

# NORTHEAST DUBOIS INTERMEDIATE SCHOOL

Ryan Case, Principal  
Camille Berg, Counselor

4550 N 4th St  
Dubois, IN 47527



Terry Friedman, Athletic Director  
Kelly Keusch, Treasurer

Phone # 812-678-2181  
Fax # 812-678-2282

## REQUEST FOR RECORDS

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_

IEP: Yes or No

School Attended Last: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

1. Copy of all grades while in your school.
2. Copy of the grades the student was receiving at the time of withdrawal from your school.
3. Transcripts of previous school records, if applicable.
4. Health records.
5. A copy of the birth certificate if available.
6. Standardized and achievement test results and psychological records, if applicable.
7. Any other pertinent information, which will be of value to us in placing this student properly.
8. Any cooperative or special education reports, if applicable.

Thanks in advance for your cooperation and early response.

Parent/Guardian Signature: \_\_\_\_\_

Ryan Case, Principal  
Kelly Keusch, Secretary



Terry Friedman, Athletic Director  
Camille Berg, Counselor

Please complete, sign, and return.

## Northeast Dubois Intermediate School

4550 N 4<sup>th</sup> St • Dubois, IN 47527 • Phone: 812-678-2181 • Fax: 812-678-2282

### Northeast Dubois Intermediate School Registration Checklist

Policy Statement	Student Initials	Parent Initials
I have read the <b>Northeast Dubois Intermediate School Extracurricular Activities Rules</b> and voluntarily agree to be subject to its terms for the four year intermediate school enrollment.		
I have read the <b>Attendance Policy and Procedures</b> and voluntarily agree to be subject to the terms for the four year intermediate school enrollment.		
I have read the <b>Bullying Policy</b> and voluntarily agree to be subject to its terms for the four year intermediate school enrollment.		
I have read and agree to the <b>Medical Consent Policy</b> and voluntarily agree to be subject to its terms for the four year intermediate school enrollment.  <b>FAMILY DOCTOR:</b> _____  <b>PHONE NUMBER:</b> _____		
I have received a copy of and read the <b>Meningitis</b> memo from the Northeast Dubois County School Corporation.		
I have read and agree to the policies set forth in the <b>Northeast Dubois County School Corporation Technology Handbook</b> and voluntarily agree to be subject to its terms for the four year intermediate school enrollment including but not limited to the <b>Acceptable Use Policy</b> .		
I have read and agree to the <b>Northeast Dubois County School Corporation Discipline Policy</b> , <b>Northeast Dubois Intermediate School Discipline Policy</b> , and the <b>Northeast Dubois Intermediate School Basic Rules</b> and agree to be subject to their terms for the four year intermediate school enrollment.		
I have read the <b>Student Dress Policy</b> and voluntarily agree to be subject to its terms for the four year intermediate school enrollment.		

### Permission to be Photographed and/or Videotaped

Photographs/Video
I give permission for my student to be photographed and/or videotaped and to appear in any publications, displays, or website for the four year intermediate school enrollment. I am aware that no student's email address, street address, or telephone number will be published.

Circle:

Yes

No

### Permission for Travel

Consent for Transportation/Attendance
I give permission to transport my child and include him/her in the off campus school activity in the event I forget to sign a permission slip, it is misplaced, or I am unavailable (out of town) to sign.

Circle:

Yes

No

### Signatures

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

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Grade Level  
(circle one)

3   4   5   6

# REGISTRATION CARD for NORTHEAST DUBOIS INTERMEDIATE SCHOOL

***It is the responsibility of the custodial parents(s) or legal guardian(s) to complete this card in full!***

Students Name \_\_\_\_\_  
Last First Middle Other Name / Nickname

Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mom's Cell \_\_\_\_\_

County of Residence \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Residential School District (you live in) \_\_\_\_\_  
( Eg: NED, Jasper, etc.... )

Where would you like to be contacted? Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address-- Home \_\_\_\_\_ Email Work \_\_\_\_\_

This student's parents are (circle): Married to each other Separated from each other Divorced from each other Widowed/ Deceased Single

Student lives with (circle): Mother Father Stepmother Stepfather Other \_\_\_\_\_

Who has legal custody of the student? (circle) Mother Father Other \_\_\_\_\_

Mother or Legal Guardian \_\_\_\_\_  
Last First Maiden Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father or Legal Guardian \_\_\_\_\_  
Last First Middle Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

## **Please complete this section if applicable to this student:**

Student's Sitter / Day Care \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Non-custodial Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Stepmother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Stepfather's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

**After School Transportation:** Each day this student will 1) \_\_\_\_\_ ride bus # \_\_\_\_\_ bus driver \_\_\_\_\_

2) \_\_\_\_\_ walk to \_\_\_\_\_ 3) \_\_\_\_\_ be picked up by \_\_\_\_\_

( OVER )

# LETTER TO ALL PARENTS

## A FEW REMINDERS:

Students are NOT allowed to bring soft drinks to school for lunch without a written statement from their doctor stating the reason why. Milk, juice, or water, which is available for purchase, is sufficient.

**If your child will need to take medication at school such as Tylenol, Ibuprofen, Tums, cough drops, etc... please send them with your child to school. We can keep them in the office with their name on them to be used as needed.**

Locks are installed on each locker. Students will not need to bring personal locks to school. Lockers are for storage of all the student's items and equipment. Please do not send oversized gym bags that will not fit in your child's locker. **Please encourage your child NOT to wear their backpacks all day long.** They have plenty of time to go to their lockers and get what they need for their next class.

We will not be held responsible for lost items (games, cards of any kind, headphones, jewelry, etc.) or money lost while at school. Please advise your child to let these items or large amounts of money at home.

