

To Best Provide for the Educational Services for Your Children, Merrillville Schools Requests the Following Documents

- Certified birth certificate (exceptions for foster children)
- DCS foster information if applicable
- Immunization records
- Proofs of residency (refer to next page)
- Parent/Guardian current license or state ID
- Any or all documents that effect your child's educational placement
(Example: IEP, 504 or Psychological Evaluation)
- Copy of last report card or transcript, withdrawal grades, and ISTEP scores
- Special Needs Transportation form (SNT) if applicable
- Any legal or custodial papers, if applicable

**MERRILLVILLE COMMUNITY SCHOOL CORPORATION
REQUIRED PROOF OF RESIDENCY**

Every parent/guardian enrolling a student in the Merrillville Community School Corporation **must provide a current driver's license or state picture identification card** for the school to photo copy. The copy is to be placed in the student's file.

HOMEOWNERS

Two (2) of the following items are required:

- Utility bill (either NIPSCO, water or sewer)
- Deed, Contract or Mortgage Statement
- Lake County Tax Bill

PENDING HOMEOWNERS

Pending defined as 30 days prior to occupancy

- Letter on realtor letterhead, of pending purchase and projected date of move-in. Must include the name and address of purchasing family.
- Letter on contractor letterhead, validating pending construction of home and projected move-in date. Must include the name and address of purchasing family.
- Offer to Purchase/Purchase Agreement/Contract

Renters/Leases

One (1) of the following items is required:

- Lease Agreement – Must include parent/guardian name on the agreement; must include school age students on the agreement as tenants. Name and phone number of manager/landlord. Must include beginning and ending date of agreement.
- Rent Agreement – Must include parent/guardian name on the agreement; must include school age student on the agreement as tenants. Name and phone number of the manager/landlord. Must include beginning and ending date of agreement.

In addition, one (1) of the following items is required

- Utility Bill (either NIPSCO, water, or sewer)
- Vehicle Registration
- TRANF (Temporary Assistance for Needy Families) letter from the State of Indiana

The school maintains the right to contact the landlord to confirm residency.

ADDENDUM (living in the home of another family or individual)

- Ross Township resident/owner completes addendum form in person in presence of school resource officer (SRO)
- Ross Township resident provides proof of residency (refer to proof of residency for homeowners, renters/leasers listed above)
- A Photocopy of the resident's driver's license is to be taken and placed in the student's file along with the parent/guardian's driver license

Merrillville Community School Corporation

6701 Delaware St., Merrillville, IN 46410

(219) 650-5300 FAX (219) 650-5320

PLEASE PRINT

ENROLLMENT INFORMATION

Enrollment Date ____/____/____

Student's Full Legal Name: _____
Last First Middle

Current Address: _____
Street Apt# City State Zip

Previous Address: _____
(If less than 2 years) Street Apt# City State Zip

Home Phone (____) _____ - _____ Sex: Male Female

Date of Birth: ____/____/____ Place of Birth: _____
City State Zip

Has the student attended school in the U.S. for a total of three (3) full academic years (three years includes kindergarten, not preschool)? Yes No If "No", first date of entry into a U.S. school: ____/____/____

Student Ethnicity/Race 1. American Indian or Alaska Native 2. Black or African American 3. Asian
(Check all that apply) 4. Hispanic 5. White 6. Native Hawaiian or other Pacific Islander

Other students in the household attending Merrillville schools:

<u>Last</u>	<u>First</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY INFORMATION

In case your child becomes ill, or there is an emergency, and you cannot be contacted, please provide two (2) emergency numbers of persons who have permission to pick up your child (ex., grandparent, neighbor, daycare provider).

Contact #1: _____ Phone (____) _____ Relationship _____
Last First

Contact #2: _____ Phone (____) _____ Relationship _____
Last First

If I cannot be contacted and my child needs emergency medical attention, I authorize the school to take the necessary action including, but not limited to, the transfer of my child to the hospital.

