

NORTHEAST DUBOIS ELEMENTARY SCHOOL



SCHOOL
INFORMATION

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.

2023-2024 RELIGIOUS EDUCATION RELEASE TIME

Northeast Dubois Elementary KINDERGARTEN
Release time classes are held at the St. Raphael Campus, Dubois

St. Isidore Catholic Parish - St. Raphael Campus, Dubois

Catholic release time students must complete a registration form to be released to classes beginning in August, 2023 till May, 2024. This form is not a registration for release time classes but a release for the school.

Please contact parish office 812-634-1875 to receive a registration form. Parishioners will be mailed a registration form in April 2023. If you are not a registered member of St. Isidore you will need to call the office for a form. **Registration forms and fees will be due on June 26.**

St. Isidore Registration fees: 1 student: \$30.00 2 students: \$55.00 3 or more students: \$80.00
If the parish registration form is not returned by August 10, students will not be released to religious education classes from school.

Kids of the Kingdom There is NO fee for the non-denominational program.

Fees paid by area non- denominational churches. Consent for release from school if completed.

This is the registration form for Kids of the Kingdom. Please check below Kids of the Kingdom.

(Check one please) Kids of the Kingdom, Inc. (Non-denominational)
(Wednesdays for Kindergarten)

St. Isidore Parish (Catholic)
(Wednesdays for Kindergarten)

None (remaining at school in classroom during release time)

Student Name _____ KINDERGARTEN Class 2023

Parents/ Guardian Name _____

Address _____

Birthdate _____ Gender: Male _____ Female _____

Home Phone _____ Cell Phone _____ email _____

Family attends _____ Member of St. Isidore Parish
Church denomination attending



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

04.01.09

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 a *two part question*. The respondent must answer both questions. Districts should implement the re-evaluation of students in 2009-2010 to be reported in July of 2010. District enrollment forms will need to implement the two part question for all fall 2010 enrollees. Districts should plan to train staff to assist enrollees in responding to the two part question. **Example:**

Race and Ethnicity: (Note: Both Part 1 and Part 2 of the question must be answered.)

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>

Courtney Hopf, Principal



Brooke Atkins, Secretary

Northeast Dubois Elementary School

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

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

NORTHEAST DUBOIS SCHOOL CORPORATION KINDERGARTEN MEDICAL REQUIREMENTS

Dear Parents,

The time has come for your child to enter Kindergarten. However, your child needs to fulfill certain requirements before he/she enrolls in Kindergarten. This letter contains information about the health requirements only. The health of your child has much to do with their progress in school.

Every school corporation recommends that each child have a physical and dental examination prior to entering school. The best place for your child to have this completed is in the office of the private physician or dentist where he/she has access to previous history regarding the health of your child.

The physical exam and dental forms are to be completed and **returned to school** by:

August 1, 2023

PLEASE MAKE SURE YOUR CHILD'S NAME IS ON EACH FORM.

The Physical Examination Record is to be completed by a medical doctor.

School Dental Examination is to be completed by the dentist.

SCHOOL ENTRY REQUIREMENTS FOR 2023 ARE THE FOLLOWING:

5 DOSES	DTaP (diphtheria-tetanus-acellular pertussis)
4 DOSES	IPV or OPV (polio)
3 DOSES	Hepatitis B
2 DOSES	MMR (measles/mumps/rubella)
2 DOSES	Varicella (or Physician documentation of disease history, including month and year.)
2 DOSES	Hepatitis A

In order for your child to attend Kindergarten, you must provide documented evidence from your physician or County Health Department that your child has been completely immunized including all dates of each immunization or disease history. This is a state regulation unless your child has a religious or medical exemption. If your child is religious or has a medical exemption, please contact me for paperwork regarding this.

We want your child to have a happy and healthy school experience. If you have any questions, please call me at (812) 678-2781 ext. 110.

Sincerely,

Michelle Young, R.N.
School Nurse

NORTHEAST DUBOIS SCHOOL CORPORATION

Dubois, Indiana

Physical Examination Record

(To be completed by your doctor)

Name: _____ Grade: _____ School: _____
Last First Middle

Address: _____ Phone: _____

Date of Birth: _____ Sex: _____ Family Physician: _____

Physical Examination:

Height: _____ Weight: _____

Blood Pressure: _____

Vision (Snellen): R: _____
L: _____

Glasses: Yes: _____ No: _____

Ears – Right: _____
Left: _____

Nose: _____

Teeth: _____

Throat: _____

Lymph Nodes: _____

Thyroid: _____

Heart: _____

Lungs: _____

Abdomen: _____

Hernia: _____

Orthopedic Impairments: _____

Posture: _____

Nutrition: _____

Skin: _____

Nervous System: _____

External Genitals: _____

General Condition: _____

Results (if tested) of Urinalysis: _____ Hemoglobin: _____

History of severe illnesses, injuries or surgeries: _____

Physician's recommendations: _____

Physician's Signature: _____ Date: _____

Record of Immunizations (MM/DD/YEAR)

