

New Enrollment Checklist

The following is a list of items that are needed prior to your son/daughter attending school at Monrovia High School:

1. New Enrollment Data Sheet
2. Emergency Medical Authorization Permit
3. Home Language Survey
4. Racial and Ethnic Data
5. Extracurricular Activities & Student Driver Consent Form
6. Monroe-Gregg Transportation Change Request
7. Indiana State Dept. CHIRP form
8. Residency Verification - something showing your current address (i.e. utility bill, lease or mortgage statement)
9. Verification of custody or guardianship
10. Birth Certificate
11. Shot Records
12. Military Children in Education Form
13. McKinney-Vento Residency Form
14. Food Service Department

For the protection of all our students, the above mentioned items need to be turned in prior to your son/daughter attending school.

Thank you.

The Guidance Department

MONROE-GREGG SCHOOL DISTRICT ENROLLMENT FORM
135 S. Chestnut St, Monrovia, IN 46157 (317)996-3720

For Office Use Only
Enrollment Date _____
Grade _____

Student's Full Legal Name

LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ PRIMARY PHONE (_____) _____
Primary Phone is used for Emergency Alert Messages

CITY _____ STATE _____ ZIP CODE _____ COUNTRY/STATE OF BIRTH _____

DATE OF BIRTH _____ SSN _____ SEX MALE / FEMALE _____ GRADE _____

Academic Information and History

Name and address of current/previous school _____

Has student attended Monrovia Schools before? YES / NO If yes, date and grade of withdrawal _____

Has student ever been retained? YES / NO If yes, specify grade level and year _____

Is student involved in any special programming (check any that apply) Academic Honors Core 40 21st Century Scholar

Free/Reduced Meals/Textbooks Special Education Services High Ability 504 Plan

Race & Ethnicity (Both part 1 and part 2 must be answered)

Part 1: Ethnicity Is the student Hispanic/Latino? YES / NO

Part 2: Race What is the student's race? (check all that apply)

American Indian/Alaska Native Asian White Black/African American Native Hawaiian/Other Pacific Islander

Guardian Information

FAMILY #1 - With whom student lives

Legal Custody _____
 May Pickup Guardian Name _____ Relationship _____ Employer Name and Address _____

Cell Phone _____ Work Phone _____ Other Phone _____

Email Address _____

Legal Custody _____
 May Pickup Guardian Name _____ Relationship _____ Employer Name and Address _____

Cell Phone _____ Work Phone _____ Other Phone _____

Email Address _____

FAMILY #2 - Other guardian with whom student does **NOT** live

Legal Custody _____
 May Pickup Guardian Name _____ Relationship _____ Employer Name and Address _____

Cell Phone _____ Work Phone _____ Other Phone _____

Email Address _____

Legal Custody _____
 May Pickup Guardian Name _____ Relationship _____ Employer Name and Address _____

Cell Phone _____ Work Phone _____ Other Phone _____

Email Address _____

Emergency Information

Persons who may be contacted when you cannot be reached - These individuals **CANNOT** call in for a student

| Contact(s) Name | Relationship | Home Phone | Work Phone | Cell Phone |
|-----------------|--------------|------------|------------|------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Signature _____

Relationship to Student _____

Date _____

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention. If necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized _____ Date _____
(Parent/Guardian)

Child's Name _____
(Last) (First) (Middle)

School _____ Grade _____ Teacher _____

Birth date _____ Sex _____ Telephone _____

Parent or Guardian Names _____

Home Address _____

Mother's Employment _____ Telephone _____

Father's Employment _____ Telephone _____

Doctor Preferred _____ Telephone _____

Doctor's Address _____

Dentist Preferred _____ Telephone _____

Dentist Address _____

Insurance Company _____

Important Medical Information

Allergies _____

Current Medications or Treatments _____

Previous Operations or Hospital Confinements _____

Other: _____



Dr. Jennifer McCormick
Superintendent of Public Instruction

DEPARTMENT OF EDUCATION

Working Together for Student Success

Home Language Survey (HLS)

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

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

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT or 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: _____

Racial and Ethnic Data

The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories.

The federal government has developed these new categories in order to provide a more accurate picture of the nation's ethnic and racial diversity. This will enable individuals to be identified in ethnic and racial classifications and in more than one racial category.

In the past, forms allowed individuals to be identified in only one racial category. Currently, Monroe-Gregg School District asks families to provide information on students' race and ethnicity at the time of enrollment. Beginning in fall of 2010, we will ask the families of newly enrolled students AND of all current students to complete a brief form to update information on their children's ethnicity and race.