**Office phones are for emergency use only. We will not allow students to use phones to call parents asking to spend the night at a friend's house, etc.** We hope you will try to help us enforce this policy by telling your children that all such plans need to be made the night before.

With the addition of wi-fi to our building, students will be allowed to use cell phones and other devices for educational purposes at the discretion of the classroom teacher.

**Additionally, students should not use cell phones to make personal calls or send text messages during the school day except at lunch. Infractions of this nature can lead to disciplinary action.**

You can check your child's progress in their classes or check their lunch balances in Skyward Family Access on the Northeast Dubois School Corporation website.

If your child gets sick at school they need to inform their teacher and then come to the office. The office will see what they can do to help your child and call the parent if necessary.

Please notify the office or send a note if your child is riding a different bus or is being picked up by someone else. Bus drivers will not allow other students on their bus without a note.

We want you to feel that you are actively involved in your child's education. Look around the school today and stop by anytime you have questions or concerns.

# *Acceptable Use and Internet Safety Policy for Corporation-Provided Access to Electronic Information, iPad, Chromebook, Internet, Services, and Network Resources for Students*

The purpose (goals and objectives) of technology in the Northeast Dubois County School Corporation are:

- 1) To enhance learning
- 2) To improve communications
- 3) To improve productivity

## **Acceptable Use of Corporation Computers, iPads, and Internet Safety Policy for Students of NDCSC**

Corporation currently enrolled students authorized to operate a computer and related terminals on either a building level or district-wide computer network shall be assigned a user login/password by the District Technology Director.

Corporation currently enrolled students grades 5-12 will be issued a corporation iPad to be taken home and used during the school year.

- ◆ No student is to use any computer and/or related equipment without proper authorization and supervision.
- ◆ No student is to use any other student's iPad, but will only use the device and related equipment issued to them.

### **Parents of students in Northeast Dubois County School Corp.**

Northeast Dubois County School Corporation is pleased to offer its students access to NDCSC Network resources and iPads for all students 5-12. The Internet is an electronic highway connecting hundreds of thousands of computers and millions of individual users all over the world. Technology will help propel our school through the communication age, allowing students to access and use resources from distant computers; communicate and collaborate with other individuals and groups around the world; and significantly expand their available information base. **The Internet is a tool for lifelong learning.**

Families should understand that some material accessible via the Network might contain items that are illegal, defamatory, inaccurate, or, potentially offensive to some people. In addition, it is possible to purchase certain goods and services via the Internet which could result in unwanted financial obligations for which the student's parent or guardian would be liable. Never reveal the personal address or telephone number of yourself or any other student, staff member, or individual unless under the direct supervision and authorization by a NDCSC staff member.

Student accounts, passwords, and/or allocated access time must be in support of education and research consistent with the educational objectives of the Northeast Dubois County School Corporation. The use of an open iPad and Network resources is a privilege, not a right, and inappropriate use, including unauthorized access, hacking, and other unlawful activities by minors online, will result in appropriate consequences. Any school administrator or staff member may request an open iPad or account to be locked down, denied, or suspended.

While the corporation's intent is to make Internet access available in order to fulfill its educational goals and objectives, students may find ways to access other material(s) as well. While the Corporation has installed filtering software and systems to regulate Internet access and provide a means of protecting students from inappropriate matter and restrict access to materials harmful to minors, those methods do not guarantee complete compliance with the Corporation's acceptable policy. The Corporation believes the benefit to students having access to the Internet exceeds the disadvantages that result from over-regulation. Ultimately, parents and guardians of students are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, NDCSC makes the Corporation's complete Network policy and procedures available for review to parents, guardians, and community patrons. NDCSC provides parents and guardians the option of limiting students use of the iPads to only the educational apps needed for a class. Parents can request that their child doesn't have access to the app store. Students over the age of 13 will be allowed to have access to the app store, but this is a privilege and if abused can be revoked. NDCSC may revoke the privilege of downloading apps and remove any apps that a student has placed on the iPad.

NDCSC will not disclose, use, or disseminate personal identification information regarding minors across the Internet, except for educational purposes required by the state, unless authorized to do so.

Users should not expect that files stored on school-based computers or iPads will always be private. Electronic messages and files stored on school-based computers or iPads may be treated like school lockers. Administrators and faculty may review files and messages to maintain system integrity and insure that users are acting responsibly.

Student Due Process and Pupil Discipline in the  
Northeast Dubois County School Corporation Technology Program

*Adapted from IC 20-8.1-5-4 to be applied to all NDCSC students using technology or enrolled in classes using technology applications.*

The entire foundation and success of public school education depends on the basic concept of self-discipline - a self-discipline which will allow all individuals to exist in a world of change and with the individual rights afforded them by our Federal and State Constitutions. Certain standards of student conduct are necessary to assure that students seeking to express their own individual rights do not at the same time infringe upon the rights of others.

Recognizing that some students may misuse or abuse the technology of the school corporation, school officials may find it necessary to remove a student from the school technology program or deny access to Network resources. In this event and in accordance with the provisions of IC 20-8.1-5.1, the Board of School Trustees authorizes administrators and staff members to take the appropriate actions.

Northeast Dubois County School Corporation  
Internet and Network Access Contract  
2023-2024

This is an access contract for anyone using Network (Internal and Internet) Resources or connections from the facilities of or associated with NDCSC. This is a basic contract that simply states.

1. I have read and understand the NDCSC Policy on Corporation-Provided Access to Electronic Information, Services, and Networks.
2. Any Internet Connection (Direct or Indirect) must be under the supervision of a staff member of NDCSC.
3. NDCSC does not authorize use of the wifi or other communication devices for any reasons other than educational purposes during normal school hours.
4. NDCSC releases itself from any inappropriate, unfit, and illegal action on the network or any other communication devices used within the School District.