Signature of Parent/Guardian _____ Date _____

EDUCATIONAL INFORMATION

School Last Attended _____ Grade Last Attended/Completed _____

School Address _____

Street Apt# City State Zip

Has the student previously attended a Merrillville School? Yes No

Is your child transferring from a private school? Yes No

Is your child transferring from a hospital/placement? Yes No

Are you homeless? Yes No

Is your child a foster child? Yes No

Has current Special Education IEP? Yes No

Has the student received Speech Services? Yes No

Has active Sec. 504 accommodations? Yes No

Please state any medical problems or unusual concerns regarding the student of which the school should be made aware of.

Is the student presently suspended, expelled, excluded, or in the process of being expelled from any other educational institution?

Yes No If yes, please indicate the name of the institution. _____

BUSING INFORMATION:

Does your child need bus transportation? Yes No

EMERGENCY SCHOOL CLOSING INFORMATION

Although infrequent, it is possible for schools to experience certain emergencies that will make it necessary for schools to close early (bad weather, power failure, loss of water, etc.). In such cases, please choose from the following options.

Please check one of the following:

_____ Go home on regular bus

_____ Car pickup

Signature of Parent/Guardian _____ Date _____

Board Approved 5/15/18

CUSTODIAL PARENT(S) / GUARDIAN(S) INFORMATION

Family #1

Par/Gdn #1 – Name: _____ Relationship to student _____

Work Phone: (____) _____ - _____ Par/Gdn #1 Cell Phone: (____) _____ - _____

Active e-mail address: _____

Par/Gdn #2 – Name: _____ Relationship to student _____

Work Phone: (____) _____ - _____ Par/Gdn #2 Cell Phone: (____) _____ - _____

Active e-mail address: _____

Marital Status: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

NON-CUSTODIAL PARENT(S) / GUARDIAN(S) INFORMATION

Family #2

Par/Gdn #1 – Name: _____ Relationship to student _____

Address _____

Work Phone: (____) _____ - _____ Par/Gdn #1 Cell Phone: (____) _____ - _____

Active e-mail address: _____

Par/Gdn #2 – Name: _____ Relationship to student _____

Work Phone: (____) _____ - _____ Par/Gdn #2 Cell Phone: (____) _____ - _____

Active e-mail address: _____

Marital Status: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

The Indiana Code 20-8.1-5.1-23 states: If the student’s parent fails to inform the school of the expulsion, separation or withdrawal to avoid expulsion or separation, the school may deny the student enrollment during the period of the actual or proposed expulsion or separation.

I attest that the information provided on this form is true.

Signature of Parent/Guardian Relationship to Student Date

Board Approved 5/15/18



Merrillville Community School Corporation

Clifford Pierce Middle School

199 East 70th Place Merrillville, IN 46410

RECORDS REQUEST FORM

School: _____

Attn: _____

Date: _____

Fax: _____

Re: _____

Date of Birth: ____/____/____

Enrollment Date: ____/____/____

From: Laura Nelson – Guidance Secretary

Signature: _____

Ph: 219-650-5308 Fax: 219-650-5483

Please e-mail records to: lnelson@mvsc.k12.in.us (all emails must be encrypted due to FERPA Laws)

I, _____, hereby consent to the release of records
(Parent Name)

For: _____
(Student Name)

From: Previous School Name _____
City, State _____

We are enrolling at Clifford Pierce Middle School

Our new address is _____

Please forward any school pictures, etc. that may have been left behind.

Parent Signature: _____

We are requesting the following records for this student:

- | | |
|--|--|
| <input type="checkbox"/> Grades at time of withdrawal | <input type="checkbox"/> Special Education Evaluation |
| <input type="checkbox"/> Transcript of grades | <input type="checkbox"/> Psychological Report |
| <input type="checkbox"/> Standardized test scores | <input type="checkbox"/> Eligibility Determination Docs |
| <input type="checkbox"/> Health and Immunization Records | <input type="checkbox"/> Individualized Education Plan IEP |
| <input type="checkbox"/> Disciplinary Records | <input type="checkbox"/> Language Proficiency Testing |
| <input type="checkbox"/> Attendance Records | |
| <input type="checkbox"/> Withdrawal Forms | |

Comments: _____

Note: It is not necessary for parents to sign a release when records are being passed from school to school. See Federal Register, June 17, 1976, Part II H.E.W. Privacy Riights to Parents and Students, Vol. 41, No. 118-24673.