The data with the new ethnicity and race categories will be used in the same manner that such information is currently used. For example, the federal government uses racial and ethnic data in reporting and analyzing test results, such as ISTEP+ and the End of Course Assessments. The new categories will replace all existing categories for use in state and federal data collections that include data on ethnicity or race.

Student Last Name: _____ First Name: _____

Birthdate: _____ School: _____

Parent/Guardian Signature: _____ Date: _____

| | |
|---|---|
| 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> |

MONROE - GREGG SCHOOL DISTRICT

EXTRACURRICULAR ACTIVITIES & STUDENT DRIVER CONSENT FORM

I have received, read and understand a the "Monroe – Gregg School District Extracurricular Activities & Student Driver Drug Testing Program." I wish to participate in this program, and in the extracurricular programs of Monroe – Gregg School District, and hereby, voluntarily agree to be subject to its terms for my entire school career (grades 7 –12). I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: _____, 20_____

Grade: _____

Student Name PRINTED

Parent/Guardian PRINTED

Student Signature

Parent/Guardian Signature

1. First offense = 25% participation ban of the regular season contests/remaining school days AND Certificate of Completion from an approved Drug/Alcohol Education Course
2. Second offense = 50% participation ban of the regular season contests/remaining school days
3. Third offense = 365 day participation ban
4. Fourth offense = Career participation ban

The student and guardian must complete and sign a Withdrawal of Consent Form in order for a student to be removed from the testing pool. Removal from the program eliminates participation for a full calendar year.

Student Driver: ____ YES ____ NO

Athletic Teams: _____ Fall _____ Winter _____ Spring

Extracurricular Activities: (List name on lines below)

Band (name) _____

Choir (name) _____

**ALL STUDENTS MUST HAVE A NEW
COMPLETED TRANSPORTATION FORM ON
FILE.**

**HIGH SCHOOL STUDENTS THAT WILL BE
DRIVING TO SCHOOL ARE TO COMPLETE THE
TOP PART OF THE FORM & WRITE “STUDENT
DRIVER” NEXT TO THEIR NAME.**

THANK YOU,

**MINETTE ELLIOTT
TRANSPORTATION DIRECTOR**

MONROE-GREEG TRANSPORTATION CHANGE REQUEST

(ALL INFORMATION MUST BE COMPLETED FOR CHANGES TO TAKE PLACE)

Parent/Guardian Name _____

Today's Date _____

Home address _____

Contact Phone# _____

Student Name _____

School _____

Grade _____

Student Name _____

School _____

Grade _____

Student Name _____

School _____

Grade _____

Effective Date: _____

Before School (Check one per day)

| | | | | | |
|-----------|------------------------------------|--|---|--|---|
| Monday | <input type="checkbox"/> Car Rider | <input type="checkbox"/> MES Puzzle Pieces | <input type="checkbox"/> Hall Puzzle Pieces | <input type="checkbox"/> Bus from Home | <input type="checkbox"/> Bus from Alternate Address |
| Tuesday | <input type="checkbox"/> Car Rider | <input type="checkbox"/> MES Puzzle Pieces | <input type="checkbox"/> Hall Puzzle Pieces | <input type="checkbox"/> Bus from Home | <input type="checkbox"/> Bus from Alternate Address |
| Wednesday | <input type="checkbox"/> Car Rider | <input type="checkbox"/> MES Puzzle Pieces | <input type="checkbox"/> Hall Puzzle Pieces | <input type="checkbox"/> Bus from Home | <input type="checkbox"/> Bus from Alternate Address |
| Thursday | <input type="checkbox"/> Car Rider | <input type="checkbox"/> MES Puzzle Pieces | <input type="checkbox"/> Hall Puzzle Pieces | <input type="checkbox"/> Bus from Home | <input type="checkbox"/> Bus from Alternate Address |
| Friday | <input type="checkbox"/> Car Rider | <input type="checkbox"/> MES Puzzle Pieces | <input type="checkbox"/> Hall Puzzle Pieces | <input type="checkbox"/> Bus from Home | <input type="checkbox"/> Bus from Alternate Address |

*Please fill in Alternate Address if applicable

After School (Check one per day)