**Northeast Dubois School Corporation  
Student Device Insurance Form**

~~2023-2024 School Year~~

**3rd-12th Grade**

With the new purchase of Chromebooks/iPads for your students this year, we were offered an insurance policy that will help the cost of repairs for you by having **no deductible**. This is something new we started last school year with the new devices. We hope to continue this policy with each year's new purchases. The insurance plan for the Northeast Dubois Chromebook Program is per student per school year. If you don't purchase the insurance plan for your student's chromebook, you are legally responsible for the repairs or replacement costs of your students device. Your child's device must be returned in working condition at the end of each school year. The device insurance is voided if the device is in an unapproved case. The only case approved is the case the school provides. We will provide the students the case if needed some of our devices our rugged and don't need cases, but replacement cases cost around \$50. We know the replacement cost of the case is much higher, but you save the cost with the insurance policy having no deductibles.

Premium cost is \$25 and this covers one school year per student.

Intentional breaks are not covered under this policy and must be paid in full. Any breaks that are not covered under the policy will go under review on a case by case basis and a cost could occur up to the cost of a replacement device.

Please initial the box below that you choose for your student's device, this is only if doing paper registration online you will have a yes or no box for insurance.

	I would like to purchase insurance for the device at the cost of \$25. I agree to the terms of the insurance policy written above.
	I have been offered insurance for my student's device, but I am denying the coverage. I will pay full replacement costs or cost of repairs to fix my student's device if it becomes broken.

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Student's Printed Name

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Parent/Guardian Signature

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Date

**Northeast Dubois School Corporation  
Student 1:1 Program Acknowledgement Form**

**Please Review and Initial Each Statement Below**

<b>Guidelines</b>	<b>Student Initial</b>	<b>Parent Initial</b>
I have read and agree to the policies set forth in the Northeast Dubois County School Corporation Technology Handbook and voluntarily agree to be subject to its terms for the current school year including but not limited to the Acceptable Use Policy		
Students and parents are responsible for the use of the student's device and know that Internet use is recorded off school property		
Students agree to share the passcode with any staff or teachers, but should not share with any other student		
Students agree to use the device for educational purposes during specified class time.		
Students agree to bring the charged device with them to school every day		
Students agree to not remove the management software or try to reset or get around the system in anyway including using VPN services		
Students and parents understand that they are responsible for the replacement costs of the charger if it is not returned, sticker is removed, or returned but damaged.		
Students and parents agree to use the provided case		

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Student's Printed Name

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Student's Signature

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Date

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Parent/Guardian Signature

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Date

---

NDCSC Building

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Homeroom Teacher



## 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. _____	_____



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

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

Student's Full Legal Name: \_\_\_\_\_

*Please print clearly*

Please complete the questions that best describe 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 K-12, 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 K-12, 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 Indiana Department of Education Guidance (IC 20-19-3-9.4)***

## Civil Rights Racial and Ethnic Data Form

### for Child and Adult Care Food Program Sponsors

This form compares racial and ethnic data of participants to the racial and ethnic data of the county your facility is located in to determine how effectively Child Nutrition Programs are reaching potential eligible persons and beneficiaries and to identify areas where additional outreach is needed. The form is to be completed on an annual basis. For sponsors of homes and centers, complete one form per facility.

**Facility Name**

**County Name**

**Date**

#### Racial/Ethnic Data Directions:

1. Obtain data from parents or guardians, as this is the preferred method of data collection. Parents or guardians can provide accurate information. If a program operator is unable to collect a participant's information, their response may be marked "unknown." For that reason, USDA does not expect that the number of respondents will equal the number of children at a meal service site.
2. Indicate the number of participants from each racial and ethnic group. **More than one racial category can be selected.**
3. Indicate the county percentage. This data is found on the [Stats Indiana Census Webpage](#) under Population Estimates by Race and Hispanic Origin. Instructions may be found [here](#). Printed attachments are acceptable as well.

Ethnic Data	Participants	Census County Data Complete or Attach
<i>Hispanic</i> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.		
<i>Non-Hispanic</i>		
<i>Unknown</i> Program operator is unable to collect ethnic data due to no response from parent or guardian. Visual observation from program operator is unallowable.		
Racial Data	Participants	
<i>American Indian or Alaska Native</i> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.		
<i>Asian</i> 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.		
<i>Black or African American</i> A person having origins in any of the black racial groups of Africa.		
<i>Native Hawaiian and Other Pac. Islander</i> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
<i>White</i> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.		
<i>Unknown</i> Program operator is unable to collect racial data due to no response from parent or guardian. Visual observation from program operator is unallowable.		

Racial Data	Census County Data Complete or Attach
<i>American Indian or Alaska Native</i>	
<i>Asian</i>	
<i>Black or African American</i>	
<i>Native Hawaiian and Other Pac. Islander</i>	
<i>White</i>	
<i>Two or More Race Groups</i>	



## Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

### Indiana Education for Homeless Children & Youth (INEHCY) McKinney-Vento Homeless Education Program

**NOTE TO SCHOOLS/LEAS:** Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

#### HOUSING QUESTIONNAIRE

Name of LEA: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Student: (Last, First Middle) \_\_\_\_\_

Gender: ☐ Female  
(Optional) ☐ Male

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: ID#:

Address (if available - primary location student stays):  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

**Where is the student currently living? (Please check one box.)**

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe):
- ☐ In permanent housing



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

\_\_\_\_\_  
Parent / GuardianName (PRINT)

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Student Name (PRINT) (for unaccompanied homeless youth only)

\_\_\_\_\_  
Student Signature (for unaccompanied homeless youth only)

Date: \_\_\_\_\_

If ANY box other than “In Permanent Housing” is checked, , then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled.