Merrillville Community School Corporation

Clifford Pierce Middle School

199 East 70th Place Merrillville, IN 46410

Prior School Attendance

Please list all schools the student has attended

Name of School: _____

City, State: _____ Dates/Grades Attended: _____

Name of School: _____

City, State: _____ Dates/Grades Attended: _____

Name of School: _____

City, State: _____ Dates/Grades Attended: _____

Name of School: _____

City, State: _____ Dates/Grades Attended: _____

Name of School: _____

City, State: _____ Dates/Grades Attended: _____

Name of School: _____

City, State: _____ Dates/Grades Attended: _____

Name of School: _____

City, State: _____ Dates/Grades Attended: _____

Name of School: _____

City, State: _____ Dates/Grades Attended: _____

HEALTH SERVICES INFORMATION SHEET
MERRILLVILLE COMMUNITY SCHOOL CORPORATION

Date: _____

To Parent or Guardian, in order to provide the safest educational experience, school personnel must understand your child's health needs. Please complete this form and sign so that we can provide the best possible care for your student while attending school.

Student's Name _____ Birthdate _____ Grade _____ Sex: M F
 Address _____ City _____ Home Phone _____
 Parent/ Guardian name _____ Previous School _____
 Physician's Name _____ Physician's Phone Number _____

ALLERGIES

Does your child have any significant allergies? (Include known food allergies) Yes No

If yes, list allergy(s) and symptom(s) of allergic reaction: How is the allergy treated?

Does your child have EPI PEN, EPI JR or Auvi-Q prescribed to treat the allergy? Yes No

(If yes, please contact your school nurse for school forms before the first day of school to prepare an emergency action plan for school.)

MEDICAL HISTORY

Does your child have any of the following conditions? (Check all that apply, explain in the box below) None
 Conditions in **bold** need school forms filled out by a doctor. Contact the school nurse for forms and a confidential conference.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Food Intolerance (not allergy)	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> History of Cancer	<input type="checkbox"/> Vision problems	<input type="checkbox"/> Other
<input type="checkbox"/> Autism	<input type="checkbox"/> Insect Allergies	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Kidney/Bladder Problems	<input type="checkbox"/> Glasses/Contacts	
<input type="checkbox"/> ADHD	<input type="checkbox"/> Medication Allergies	<input type="checkbox"/> Fainting	<input type="checkbox"/> Orthopedic Problems	<input type="checkbox"/> Hearing problems	
<input type="checkbox"/> ADD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Blood Disorders/Sickle Cell	<input type="checkbox"/> Gastro-intestinal Problems	<input type="checkbox"/> Hearing Aids	
<input type="checkbox"/> Mental Disorders	<input type="checkbox"/> Heart Problems/Irregularities	<input type="checkbox"/> Seizures	<input type="checkbox"/> Skin disorders	<input type="checkbox"/> Hearing Tubes	

DESCRIBE ANY CONDITION CHECKED ABOVE. INCLUDE DATE OF DIAGNOSIS:

List any recent hospitalization or treatments and explain (please include dates): _____

MEDICAL PROCEDURES OR TREATMENTS REQUEST

Does your child have any special medical procedures or emergency treatments needed during school hours? Yes* No

*All medical procedures or treatments required at school must have a doctor medical order on file with the school nurse before any nursing procedures/treatments can be performed. Orders are good for 1 school year; please contact your school nurse for assistance.

ACTIVITY RESTRICTIONS

Does your child have any restrictions for physical activities? Yes No

If yes, a written note from your physician for the current school year, stating the restrictions is required and needs to be updated yearly.

DAILY MEDICATIONS

Does your child require medication to be given at school? Yes No

If yes, contact your school nurse for "Medication/Permission Request Form" All prescriptions and over the counter medication to be given at school requires a medical order from your child's physician for school Only parents/guardians are allowed to bring medication to school. Do not send medicine with your student. See your student handbook for rules/regulations regarding medication at school.