| | | | | | |
|-----------|------------------------------------|--|---|--------------------------------------|---|
| Monday | <input type="checkbox"/> Car Rider | <input type="checkbox"/> MES Puzzle Pieces | <input type="checkbox"/> Hall Puzzle Pieces | <input type="checkbox"/> Bus to Home | <input type="checkbox"/> Bus to Alternate Address |
| Tuesday | <input type="checkbox"/> Car Rider | <input type="checkbox"/> MES Puzzle Pieces | <input type="checkbox"/> Hall Puzzle Pieces | <input type="checkbox"/> Bus to Home | <input type="checkbox"/> Bus to Alternate Address |
| Wednesday | <input type="checkbox"/> Car Rider | <input type="checkbox"/> MES Puzzle Pieces | <input type="checkbox"/> Hall Puzzle Pieces | <input type="checkbox"/> Bus to Home | <input type="checkbox"/> Bus to Alternate Address |
| Thursday | <input type="checkbox"/> Car Rider | <input type="checkbox"/> MES Puzzle Pieces | <input type="checkbox"/> Hall Puzzle Pieces | <input type="checkbox"/> Bus to Home | <input type="checkbox"/> Bus to Alternate Address |
| Friday | <input type="checkbox"/> Car Rider | <input type="checkbox"/> MES Puzzle Pieces | <input type="checkbox"/> Hall Puzzle Pieces | <input type="checkbox"/> Bus to Home | <input type="checkbox"/> Bus to Alternate Address |

*Please fill in Alternate Address if applicable

YOUR CHILD'S BUS ROUTES ARE ASSIGNED BY THE ADDRESS INFORMATION WE RECEIVE. PLEASE MAKE SURE YOUR CHILD'S PERSONAL INFORMATION IS CORRECT AT ALL TIMES.

Monroe Gregg School Corporation

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

[LIST ALL INFORMATION THAT WILL BE RELEASED, INCLUDING NAME, IMMUNIZATION DATA AND OTHER INFORMATION SUCH AS 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 the release of such information.

Signature

Date

Printed Name of Parent or Guardian

Address

() _____
Telephone Number

Child's Name

Grade Level

School

MONROE-GREGG SCHOOLS

Personal Health History

Student Name: _____ Grade: _____

Date of Birth: _____ Home Phone: _____

Complete the following checklist by indicating any of the following conditions, past or present.

Include additional details on back if necessary.

| | YES | NO | DATE | | YES | NO | DATE |
|---|-----|----|------|---|-----|----|------|
| Allergies: <input type="checkbox"/> Seasonal <input type="checkbox"/> Animals <input type="checkbox"/> Bee/Insect Sting <input type="checkbox"/> Food: _____ <input type="checkbox"/> Medication: _____ <input type="checkbox"/> Other: _____ Please note which applies: <input type="checkbox"/> Local reaction <input type="checkbox"/> Reaction requiring hospital <input type="checkbox"/> Requires an Epi Pen | | | | Head Injury: <input type="checkbox"/> Recent <input type="checkbox"/> Concussion <input type="checkbox"/> Other Explain: | | | |
| ADD/ADHD: <input type="checkbox"/> Medication at home <input type="checkbox"/> Medication at school | | | | Headaches/Migraines: | | | |
| Anemia: Type: | | | | Hearing: <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Wearing Hearing aids | | | |
| Arthritis: <input type="checkbox"/> Rheumatoid <input type="checkbox"/> Other | | | | Heart Condition: <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Murmur <input type="checkbox"/> Other | | | |
| Asthma: <input type="checkbox"/> Emergency inhaler required | | | | Lead Poisoning: | | | |
| Back/Neck Injury or Condition: | | | | Lung Disease/TB: | | | |
| Bladder/Kidney Condition: | | | | Nutrition/Eating Disorder: (overweight/underweight) | | | |
| Blood/Clotting Disorder <input type="checkbox"/> Hemophilia <input type="checkbox"/> Other | | | | Orthopedic/Bone Condition: | | | |
| Cancer/Leukemia: | | | | Psychological/Psychiatric: <input type="checkbox"/> Medication list on back | | | |
| Childhood Disease: Explain: | | | | Other: | | | |
| Diet Restrictions: Explain: | | | | Surgery: Explain: | | | |
| Epilepsy/Seizure Types Explain: | | | | Vision: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts | | | |

MONROE-GREGG SCHOOLS

Personal Health History

Please give details for any that are marked YES that may impact your child's routine at school:

Is this student under any ongoing medical/emotional care or treatment? YES NO

If yes, physician's name: _____

Explain: _____

Has your student been recently hospitalized? YES (If, yes, please provide date: _____) NO

Explain: _____

Medications:

Home:

Does this student take any medication at home? YES NO

Prescription Over the counter (OTC) Patch

Medication Name: _____ Dosage: _____ Frequency: _____

School:

Will this student be required by a physician to take medication during school hours? YES NO

Medication Name: _____ Dosage: _____ Frequency: _____

Medication Name: _____ Dosage: _____ Frequency: _____

Medication Name: _____ Dosage: _____ Frequency: _____

***** Note- All medication requires an additional signed medication permit on file prior to administration at school. *****

To ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate school staff. This will be done only on a "need to know" basis, in a confidential manner. I agree that the school nurse may consult with my child's family physician(s) about the above medical condition(s). I agree to alert the school nurse and my child's teacher in writing of any changes in medications and/or health status of my child. I will furnish the school with a current telephone number and address in the event of an emergency. The above permission will be valid through the duration of my child's attendance at school unless I revoke the permission in writing

Parent/Guardian Signature: _____ Date: _____

Individual Healthcare Plans should be in place for any student with asthma, diabetes, seizures, food allergies, insect sting allergies, cancer, hemophilia, and other health conditions. Many plans require physician's signatures so please contact the school nurse at 317-996-2246 (option 3) to complete your student's plan. Plans should be in place before the first day of school.