After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that documentation of qualification is collected. If the student is unaccompanied, please determine if a Third Party Custodial Agreement Form is needed

**INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE** Purpose of the Housing Questionnaire All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The Indiana Department of Education (IDOE) encourages all LEAs regardless of whether they receive Title I funds to do the same.

*To collect this information, LEAs may:*

1. Use the Housing Questionnaire attached here, or
2. Include a version of the attached form during on-line / virtual registration / re-registration

Every LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Housing status should be updated annually, including any documentation of McKinney Vento eligibility. Please see the section titled “Confidentiality” (below) for information about how and when housing information may be shared within the LEA.



## Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

*Who should fill out the Housing Questionnaire?* A Housing Questionnaire should be filled out for all students enrolling in school and for all students updating enrollment records in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire can be completed by the student's parent, guardian or adult providing care for a student, or in the case of an unaccompanied youth, by the student directly.

*Confidentiality:* Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. Housing information should be kept confidential and should not be shared with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs may share a student's Housing Questionnaire with LEA personnel such as:

- 1.the LEA liaison,
- 2.the registrar,
- 3.the student's teachers, and/or guidance counselor, and
- 4.the LEA staff members working with the student / student data to offer individual support

*Discussing the Housing Questionnaire with Students and Families:* In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA. LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs cannot contact a landlord or building superintendent to verify a student's housing status without prior parental consent. Contacting a



## Indiana Department of Education

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landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

*If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire:* If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

**Completing the Form:** If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs cannot not contact a landlord or building superintendent to verify a student's housing status. (See above for more information.)

### Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up") : LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation" : In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing" : Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

*Every Student Succeed Act Guidance: ENROLLMENT:* By law, Indiana schools must immediately enroll homeless students in school.



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Enrollment is defined by law as attending classes and participating fully in school activities. Therefore, students without housing must be allowed – without any delay – to attend classes and to participate in activities, including sports.

## **Homeless Student rights: three school choices:**

- (1) the school attended when permanently housed;
- (2) the school in which student were last enrolled; or
- (3) the school nearest to where the student is staying that other students in the neighborhood attend.

The first two schools listed above are referred to as the “school of origin. The student also has the right to school choices that are available to other students in the district such as charter schools or alternative schools. Staying enrolled in the school of origin assumed to be in the student’s best interest unless the parent / student identifies otherwise or if the continuation of the enrollment is not feasible. Generally, changing schools could significantly impede student’s academic and social progress. Schools should keep students in the school of origin unless this is contrary to parents, guardians, or independent student wishes.

## **School of Origin ESSA Transportation Guidance:**

- Transportation must be provided to and from the school of origin (assumed to be best interest) at the request of the parent or guardian, or, in the case of an unaccompanied youth, at the request of the local liaison.
- Qualification for transportation is for the full year in which a student qualifies as McKinney-Vento eligible.

*Next Steps for LEAs with Students Living in Temporary Housing Arrangements* If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form/ Caregiver Authorization Form <https://www.doe.in.gov/student-services/formsmemos> . If the LEA believes additional information is needed before reaching a final decision on the student’s eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education’s Determining Eligibility Brief, available at: [http://nche.ed.gov/downloads/briefs/det\\_elig.pdf](http://nche.ed.gov/downloads/briefs/det_elig.pdf)



# RELIGIOUS EDUCATION RELEASE TIME

## ST. RAPHAEL CAMPUS

## St. Isidore Catholic Parish

Catholic release time students must complete a registration form to be released to classes beginning on August 24, 2022. **This is NOT a registration** for release time classes @ the St. Raphael Campus. Parishioners were mailed registration forms in May. If you need another form, please call the school office or the parish office. Your student will not be released to Catholic classes without the forms returned. Please call the office for a registration form or forms available at [www.saintisidoreparish.com](http://www.saintisidoreparish.com) under religious education.

REL. ED. FEES: 1 student: \$30.00 2 students: \$55.00 3 or more students: \$80.00

**KIDS OF THE KINGDOM** There is NO fee for the non-denominational program. Fees paid by area non- denominational churches. Consent for release from school to St. Raphael Campus if completed. **This is the registration form for Kids of the Kingdom.**

\_\_\_\_\_  
(CHECK ONE PLEASE)

\_\_\_\_ Kids of the Kingdom, Inc. -Non-denominational

\_\_\_\_ St. Raphael Campus- St. Isidore Catholic Parish religious education

\_\_\_\_ We have returned student rel. ed. forms to St. Isidore parish

\_\_\_\_ None (remaining at school in classroom during release time)

Student Name \_\_\_\_\_ GRADE \_\_\_\_\_

Parents/ Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Family member of \_\_\_\_\_ Parish/Church

I give my permission for my child to be released to St. Raphael Campus from school for release time classes on Wednesdays.

X \_\_\_\_\_

# NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

Dr. Tara Rasche, Superintendent  
Ryan Case, Trans. Director

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P.O. Box 158, 5379 E Main St.  
Dubois, IN 47527



DeAnn Meyer, Treasurer  
Gretchen Brinkman, Deputy Treasurer

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Phone # 812-678-2781  
Fax # 812-678-4418

Dear Parents,

The Children and Hoosiers Immunization Registry Program (CHIRP) is the online system maintained by the Indiana State Department of Health that stores and updates immunization records.

Attached you will find a permission slip to release information on your child to the Indiana State Department of Health. By signing this, I as the school nurse will be allowed to verify that your child is enrolled and counted as a student at Northeast Dubois. It will also allow me to update your child's immunization records as needed to complete any records that are missing. If your child has an exemption, this will allow me to place this information in his/her record.

Please sign and return to school.

If you have any questions, please call me at 812-678-2781 ext. 110.

Thank you for your attention to this matter.

