within the school district.
2. Must be a regular bonafide student in good standing in the school you represent.
3. Must carry a 2.0 GPA. Conduct: not more than 1 U or 2N's. Students declared ineligible for participation in scheduled events will be allowed to practice. At the end of the second week of the next grading period, it is the athlete's responsibility to pick up a grade card from the office and get his/her current grades from all of his/her teachers. The athlete will again be eligible to participate if he/she presents to the athletic director passing grades in all subjects with a 2.0 GPA and acceptable conduct. If the athlete is declared ineligible a second time he/she will be dismissed from that sport for the remainder of that season. The athlete must repeat this process at the end of every 2 weeks for the remainder of the grading period proving his/her eligibility to participate.
4. Student progress will be checked at each mid-term and grading period. Rule (3) will govern eligibility.
5. If a student accumulates 3 demerits, he/she is suspended from participation in athletic events until he/she reduces his/her demerit count to two or fewer. Refer to (3) for eligibility.
6. The parent permission form must be on file in the office before the first practice.
7. Must, if absent 5 or more days due to illness or injury, present to your principal written verification from a licensed physician that you may participate again.
8. When students are participating in two different activities, one school sponsored and one not, **the student will give priority to the school activity.**
9. Foul language will not be tolerated.

This is only a summary of the rules. **The individual coaches will distribute a list of the rules and regulations, which must be followed for each sport.** If you have any questions concerning these rules, it is your responsibility to contact the principal before participating in any athletics sponsored by the school.

Jeep Motto: Each member of a Northeast Dubois Athletic Team will strive to be a team player, will have respect for each other, will work up to their ability to help the team in whatever role they play, and will be a good citizen.

I have read the Athletic Policy and voluntarily agree to be subject to its terms for the (four year) intermediate school enrollment.