Monroe-Gregg District School Corporation
Special Education Department

TEMPORARY PLACEMENT

Student's Name: _____ Grade: _____ DOB: ___/___/___

I, _____, certify that my child was enrolled in
(parent/guardian of above-named student)
a program for _____ at his/her previous
(Type of special education service student received)
school _____ . I request that my child be placed in the
(Name of previous school)
program for the _____ at _____
(Type of special education service student received) List School (Elementary/Middle/High)
School.

I further realize that this placement is temporary pending the school's receipt of my child's educational record. Upon receipt, the school will convene a case conference committee to finalize placement or request permission to conduct further testing.

Parent/Guardian Signature

Address (street)

City, State, Zip

Telephone (Home)

Alternate Telephone (Work and/or Cellular)

Date of Signature/Request



Monroe-Gregg School District
135 South Chestnut Street • Monrovia, IN 46157 • (317) 996-2352

Verification of Residency Statement

In order to verify residency within the Monroe-Gregg School District, one current document (dated within the past 30 days) listed below must be provided, showing parent/guardian name and address. (Post Office box numbers are not acceptable as residence address.)

- Escrow papers, mortgage book or statement, property tax form, or homeowner's association fees statement.
- Lease Agreement/Rental Contract and current rent receipt
- Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian lives there
- Gas or electric bill
- Water bill
- Cable TV bill
- Garbage bill
- Phone bill
- Verification of Social Services
- Residence Insurance statement

I, _____ (print name) the parent/guardian of

_____ (print student's name) declare that the above-named student resides at the address shown on the document checked above and attached. I will notify the school within two weeks if residency changes and agree to provide a new residency documentation and an updated signed statement at that time.

Falsification of any information or document required for residency verification or the use of any address where the student does not reside may result in revocation of student enrollment.

Signature of Parent/Guardian

Date

Home Phone

FOR SCHOOL USE ONLY:

The attached document(s) show(s) the name and address of the person(s) enrolling the above-named student.

Confidential

Military Children in Education

2022-23 School Year

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 Full Legal Name

Please complete the questions that best describes 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)

Monroe-Gregg School District McKinney-Vento Residency Form

Student Name _____ Date of Birth _____ Grade Level _____

The McKinney-Vento Homeless Assistance Act defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes children who "are temporarily sharing the housing of other persons due to the loss of housing or economic hardship."

Does not apply; student is not homeless

Please check one of the following statements if your family is experiencing temporary homelessness:

Living in a shelter, including transitional housing shelters. Please provide name of shelter and address _____

Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation--Please provide information regarding area in which student is living: _____

Living in hotels/motels for lack of other suitable housing – Please list name and address of hotel/motel: _____

Doubled-up; temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where student is living: Address: _____

Please answer the following if you checked one of the four boxes above:

How long do you expect to be at this address? _____

Are you seeking permanent housing? _____ Date student moved to this address: _____

Is a parent living in the home with the student? _____

If no, with whom is student living? _____ Relationship: _____

A McKinney-Vento Liaison representing the district may be in contact with for clarification or bus transportation.

We have read the information provided & indicated our living circumstances above specific to the McKinney-Vento Act:

Parent/Guardian/Unaccompanied Youth Signature

Date

Office Use Only: _____ Does Qualify under McKinney-Vento Act _____ Does NOT Qualify

McKinney-Vento Liaison/Appointee Signature

Date

Food Service Department

In an effort to make things run faster, beginning school year 2022-23, the Monroe-Gregg Food Service Department will be using a finger scanner for students to access their lunch accounts. The server with this data is kept onsite and is encrypted for safety. Students will have their finger scanned at the beginning of the school year 2022-23. If you do NOT want your child's finger scanned, they will need to learn a five digit code instead.

If you have any questions or wish to opt out of the finger scan program, please email Liz Malone, Food Service Director at emalone@m-gsd.org.

You may also fill out the form below and have your student turn it in to the cafeteria staff at lunch.

Date: _____

Student Name: _____ Grade: _____

_____ You have permission to scan my student's fingerprint.

Or

_____ I wish to opt my student out of the fingerprint scan program.

Parent Signature: _____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

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 children in the household under 22 years of age.

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