Sincerely,

Michelle Young, R.N.

# NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

## CHIRP PERMISSION

I, \_\_\_\_\_, give the Northeast Dubois School Corporation permission to release the following information concerning my child, \_\_\_\_\_, to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Information that will be released will include name, immunization data, 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 release of such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade level

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

\_\_\_\_\_  
Date of Birth

**NORTHEAST DUBOIS SCHOOL CORPORATION  
AUTHORIZATION FOR PRESCRIBED MEDICATION OR TREATMENT**

To the Parent/Guardian

The following information is necessary for any student to use prescribed medications or to receive treatment in school. All spaces must be completed.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Grade / Teacher

**PHYSICIAN'S AUTHORIZATION FOR MEDICATION (To be filled out by PHYSICIAN)**

This student requires the administration of a prescription medication during school hours. This medication should be administered as follows:

<u>Medication Name/Treatment</u>	<u>Dosage</u>	<u>Hour/hours given</u>	<u>Stop Date</u>
----------------------------------	---------------	-------------------------	------------------

1.

2.

3.

Has been instructed on self-administering inhaler and/or epinephrine pen (if applicable). Yes / No

May carry epinephrine pen and/or inhaler on person (if applicable). Yes / No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

**PARENT AUTHORIZATION FOR PRESCRIBED MEDICATION OR TREATMENT (For PARENT)**

A. I am requesting permission for my child named above to: (Check all that apply)

\_\_\_\_\_ receive prescribed medication      \_\_\_\_\_ receive prescribed treatment

\_\_\_\_\_ self-administer prescribed inhaler and/or EpiPen (in presence of authorized staff members/or to inform authorized staff member immediately after use by student (if applicable) in accordance with Physician's prescription.

B. I will assume responsibility for safe delivery of medication to school.

C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.

D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

# Ala Carte Price List

2024-2025

## Northeast Dubois County Schools

### Entrees

Sandwiches (all Varieties)	\$1.75
Extra Entrée	\$1.75
Pizza	\$1.75
PBJ (Homemade)	\$1.25
PBJ (Uncrustable)	\$1.75

### Snacks

Chips (all varieties)	\$1.00
Fruit Snacks	\$1.00

Ice Cream

\$1.25

### Beverages

Bottled Water	\$1.00
Bottled Juice	\$1.50
Core Water	\$1.50
Capri Sun	\$1.00
Juice Carton	\$0.40
Milk Carton	\$0.50

### Student Meal Pricing

Breakfast Meal	\$1.50/0.30
PreK Meal	\$2.00/0.40
Lunch Meal (K-8)	\$2.30/0.40
Lunch Meal (9-12)	\$2.50/0.40

### Adult Meal Pricing

Breakfast	\$2.50
Lunch	\$4.60

### Fruits & Vegetables

Veggie Tray w/dip	\$2.00
Fruit Tray w/dip	\$2.00
Fruit or Vegetable	\$1.00

### Dairy

Yogurt	\$1.00
Yogurt Parfait	\$2.00
Cottage Cheese	\$1.25
String Cheese	\$0.50

### Salads

Small Salad	\$3.50
Large Salad	\$4.50
Chicken/Tuna Salad Bowl	\$4.50

### Breakfast

Breakfast Sandwich	\$1.50
Extra Entrée	\$1.50
Cereal (1 oz pkg)	\$0.75
Cereal (2 oz pkg)	\$1.00
Poptart	\$1.00
Granola or Cereal Bar	\$1.00

Dear Parent/Guardian:

Children need healthy meals to learn. **Northeast Dubois School** Corporation offers healthy meals every school day. Breakfast costs **\$1.50**; lunch costs **\$2.30 for Grades K-8 & \$2.50 for Grades 9-12. Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from SNAP (Food Stamps) or TANF, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2024-25			
Household size	Yearly	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each additional person:	+9,953	+830	+192

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Joyce Hulsman at (812)678-2251 ext 385 or jhulsman@nedubois.k12.in.us.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Joyce Hulsman, 4711 N. Dubois NE, Dubois, IN 47527 or phone 812-678-2251 ext 385.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Joyce Hulsman, 4711 N. Dubois NE, Dubois, IN 47527 or phone 812-678-2251 ext 385.** immediately.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year through 9/18/24. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price of meals.
6. SHOULD I FILL OUT AN APPLICATION IF MY CHILDREN RECEIVED FREE OR REDUCED MEALS AT THEIR PREVIOUS SCHOOL? If it is the beginning of the school year and you have not been notified that your children will receive free or reduced meals for the upcoming year, you will need to fill out an application. If your children transferred during the school year and they were receiving free or reduced meals at the previous school, contact Joyce Hulsman, 4711 N Dubois Rd NE, Dubois, IN 47527 or [jhulsman@nedubois.k12.in.us](mailto:jhulsman@nedubois.k12.in.us) immediately.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? *You SHOULD TALK TO SCHOOL OFFICIALS. You ALSO MAY ASK FOR A HEARING BY CALLING OR WRITING TO: RYAN CASE 4550 N FOURTH St Dubois, IN 47527 OR [RCASE@NEDUBOIS.K12.IN.US](mailto:RCASE@NEDUBOIS.K12.IN.US).*
11. MAY I APPLY IF SOMEONE IN MY HOUSE IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: EHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Joyce Hulsman, 4711 N Dubois Rd NE, Dubois, IN 47527 or email at [jhulsman@nedubois.k12.in.us](mailto:jhulsman@nedubois.k12.in.us) to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP (Food Stamp) or other assistance benefits, contact your local assistance office or call 1-800-403-0864.

If you have other questions or need help, call 812-678-2251 EXT 385..

