

For Office Use Only

**Enrollment Date:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

# New Enrollment Data Sheet

**Monrovia Middle School**  
 215 South Chestnut Street, Monrovia, IN 46157  
 317-996-2352

**Student's Full Legal Name:** \_\_\_\_\_ **Grade:** \_\_\_\_ **Age:** \_\_\_\_  
(Last) (First) (Whole Middle Name)

**Date of Birth:** \_\_/\_\_/\_\_ **Place of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Primary Phone #:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Primary Phone will be used for ALERT NOW calls to Parents to INFORM of Emergencies, etc.

**Student's Address:** \_\_\_\_\_  
(Number) (Street) (City) (Zip)

**Student's Cell Phone #:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Optional)

**Academic Information**

**Name and Address of Previous School:** \_\_\_\_\_

**Has student attended Monrovia Schools before?** Yes  No  If yes, date and grade at withdrawal: \_\_\_\_\_

**Has student ever been retained?:** Yes  No  If yes, specify grade level and year: \_\_\_\_\_

**Is student involved in any Special Programming (check all that apply)**

21st Century Scholar   
  Free or Reduced Meals/Textbooks   
  Special Education Services   
  High Ability   
  504

**Race and Ethnicity:** (Note: Both Part 1 and Part 2 should be answered)

**Part 1: Ethnicity:** Is the student Hispanic/Latino? (Choose only one)     Yes     No

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

American Indian or Alaska Native   
  Asian   
  Black or African American   
  Native Hawaiian or other Pacific Islander   
  White

## CONTACT INFORMATION

**Family # 1**  
(With Whom Student Lives)

	Legal Custody Check if applies	May Pick up Check if applies	Relationship	Cell Phone #	Work #	Other #
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Email address: _____						
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Email address: _____						

**Family # 2**  
(Other Guardian Who Student Does Not Live with)

	Legal Custody Check if applies	May Pick up Check if applies	Relationship	Cell Phone #	Work #	Other #
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Email address: _____						
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Email address: _____						

**Family # 2's Mailing Address:** \_\_\_\_\_

OVER

## Emergency Contact Info:

Persons who may be contacted when you can not be reached or may pick up student for scheduled appointments.

Contact(s) Name	Relationship	Cell Phone #	Work #	Other #
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____

Please indicate below other siblings in our school district:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate any health problems your child has such as allergies, diabetes, asthma, etc.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Relationship to student) \_\_\_\_\_ (Date)

## MONROE-GREGG SCHOOLS Personal Health History

**Parent/Guardian: Please complete both sides**

Student \_\_\_\_\_  
 Home Phone \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
 Insurance Information  Private  Medicaid/Hoosier Healthwise  No Insurance  
 Mother/Guardian \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_  
 Father/ Guardian \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Complete the following checklist by indicating any of the following conditions, past or present. Include a separate sheet if additional detail is necessary.

	YES	NO	DATE		YES	NO	DATE
<input type="checkbox"/> Allergies, <input type="checkbox"/> Seasonal, <input type="checkbox"/> Animals <input type="checkbox"/> Other explain				<input type="checkbox"/> Hearing loss <input type="checkbox"/> Wearing hearing aids			
Bee/Insect Sting Allergy <input type="checkbox"/> Local reaction <input type="checkbox"/> Reaction requiring hospital <input type="checkbox"/> Requires an Epi Pen				<input type="checkbox"/> Heart Condition <input type="checkbox"/> Rheumatic Fever Murmur <input type="checkbox"/> infant <input type="checkbox"/> recent			
ADD/ADHD <input type="checkbox"/> Medication at home <input type="checkbox"/> Medication at school				Lead poisoning			
Anemia (type) _____				Lung Disease/TB			
Arthritis <input type="checkbox"/> Rheumatoid Other(explain) _____				Medication Allergy _____			
Asthma (give details) <input type="checkbox"/> Emergency Inhaler required				Nutrition/Eating Disorder (overweight/underweight			
Back /Neck Injury or condition				Orthopedic/Bones			
Bladder/ Kidney problems				Psychological/Psychiatric <input type="checkbox"/> Medication list on back			
Blood /Clotting Disorder <input type="checkbox"/> Hemophilia <input type="checkbox"/> Other Explain				<input type="checkbox"/> Seizures from fever <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other			
Cancer/Leukemia				Surgery-type/ explain			
Diet Restrictions Explain below				Vision <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> Other			
Food Allergy/Intolerance <input type="checkbox"/> Life threatening / Epi Pen <input type="checkbox"/> Intolerance				Other (explain below) _____ _____			
Head Injury <input type="checkbox"/> Recent <input type="checkbox"/> Concussion <input type="checkbox"/> Other				<b>Childhood disease</b> <input type="checkbox"/> yes <input type="checkbox"/> No <b>Date of Chickenpox</b> <b>Disease</b> <input type="checkbox"/> Month <input type="checkbox"/> Year			
<input type="checkbox"/> Headaches <input type="checkbox"/> Migraine							