Does your child take daily medications at home? Yes No

(If yes, please list the current at home medications)

Name of Medication	Dose	Time Given	Reason Given

This information is current and correct; I understand that it is my responsibility as the parent/guardian to notify the school of new or existing health concerns or any changes in contact information. I understand that this health history form must be updated every school year. Any students who have listed medical considerations on the Health Services Form will be noted by the building nurse. For health safety, this information may be shared with any of the following Merrillville Community School Corporation staff members: building principal, nurse, teachers/ specials, coaches, bus drivers, food services personnel, or any staff associated with the student. If you wish this information not to be shared with any of the above Merrillville Community School Corporation staff, please notify the building nurse in writing within 5 business days of signing the health services form.

Parent/Guardian Signature _____ Date _____

IMMUNIZATIONS Indiana Law IC 20-8.1-7-10.1

*For entrance into the Merrillville Community School Corporation, students must have a complete immunization record, medical exemption, religious objection, or immunization schedule by a physician or local health officer to enroll in school. A copy of updated vaccine records must be submitted to the school nurse prior to the first day in order to attend school. Objections and exemptions must be resubmitted every school year. A 20 day waiver may be granted in some circumstances. Contact your physician or the school nurse if you have any questions. * See the district website www.mvsc.k12.in.us/ "Parents", "Health Services", "Immunizations" for required vaccines by grade level. The parent/guardian must assume responsibility for obtaining the records. A waiver may be granted in certain circumstances and additional documentation will be required (Please see the school Nurse). Students will be excluded from school if proper documentation is not received. Please indicate that you understand the above procedure by signing below:*

Parent/Guardian Signature _____ Date _____

CHIRP CONSENT TO RELEASE INFORMATION

I give Merrillville Community School Corporation permission to release the following information concerning the student being registered to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP). This includes information such as name, immunization data and other information such as date of birth or other identifying information as applicable. I understand that the information 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 will be available to the immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school that is attended by the individual, a child care center, and the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning. 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.

Parent/Guardian Signature _____ Date _____

NEW ETHNICITY AND RACE IDENTIFICATION FORM

as required by
United States Department of Education and Indiana Department of Education

Student Name: _____

Grade: _____

School: _____

Parent/Guardian Name: _____

I have reported Ethnicity and Race for my child/children below.

Race and Ethnicity (Note: Both Part 1 and Part 2 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? (<u>Must</u> 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>

Nueva Forma de Identificación de Etnicidad Y Raza

Requisito del Departamento de Educación de los Estado Unidos y del Departamento de Educación del Estado de Indiana

Nombre de estudiante: _____

Grado Escolar: _____

Escuela: _____

Nombre de padre o guardián: _____

Raza y Etnicidad (Nota: debe contestar las preguntas de Parte 1 y Parte 2.)

Parte 1: Etnicidad	¿El individual es hispano/latino? (Elija solo una.)
	<input type="checkbox"/> No es hispano/latino. <input type="checkbox"/> Si es hispano/latino (de origen cubano, puertorriqueño, mexicano, sud o centroamericano, de de alguna otra cultura española, sin tener en cuenta su raza)
Parte 2: Raza	¿De que raza es el individual? (Debe elegir una o más.)
	<input type="checkbox"/> Indio americano o nativo de Alaska: Persona de origen de la gente original de Norte América y quien mantiene su identificación cultural vía asociación tribal o reconocimiento comunitario. <input type="checkbox"/> Asiático: Persona de origen de la gente original del Lejano Oriente, el sureste de Asia, o el subcontinente de India, por ejemplo Camboya, China, India, Japón, Corea, Malasia, Pakistán, las islas Filipinas, Tailandia, y Vietnam. <input type="checkbox"/> Negro o americano Africano: Persona de origen de cualquiera de los grupos raciales negros de África. <input type="checkbox"/> Nativo de Hawai o de las islas del Pacífico: Persona de origen de la gente original de Hawai, Guam, Samoa, u otra isla Pacifica. <input type="checkbox"/> Blanco: Persona de origen de la gent original de Europa, el Medio Oriente, o África del Norte.

Preguntas: Por favor llame 317-232-0808 (Indiana Department of Education) or 202-401-0113 (United States Department 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, and remains in the student's cumulative file.