Sincerely,

**Joyce Hulsman, Northeast Dubois Corporation Foodservice Director**

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in [\[School District\]](#). The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [\[School/school district contact here; phone and email preferred\]](#).

**Please use a pen (not a pencil) when filling out the application and do your best to print clearly.**

### **STEP 1 LIST ALL INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 IN THE HOUSEHOLD**

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending [\[name of school/school system here\]](#)

<b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.	<b>B) Is the child a student?</b> If yes, write the grade level of the student in the "Grade" column. For these students, also complete the "Only for Students" section including the name of the school building, birthdate, and whether the student is living with the parent or caretaker.	<b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing <b>STEP 1</b> , go to <b>STEP 4</b> . <b>Foster children who live with you may count as members of your household and should be listed on your application.</b> If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.
<b>D) Are any children homeless, migrant, or runaway?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application</u> . Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.		

### **STEP 2 DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?**

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF).

**A) If no one in your household participates in any of the above listed programs:**

- Leave **STEP 2** blank and go to **STEP 3**.

**B) If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-800-403-0864.
- Go to **STEP 4**.

**STEP 3****REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," to determine if your household has income to report.

Sources of Income for Children		
Sources of Child Income	Example(s)	
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money	
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business)  If you are in the U.S. Military:  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

<ul style="list-style-type: none"> <li>Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.             <ul style="list-style-type: none"> <li>Gross income is the total income received <b>before</b> taxes and deductions.</li> <li>Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.</li> </ul> </li> <li>Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write “0” or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.</li> <li>Mark how often each type of income is received using the check boxes to the right of each field.</li> </ul>			
<b>3-A. REPORT INCOME EARNED BY ADULTS</b>			
<b>Who should I list here?</b> <ul style="list-style-type: none"> <li>When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own.</u></li> <li><b>Do NOT include:</b> <ul style="list-style-type: none"> <li>People who live with you but are not supported by your household's income AND do not contribute income to your household.</li> <li>Infants, Children and students already listed in <b>STEP 1.</b></li> </ul> </li> </ul>			
<b>1) List adult household members' names.</b> Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Include college students, unless they are declared independently on taxes (all college students are considered adults). <u>Do not list any household members you listed in STEP 1.</u>	<b>2) List earnings from work.</b> Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. <ul style="list-style-type: none"> <li><b>What if I have multiple jobs?</b> List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.</li> <li><b>What if I am self-employed?</b> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</li> </ul> If a child listed in <b>Step 1</b> has income, follow the instructions in <b>Step 3, Part B.</b>	<b>3) List income from public assistance/child support/alimony.</b> Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.	<b>6) Provide the last four digits of your Social Security Number.</b> An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no Social Security Number.”
<b>4) List income from pensions/retirement/all other income.</b> Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application. <b>What if I receive income from multiple sources in this category?</b> List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.	<b>5) List total household size.</b> Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in <b>STEP 1</b> and <b>STEP 3</b> . If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.		

3-B. REPORT INCOME EARNED BY CHILDREN

Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "child income." Only count foster children's income if you are applying for them together with the rest of your household.

- What is child income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of Adult."	C) Mail Completed Form to:  [Insert School/District address here]
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STEP 5: OTHER BENEFITS – OPTIONAL

The following sections are optional and do not affect your children's eligibility for free or reduced price school meals.

A) Textbook Assistance If you want to receive textbook assistance, check 'Yes' and then read, sign, and date the section to the right. If you do not want to receive textbook assistance, check 'No'.
B) Hoosier Healthwise Disclosure If you want to share your child's free/reduced eligibility in order to qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise, sign and date this section.
C) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

Prescribed by State Board of Accounts School Form No. 521/2024

Apply Online:  
Return to:  
Address:

Northeast Dubois School Corporation

2024-2025 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Instructions for each step including income examples can be found on the Parent Letter and Instructions page.

STEP 1

List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply				Foster	Migrant	Runaway	Homeless	Only for Students	Name of School Building	Birthdate	Living with parent or caretaker relative?	
															Yes	No
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

STEP 2

Do any household members (including you) participate in: SNAP or TANF?

NO ☐ → Go to STEP 3.

YES ☐ → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only 10-digit case number in this space.

STEP 3

List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.) List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household members (First and Last)	Earnings from Work	How often received?				Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received?					
		Weekly	Every 2 Weeks	2x Month	Monthly		Annual	Weekly	Every 2 Weeks	2x Month		Monthly	Annual	Weekly	Every 2 Weeks	2x Month	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Number of Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number: ☐

B. Child Income

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

	Child Income	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Adult:

Today's Date:

Mailing Address (if available)

City

State

Zip

Phone (optional)

Email (Optional)

STEP 4

Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form

STEP 5

Other Benefits- This section does not need to be completed to receive free or reduced price meal benefits.

Do you want to receive Textbook Assistance?

☐ YES If yes, sign to the right →

☐ NO

I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes the release of information on this application for textbook assistance. I give up my right of confidentiality for this purpose only. This application information will be shared with the Indiana Family and Social Services Administration pursuant to I.C. 20-33-5-2 and I.C. 12-14-28-2, solely for purposes of complying with 45 C.F.R. Parts 260 and 265.

Signature of Adult Completing Form

Today's Date

School Use Only:

☐ Approved

☐ Denied

☐ Not Applicable

This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of information for this purpose.

For information about Hoosier Healthwise health insurance, call 1-866-408-6131.

Today's Date

Optional

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. \*Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income:

How often received?

Weekly

Every 2 Weeks

2x Month

Monthly

Annual

☐

☐

☐

☐

☐

Categorical Eligibility

☐

Eligibility Determination

Free

Reduced

Denied

☐

☐

☐

Determining Official's Signature

Date

For use at verification

Confirming Official's Signature

Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

\* MAIL: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

\* FAX: (833) 256-1665 or (202) 690-7442;or  
EMAIL: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

\* Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.