**CONTINUE AND COMPLETE THE OTHER SIDE OF THIS FORM**

Please give details for all that are marked **YES** on side one that may impact your child's routine at school \_\_\_\_\_

Is this student under any ongoing medical/emotional care or treatment?  YES  NO Include physician's name.

Explain \_\_\_\_\_

Does this student require daily medication in the form of a patch  YES  NO

Name of medication, dosage, reason, and frequency \_\_\_\_\_

Does this student take any medication (prescribed and /or over the counter (OTC)?  YES  NO  
Explain? Include physician's name, dosage, reason and frequency:

Most medications may be taken at home. Will this student be *required* by a physician to take medication \*\* during school hours?

YES  NO Explain: \_\_\_\_\_

Name of Medication _____	Condition _____
Name of Medication _____	Condition _____
Name of Medication _____	Condition _____

Recent hospitalization/overnight Date \_\_\_\_\_ Condition \_\_\_\_\_

**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 case of an emergency. The above permission will be valid through July 2010, unless I revoke the permission in writing.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Individual HealthCare Plans should be in place for student, with Asthma, Diabetes, Seizures, Food Allergies, Insect Sting Allergies, Cancer, Hemophilia and other health conditions. Many plans require doctor's signatures so contact your school nurse as soon as possible to complete the plans. Plans should be completed and in place before the first day school.**

PLEASE COMPLETE AND RETURN AT BOOK RENTAL ON AUGUST 4<sup>th</sup> OR 5<sup>th</sup> OR 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  
135 S. Chestnut Street  
Monrovia, IN 46157**

The Indiana State Department of Health is requesting the following information to be released to the Children and Hoosiers Immunization Registry Program (CHIRP). The Family Education Rights and Privacy ACT (FERPA) requires an "active parent permission" to enter this information into CHIRP. This is a one-time only consent and is in effect until the parent decides to remove the consent or a student who is 18 years of age decides to remove the consent.

**THE INFORMATION REQUESTED IS:**

**Child's Name, Date of Birth, Address, Guardian Name, and Immunization Information.**

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 also understand that I am not obligated to consent to the release of this information.

I hereby consent to the release of such information by Monroe-Gregg School District to the Children and Hoosiers Immunization Registry Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Address

( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

\*By not returning this form you are choosing to be exempt from the release of this information by the Monroe-Gregg School District to the Children and Hoosiers Immunization Registry Program (CHIRP).

**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: \_\_\_\_\_

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



## 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 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**

**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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

**\*Confidential\***

**Military Children in Education**

**2016-17 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 Grade Level: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_  
Please print clearly

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-12<sup>th</sup> 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-12<sup>th</sup> 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)***

**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
Student Name	School
Student Name	School
Student Name	School
Student Name	School
Effective Date:	Grade
	Grade
	Grade

**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.**



# Monrovia Middle School

215 South Chestnut Street • Monrovia, IN 46157 • (317) 996-2352

## Verification of Residency Statement

In order to verify residency within the Monroe-Gregg School District, **two** 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.

\_\_\_\_\_  
Principal or Designee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone



# 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.	