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

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

1. What is the native language of the **student**? _____

2. What language(s) is spoken most often by the **student**? _____

3. What language(s) is spoken by the **student** in the home? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

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

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

For School Use Only:

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

Name: _____ Date: _____



Home Language Survey (HLS) Spanish Version

Encuesta del Idioma en el Hogar

El Decreto de los Derechos Civiles de 1964, Título VI, Cumplimiento de Normas para Minorías en Lenguaje, requiere a los distritos escolares y escuelas semi-autónomas que determinen el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer instrucción útil a todos los estudiantes de acuerdo con Plyler v. Doe, 457 U.S. 202 (1982).

El propósito de esta encuesta es determinar el idioma principal de su hijo/a en el hogar. Esta encuesta (HLS) tiene que darse a todos los estudiantes en el distrito escolar / escuela semi-autónoma. Esta encuesta (HLS) es administrada una vez, durante la matrícula inicial, y permanece en el archivo acumulativo del estudiante.

Por favor tenga en cuenta que las respuestas a la encuesta corresponden solamente a su hijo/a. Si en alguna de las tres preguntas escritas abajo, usted identifica un idioma diferente al inglés, la escuela administrará la Prueba del Desarrollo del Inglés (LAS Links) para determinar si su hijo/a calificará para el programa de desarrollo del idioma inglés.

Por favor responda las siguientes preguntas acerca del idioma(s) hablado por su estudiante:

1. ¿Cuál es el idioma o el dialecto nativo de su **hijo/hija**? _____
2. ¿Cuál es el idioma(s) más hablado por su **hijo/hija**? _____
3. ¿Cuál idioma(s) habla su **hijo/hija** en casa? _____

Nombre del Estudiante: _____ **Grado:** _____

Nombre del Padre, Madre o Guardián: _____

Firma del Padre, Madre o Guardián: _____ **Fecha:** _____

Al firmar aquí, usted certifica que las respuestas a las tres preguntas mencionadas arriba corresponden a su hijo/a. Usted entiende que si se ha identificado un idioma diferente al inglés, su hijo/a tendrá un examen para determinar si él o ella califica para el programa de desarrollo del idioma inglés, para ayudarlo/a a que sea fluente en inglés. Si entra en el programa de desarrollo del idioma inglés, su hijo/a, tendrá derecho a servicios que lo ayudarán a aprender el idioma inglés y tendrá un examen cada año para determinar su nivel de inglés.

For School Use Only / Para Uso de la Escuela Únicamente:

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: _____

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. _____	_____


El Programa de Educación Migrante (MEP) provee servicios educativos suplementarios a niños que califican a través de fondos nacionales. El propósito del MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen el GED/HSE).

ENCUESTA DE TRABAJO

Gracias por contestar las siguientes preguntas. Si su hijo/a es elegible para el Programa de Educación Migrante, podría recibir apoyo educativo adicional. La información es **completamente confidencial**.

Nombre del Estudiante: _____ Nombres de los Padres: _____
 Dirección: _____ Ciudad: _____ Teléfono: (____) _____
 Fecha: _____ Firma de los Padres: _____

1. ¿Durante los **últimos 3 años**, se ha mudado su(s) hijo(s) por cualquier razón? **SÍ** _____ **NO** _____
2. ¿Se ha mudado alguien de su familia dentro de los Estados Unidos para buscar trabajo temporal o de temporada en algo relacionado con la agricultura? **SÍ** _____ **NO** _____

Si contestó **NO** a cualquiera de las dos preguntas, favor de parar aquí. 

Si contestó **SÍ**, favor de continuar.