DTaP: 1) _____
2) _____
3) _____
4) _____
5) _____

MMR (Measles/Mumps/Rubella):
1) _____ 2) _____

IPV:	Hepatitis B:
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____

Varicella:	Chickenpox Disease:
1) _____	_____
2) _____	(Month/Year)

Hib:	Hepatitis A:
1) _____	1) _____
2) _____	2) _____
3) _____	
4) _____	

Other:
1) _____ 2) _____

NORTHEAST DUBOIS SCHOOL CORPORATION

Dubois, Indiana

Dental Examination Record

(To be completed by your dentist)

Name: _____ Date: _____

Address: _____

School: _____

DENTAL EXAMINATION

Code: No defect – 0

Defect – Note Condition

I. Teeth:

Cavities: _____

Malocclusion: _____

Soft Tissue: _____

II. Present Status:

Restorations Completed: _____

Appointments Scheduled: _____

III. Recommendations: _____

Dentist's Signature: _____ Date: _____

NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

CHIRP PERMISSION

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.

By signing and returning the form, I as the school nurse will be allowed to verify that your child is enrolled and counted as a student at Northeast Dubois to the Indiana State Department of Health. It will also allow me to correct your child's immunization records that are already in place in the registry as well as completing any records that are missing. If your child has an exemption, this will allow me to place this information in his/her record.

The only identifiable information is your child's name and date of birth. No social security number is used.

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

Sincerely,

Michelle Young, R.N.
Corporation Nurse

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 Elementary School
Kindergarten Welcome Letter

Dear Parents and Guardians,

Welcome to the Northeast Dubois Elementary Kindergarten program. We are looking forward to working with you and your child in the upcoming 2023-24 school year.

The included health and dental forms should be completed and mailed to school by July 1, 2023. If this is not possible, please call the nurse's office at 678-3011 ext 110 and leave a message.

We will have two days designated as our Kindergarten Move-up Days later this spring. On these days, your child will have the opportunity to spend a half day with our current kindergarten students/teachers. This allows them to meet their teacher and visit their new classroom. We will send more information home as soon as we have it, and look forward to your child getting to see his or her teacher and classroom.

Registration will be on July 31, 2023, from 3:00 pm-7:00pm. Open house to meet teachers in classrooms will be available from 4:30-7:00pm. Registration only will take place on August 1, 2023 from 8:00am-3:00pm. No classroom visits will be available at this time. *The fall registration is a separate, mandatory piece for all parents/guardians, even if you have already filled out some paperwork for the Kindergarten registration. All registration this August will be completed online, which can also be done from home. Any questions regarding this are welcomed and can be directed to the elementary school office, 812-678-3011.

Thanks to our wonderful PTO, you will not need to purchase any school supplies; however, please send a backpack that is large enough to hold a 1-inch binder. Your child's teacher will be contacting you prior to school beginning to answer any questions you may have.

During the summer, please encourage your child to think positively about kindergarten, making new friends, learning new things, etc. Also, if you bring your child on the first day of school, leave him/her cheerfully at the door. We ask that parents do not enter the building beyond the front office. Apprehension about their new surroundings usually leaves quickly. We look forward to working with you and your child.

Sincerely,
The Kindergarten Staff
Mrs. Courtney Hopf, Principal

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

Dubois Elementary @neduboisde
Northeast Dubois Middle School @neduboisms
Northeast Dubois High School @neduboishs

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

Northeast Dubois County School Bus Drivers

#1A	Jason Braunecker	812-630-0444	812-678-5717
#2	Tony Danhafer	812- 630-1471	
#3	Tim Danhafer	812-678-4814	812-639-9462
#4	Ed Freyberger	812-309-3407	
#5	Brad Knies	812-639-2073	
#7	Sheila Bachman	812-634-9516	
#9	John Fuhrman	812-695-2005	812-639-0715
#11	Morris Kalb	812-309-3996	
#12	Tony Quinn	812-678-4910	812-631-1459
#13	Brian Terwiske	812-678-2641	
#14	Jeff Bieker	812-639-8358	
#15	Larry Mehringer	812-678-4811	
#16	Chris Reckelhoff	812-639-0098	
Dubois Co. Public Schools #1	Jennifer Braunecker	812-630-0513	
Dubois Co. Public Schools #9	Tony Smock	812-865-6507	
Preschool Route # J5	Scott Chatman	812-639-0246	