Return completed form to your child's school.

# CAFETERIA LETTER TO FAMILIES

Dear Northeast Dubois Families,

This school year, Northeast Dubois school cafeterias are meeting tough federal nutrition standards for school meals, ensuring that meals are healthy and well balanced and provide

students all the nutrition they need to succeed at school. Now is a great time to encourage your

kids to choose school lunch and breakfast!

School meals offer milk, fruits and vegetables, proteins and grains, and they must meet strict

limits on saturated fat and portion size. School lunches will meet additional standards requiring:

- Age-appropriate calorie limits
- Larger servings of fruits and vegetables (students must take at least one serving of produce)
- A wide variety of vegetables including dark green and red /orange vegetables and legumes
- Fat free or 1% milk (flavored milk must be fat free)
- Whole grains
- And less sodium

School meals are a huge convenience for busy families! We will again offer breakfast and lunch

for all students.

We encourage all households to carefully look over the forms attached to this letter. If your

household qualifies for free or reduced meals, that may qualify the student/students for textbook

assistance also. Please fill out the forms and return as soon as possible.

In accordance with state guidelines, the Northeast Dubois School Board has adopted a Written

Charging Policy for our schools and can be viewed on our School's website.

We look forward to welcoming your children to the cafeteria this year!

Thank you,

Joyce Hulsman

Food Service Director

Northeast Dubois School Corporation

**Northeast Dubois School Corporation**  
**Procedure for Student Lunch/M Meal Accounts**

The National School Lunch Program (NSLP) requires school food authorities to establish written administrative guidelines and procedures for meal charges. Northeast Dubois School Corporation will adhere to the following meal charge procedure.

- All cafeteria purchases are to be prepaid before meal service begins with the exemption of the high school where meals may be purchased at point of sale.
- A student may charge up to 5 meals maximum (one charge per meal) as long as they establish and maintain a good credit history of making payments on their food service accounts.
- A staff member may charge up to \$10.00 as long as they establish and maintain a good credit history of making payments on their food service accounts.
- A student who has charged a meal may not charge or purchase "a la carte" item(s), including extra main entrees.
- If a student repeatedly comes to school with no lunch and no money, food service employees must report this to the building principal as this may be a sign of abuse or neglect and the proper authorities should be contacted.
- Schools may deny a meal to a student who pays reduced or full price and who does not provide the required payment for that meal. However if the student who pays reduced or full price has enough money in hand for a meal that day, they will not be denied a meal.  
*OR*
  - Schools will provide an alternative meal of peanut butter & jelly & milk to a student who pays reduced or full price and who does not provide the required payment for that meal.
- The food service manager or other school personnel will coordinate communications with the parent(s)/guardian(s) to resolve the matter of unpaid charges.
- If food services staff suspects that a student may be abusing this policy, written notice will be provided to the parent(s)/guardian(s) that if he/she continues to abuse this policy, the privilege of charging meals will be refused.  
*OR*
  - If food services staff suspects that a student may be abusing this policy, written notice will be provided to the parent(s)/guardian(s) that if he/she continues to abuse this policy, the privileges of an alternative meal will be refused.

- The school secretary will notify parents every *week* of any outstanding negative balance in the student's lunch/meal account. The food service manager will also send home emails each week to parents of students who carry negative balances.
- All accounts must be settled at the *end of school*. Letters will be sent home approximately 5 days before the *end of school* to students who have any negative balances. Negative balances of more than \$10.00 not paid in full 1 day prior to the *end of school* will force the Corporation to take action to collect unpaid funds by means of collection agencies, small claims court, or any other legal method deemed necessary by the Corporation.
- Students who graduate or withdraw from the corporation and have \$2.00 or more left in their lunch/meal food service account will be notified by mail by food services at the *end of school* and given the option to transfer the funds to another student or to receive a refund. Students who graduate or withdraw from the corporation and have less than \$2.00 will not receive a direct notification by mail, but the household can contact *Northeast Dubois School Corporation* to receive a refund. If no response is received within 5 days the student's lunch/meal account will close and the funds will no longer be available. Unclaimed remaining balances will be transferred to the Cafeteria fund.

## Family Access Instructions for Obtaining New Skyward Access or resetting a Forgotten Password

Navigate to the NeDubois WebSite home page at [www.nedubois.k12.in.us](http://www.nedubois.k12.in.us) and click on the "student information system" on the lower right hand side of the screen or copy/paste the following into a web browser...

<https://familyaccess.nedubois.k12.in.us/scripts/wsis.dll/WService=wsEPlus/seplog01.w>

**SKYWARD®**  
Northeast Dubois School District  
New

Login ID:   
Password:

[Forgot your Login/Password?](#)

05/14/2014 00:07

Login Area:

© 2014 Skyward, Inc. All rights reserved. Windows 7 / Internet Explorer 11

1:21 AM  
5/10/2014

Click on the words **Forgot Login/Password...** Key in the characters/numbers in the security box along with your email account that is on file. If you cannot read the characters/numbers to key in, please click on the refresh button to obtain another set of characters/numbers (top one of the three to the right of the box where you are to key in the text)

---

  
**Forgotten Login/Password Assistance**  
Please enter your email address or user name. If it matches the email or user name the district has on file, you will be sent an email containing your login and a link that can be used to reset your password.

1828

Type the text  
Privacy & Terms

  
1828

Reset   Cancel



A system generated email containing an account reset link should then be sent to the email account within Skyward. Click on the link in that email, which will direct you to a page to set a password that will allow you access to your Skyward account.

# NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

Dr. Tara Rasche, Superintendent  
Ryan Case, Trans. Director

P.O. Box 158, 5379 E Main St.  
Dubois, IN 47527



DeAnn Meyer, Treasurer  
Gretchen Brinkman, Deputy Treasurer

Phone # 812-678-2781  
Fax # 812-678-4418

RE: MENINGITIS

Dear Parents, Guardians, and Students,

One type of meningitis is caused by a bacterium called *Neisseria meningitidis*. Infections caused by this bacterium are serious, and may lead to death. Symptoms of an infection with *Neisseria meningitidis* may include a high fever, headache, stiff neck, nausea, confusion and a rash. This disease can become severe very quickly and often leads to deafness, mental retardation, loss of arms or legs and even death. The bacteria are spread from close person to person contact through the exchange of nose and throat secretions, by activities such as kissing or sharing eating or drinking utensils. The bacteria are not spread by casual contact or by simply breathing the air where a person with meningitis has been.

There are two vaccines that can help prevent cases of this disease in teens and young adults. The United States Centers for Disease Control and Prevention (CDC) recommends vaccination of children with the meningococcal conjugate vaccine (Menactra and Menveo) at 11 or 12 years of age, with a booster dose of the vaccine at 16 years of age. The booster dose at age 16 provides ongoing protection from the disease after high school.

The state of Indiana requires all students in grades 6-12 to have the appropriate number of meningococcal conjugate vaccine doses. One dose of meningococcal conjugate vaccine is required for all students in 6<sup>th</sup>-11<sup>th</sup> grade. A second booster dose is required for students entering 12<sup>th</sup> grade. These vaccines are a legal requirement for school entry (Indiana Administrative Code 410 IAC 1-1-1) for the 2015-2016 school year.

All students in grades 6-12 must have acceptable documentation of required immunizations on record at the school they are currently attending. An acceptable record includes a signed record from the child's health care provider indicating the name of the vaccine given and the date it was given, a record of the immunization in the state immunization registry (CHIRP) prior to the start of the school year, or a record from another school showing the required immunization have been given.

Many local health departments and private healthcare providers offer this vaccine. Please contact your health care provider for specific instructions regarding your child.

More information about meningococcal disease can be found at:

The Centers for Disease Control and Prevention (CDC) website:  
<http://www.cdc.gov/vaccines/vpd-vac/mening/default.htm>

IN State Department of Health website:  
<http://www.in.gov/isdh/25455.htm>

# NORTHEAST DUBOIS INTERMEDIATE SCHOOL

Ryan Case, Principal  
Camille Berg, Counselor



Terry Friedman, Athletic Director  
Kelly Keusch, Treasurer

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4550 N 4th St  
Dubois, IN 47527

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Phone # 812-678-2181  
Fax # 812-678-2282

## Northeast Dubois Intermediate School Acceptable Use Policy Agreement Signature Page

The entire agreement is located on our website: <http://www.nedubois.k12.in.us/>

As a student and parent(s) / guardian(s) of this student, I/We acknowledge receipt and have knowledge of the Northeast Dubois County School Corporation Technology Handbook. I/We agree to the policies and guidelines established for us and for our child.

You are reminded that questions may be directed to any staff member and/or administrator in your building. A printed copy of the handbook may be obtained from the school office.

This agreement will be valid and kept on file.

# MEMO

TO: Northeast Dubois County School Corporation Parents  
FROM: Dr. Tara Rasche  
DATE: July 2023  
RE: Pest Control Policy  
CC: Northeast Dubois County School Board

Northeast Dubois County School Corporation is committed to providing students a safe environment. It seeks to prevent children from being exposed to pests and harmful and unnecessary pesticides. While pesticides protect children from pests that may be found in the school and its surrounding grounds, under some circumstances they may pose a hazard to children. Therefore, pest control practices may involve a variety of chemical and non-chemical methods that are designed to control pests effectively while minimizing harmful pesticide exposure to children.

If you wish to be informed when pesticide applications will be made at the building in which you have children, please call Maintenance Director Tony Smock at 678-2781 Ext 4 to put your name on our registry. The School Corporation will provide notice at least two days prior to the date and time the pesticide application is to occur. If you need any further information concerning our pest control policy you may also call Tony at the same phone number.

## NOTIFICATION OF AVAILABILITY OF ASBESTOS MANAGEMENT PLAN

AUGUST 2019

The Asbestos Hazard Emergency Response Act (AHERA) required the compilation of all asbestos containing materials (ACBM), within the public and private schools (K-12 grades). A building inspection by EPA-Accredited Asbestos Inspectors was conducted to determine, not only if asbestos was in our schools, but its condition. After the inspection, a plan to manage the identified asbestos was developed.

AHERA further required that the identified asbestos containing materials were to be checked every six months by the trained school personnel and that these materials were to be re-inspected by an accredited inspector every three years as long as the materials remain in the building.

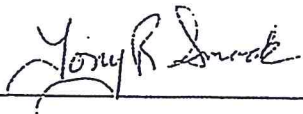
The School Corporation complied with the AHERA by completing the asbestos inspection of our schools and submitting the Management Plan to the State of Indiana for the approval of the Governor. The implementation of the Management Plan began shortly after submittal and all the identified areas of concern have been corrected.

Anyone wishing to view a copy of the Management Plan for an individual school building will find it available in the Principal's office of each school. The Management Plan for all of the schools in the School Corporation is available for your viewing in the Administration Office. The Management Plan may be copied for a minimal fee of 5 cents per page, during regular school hours by notifying the school in advance to prevent scheduling difficulties.

If you have any questions concerning the AHERA Program, please contact your building Principal and/or the Designated Person, Mr. Tony Smock.

The Asbestos Management Plan will be updated annually as response actions are completed or as periodic surveillance reveals a change in the condition of the asbestos materials.

Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "Tony R. Smock", is written over a horizontal line.