

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 School District

Strong Schools. Strong Community.

HOUSING QUESTIONNAIRE

The Monroe-Gregg School District wants to ensure your child receives the best possible education. The information from this form will determine if your student is eligible to receive benefits under the federal McKinney-Vento Act, a law that helps students who are in certain transitional living situations or temporarily displaced from their home.

Name of Student (Last, First, MI):

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Which of the following most accurately describes your residency? Check one box only:

- Living in motel, hotel, or campgrounds: due to lack of suitable housing
- Doubled-Up: TEMPORARILY living with family or others due to hardships
- Living in emergency or transitional shelters
- Living in a public or private place: car, park, abandoned building
- Lack stable housing/moving from place to place: "Couch surfing"
- House, mobile home or apartment

If the student is living in permanent housing, McKinney Vento services **do not apply**. If the student is **NOT** currently living in permanent housing, **please continue to complete the information below:**

School Monrovia High School Monrovia Middle School Monrovia Elementary School

Gender: Female Male Date of Birth: ____/____/____ Grade:

Address (if available - primary location student stays):

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Parent Name Printed:

Parent Signature

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Student Name Printed (Unaccompanied youth only): Student Signature (Unaccompanied youth only):

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Based on the response to this questionnaire, the Monroe-Gregg McKinney Vento Liaison may be contacting you to discuss eligibility for available services.

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 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

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 _____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Home Language Survey (HLS)

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

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

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

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

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

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

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

For School Use Only:

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

Name: _____ **Date:** _____



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:

- | | |
|---|---|
| <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 children in the household under 22 years of age.

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



Indiana Department of Education

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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.	



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Pwogram Pou Migran yo (MEP) se yon Pwogram ki la pou li bay sipò ak sèvis tankou edikasyon siplemantè pou sa yo ki kalifye a travè resous nasyonal. Bi pwogram nan, se pou li asire ke tout etidyan migran yo rive nan nivo standa akademik yo epi pou asire ke yo arive fini lekòl ak yon diplòm lekòl segondè oubyen yon diplòm ekivanlan nan (GED)

Mèsi pou tan ou pran pou reponn kesyon sa yo. Si pitit ou a kalifye pou pwogram Edikasyon Pou Migran yo, li gen chans pou li jwenn kèk lòt sipò sou pwèn edikasyon. Infòmasyon sa-a, li **vrèman konfidansyèl**.

Non Etidyan an: _____ Non Paran-an: _____

Kote ou rete: _____ Non Vil la: _____ Tel (____) _____

Dat: _____ Siyati Paran an: _____

1. Nan 3 dènye ane yo, te pitit ou demenaje ale rete pou nenpòt ki rezon? **WI** _____ **Non** _____
2. Èske gen moun lakay ou te deplase soti nan yon distri lekòl nan yon lòt nan peyi Etazini, yo gade pou travay sezonye oswa tanporè nan agrikilti? **WI** _____ **Non** _____ Si **NON** Kanpe la Tanpri!



Si ou te reponn **WI** kontinye.

3. Ki dènye fwa yon moun nan fwaye ou te demenaje pou li te ka al travay nan aktivite agrikilti?
Mwa _____ Ane _____
4. Make tout branch aktivite agrikilti ou te chache travay ladan yo oubyen ou travay nan yo deja:

_____ Plante oubyen ranmase legim oubyen fwi

_____ Keyi mayi

_____ Fèm Tabac

_____ Poulaye / Fèm Ze

_____ Kote yo machinen kana, kodenn, poul, kochon

_____ Kote yo fè elvay pwason

_____ Mete legim oubyen fwi nan mamit

_____ Fèm gazon

_____ Plante, koupe oubyen raze pye bwa

_____ Jaden kote yo fè pwodwi ak lèt

_____ Kote yo kiltive flè

_____ Yon jaden andedan

Tanpri ekri non tout pitit ou genyen ki poko gen 22 lane

Non Pitit la	Dat li te fèt
1.	
2.	
3.	
4.	
5.	

MONROE-GREGG 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.

Food Service Department

New Incoming Student Information

In an effort to make things run faster, beginning school year 2024-25, 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 2024-25. 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: _____