3. ¿Cuándo fue la última vez que usted o un miembro de su familia se mudó para trabajar en la agricultura? Mes _____ Año _____

4. Por favor marque en la parte abajo la actividad agrícola en que usted buscó trabajo o trabajó.

- | | |
|---|--|
| <input type="checkbox"/> Matadero de patos, pavos, pollos, cerdos o vacas | <input type="checkbox"/> Enlatar o congelar verduras o frutas en la bodega |
| <input type="checkbox"/> La espiga (maíz) | <input type="checkbox"/> Trabajar en la siembra o cosecha de césped |
| <input type="checkbox"/> Cultivar tabaco | <input type="checkbox"/> Plantar, emparejar o cortar árboles |
| <input type="checkbox"/> Pollería o granja de huevos | <input type="checkbox"/> Granja de vacas lecheras |
| <input type="checkbox"/> Plantar o cosechar verduras o frutas | <input type="checkbox"/> Cultivar y cosechar flores |
| <input type="checkbox"/> Trabajar en un criadero de peces | <input type="checkbox"/> Trabajar en la cría de plantas |

Por favor escribe los nombres de todos los niños, menores de 22 años de edad, que viven con Usted.

Nombre del niño(a)	Fecha de nacimiento
1.	
2.	
3.	
4.	
5.	

Merrillville Community School Corporation

2021 - 2022 School Calendar

August, 2021

2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

C 12, S 10

September, 2021

6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

C 21, S 21

October, 2021

4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

C 19, S 19

November, 2021

1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

C 19, S K-6=17, 7-12=18

December, 2021

6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

C 13, S 13

January, 2022

3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

C 20, S 20

Trimester 1 = 60
Trimester 2 = 63
Trimester 3 = 57

August

16 Organization Day/Conference on Instruction
Students do not attend Aug 16 or 17
17 No Students / Teacher Work Day Only
18 Student 1st Day of School

September

6 No School / Labor Day
9 Gr 9-12 Parent/Teacher Conf 3:30-6:30pm
24 1st Grading Period Ends (27 days)
30 Gr 7-8 Parent/Teacher Conf 3:30-6:30pm

October

22-25 No School / Fall Break

November

2 Election Day / E-Learning Day
12 2nd Grading Period/Trimester 1 Ends (33 days)
15 No Students / Teacher Work Day Only
18 K-6 Parent/Teacher Conf 12:30-7:30pm
18 K-6 students DO NOT attend school
24-26 No School / Thanksgiving Holiday

December

9 Gr 9-12 Parent/Teacher Conf 3:30 - 6:30pm
20-31 No School / Winter Holiday Dec 20-31

January

3 Return from Winter Holiday
14 3rd Grading Period Ends (31 days)
17 No School / Martin Luther King Day
27 Gr 7-8 Parent/Teacher Conf 3:30 - 6:30pm

February

18-21 No School / President's Day

March

4 4th Grading Period/Trimester 2 Ends (32 days)
7 Gr K-6 Regular School Day
7 Gr 7-12 No Students/Gr 7-12 Teacher Work Day
24 Gr 9-12 Parent/Teacher Conf 3:30 - 6:30pm
28-Apr 1 No School / Spring Break Mar 28 thru Apr 1

April

15 No School / Good Friday
22 5th Grading Period Ends (28 days)
28 Gr 7-8 Parent/Teacher Conf 3:30 - 6:30pm

May

3 Election Day / E-Learning Day
30 No School / Memorial Day

June

3 6th Grading Period/Trimester 3 Ends (29 days)
3 Students Last Day of School
unless make-up days are needed
3 MHS Commencement/Graduation
3 Teacher Last Day
unless make-up days are needed

K-12 report cards available on-line

End of school year after June 3 may be used as make-up days if needed

School is dismissed early on Thursdays for Professional Development unless notified otherwise

Merrillville High School (Grades 9-12) will be released at 2:15pm
Pierce Middle School (Grades 7-8) will be released at 2:20pm
MIS & Elementary (Grades Kdg - 6) will be released at 1:15pm

School Board Approved 04/7/2020; Updated 5/21/2020; Updated 2/2/2021 corrected

February, 2022

7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28				

C 18, S 18

March, 2022

7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

C 19, S K-6=19, 7-12=18

April, 2022

4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

C 19, S 19

May, 2022







2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

C 21, S 21

June, 2022

6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

C 3, S 3

-  = First Day of School for Students
 -  = No School for Students and teachers
 -  = End of Grading Period
 -  = Parent / Teacher Conferences
 -  = Teacher Contract Day / No Students
 -  = at home e-learning
- C 184, K-6 180, 7-12 180