

Courtney Hopf, Principal



Brooke Atkins, Secretary

Dubois Elementary School

5533 E. St. Raphael St. · Dubois, IN 47527 · Phone: 812-678-3011 · Fax: 812-678-2013

INFORMATION CARD Dubois Elementary School

*****One Per Family***Please complete for all students enrolled in elementary school.**

Student's Name _____ Birthdate _____

Grade _____ Gender (circle) M F
Last First Middle

Student's Name _____ Birthdate _____

Grade _____ Gender (circle) M F
Last First Middle

Student's Name _____ Birthdate _____

Grade _____ Gender (circle) M F
Last First Middle

Student's Name _____ Birthdate _____

Grade _____ Gender (circle) M F
Last First Middle

Home Phone _____ Address _____

City _____ State _____ Zip Code _____ Cell Phone _____

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 _____

Father or Legal Guardian _____ Occupation _____
Last First

Place of Employment _____ Phone _____

Cell Phone _____ E-mail Address _____

Mother or Legal Guardian _____ Occupation _____
Last First

Place of Employment _____ Phone _____

Cell Phone _____ E-mail Address _____

Name you would like child to learn to print: _____

Student Name(s) _____ Student Grade(s) _____

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 _____ ZipCode _____

E-mail _____

Stepmother's Name _____ Phone: Home/Cell _____ Work _____

Stepfather's Name _____ Phone: Home/Cell _____ Work _____

School Transportation: Each day this student will be picked up at _____ and ride bus # _____

to school. After school each day, this student will ride bus # _____ to _____

or be picked up at school by _____. If school should be dismissed early, this student should ride bus # _____ to _____.

EMERGENCY INFORMATION

In case of illness or emergency, who should be contacted:

1st Name _____ Phone _____ Cell _____

2nd Name _____ Phone _____ Cell _____

3rd Name _____ Phone _____ Cell _____

4th Name _____ Phone _____ Cell _____

MEDICAL INFORMATION

Student's medical problems, concerns, etc:

Allergies? _____

Asthma? _____

Medications: _____

Glass/Contacts? _____ Hearing Aid? _____

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



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Northeast Dubois Elementary School

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Dear Parents,

Please help us with some data collection needed for our files.

Has your child attended any preschool prior to kindergarten? Yes No

If yes, please list name of preschool and # of years attended.

Has your child received services through the Head Start program prior to Kindergarten? Yes No

If yes, please list location and approximate dates of enrollment.

Has your child attended any other readiness program before entering kindergarten? Yes No

If yes, please list name of program and approximate dates of enrollment.

Student Name _____ Parent Name _____

Thank you,

Courtney Hopf
Principal, Dubois Elementary School



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Home Language Survey (HLS)

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

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

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

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

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

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

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

For School Use Only:

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

Name: _____ Date: _____

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: <i>(Note: Both Part 1 and Part 2 of the question must be answered.)</i>	
Part 1: Ethnicity	<p>Is this individual Hispanic/Latino? <i>(Choose only one)</i></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? <i>(Choose one or more)</i></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>

NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

William G Hochgesang, Superintendent
Ryan Case, Transportation 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

Indiana State Department of Health's Children and Hoosiers Immunization Registry Program

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 of Parent or Guardian

Date

Printed Name of Parent or Guardian

Address

School

Grade level

Child's Name

Date of Birth

Northeast Dubois School Corporation
Student iPad Program Elementary Acknowledgement Form
2021-2022 School Year

Please Review and Initial Each Statement Below

Guidelines	Student Initial	Parent Initial
Student must agree to and abide by all school rules outlined in the Student Handbook and Acceptable Use Policy		
Students and parents agree that they will not sync the iPad with any computer		
Students and parents are responsible for the use of the student's iPad 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 and parents agree to not remove the management profile or do a factory reset on their iPad		
Students agree to not remove the sticker from the back of the iPad		
Students and parents know that all Internet usage is recorded using the lightspeed program through the schools Internet filtering system.		

Student's Printed Name

Student's Signature

Date

Parent/Guardian Signature

Date

NDCSC Building

Teacher



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)

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:

- | | |
|--|--|
| _____ Plant or harvest vegetables or fruits | _____ Canning vegetables or fruits |
| _____ Detassel corn | _____ Sod farm |
| _____ Tobacco farm | _____ Planting, pruning or cutting trees |
| _____ Poultry and/or egg farm | _____ Dairy farm |
| _____ Duck, turkey, chicken, pork or beef processing plant | _____ Flora culture/gladiola farm |
| _____ Aquaculture/fish hatcheries | _____ 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. _____	_____