

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

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.

Consent for Emergency Medical Care

In an emergency situation, after all efforts to contact parents have been exhausted, this form authorizes consent for emergency medical treatment to be initiated in a timely manner.

I _____ am the parent or legal guardian of
_____ and I authorize Monroe-Gregg School Corporation to
obtain emergency medical treatment of this minor by an appropriate health care professional
should the need arise while he/she is at school.

Signature _____ Date _____

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



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: _____

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

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.