



# Northeast Dubois Elementary School

Courtney Hopf, Principal— Lori Fuhrman and Judy Haase, Secretary

5533 E. St. Raphael St. · Dubois, IN 47527 · Phone: 812-678-3011 · Fax: 812-678-2013

## INFORMATION CARD

### Northeast Dubois Elementary School

ALL STUDENTS MUST HAVE A BIRTH CERTIFICATE FROM THE HEALTH DEPARTMENT, PROOF OF RESIDENCE, AND A COPY OF THEIR SOCIAL SECURITY CARD ON FILE AT SCHOOL. PLEASE BRING THESE TO OPEN HOUSE THIS FALL OR SEND WITH YOUR CHILD TO SCHOOL IF YOU HAVE NOT ALREADY.

**\*\*\*One Per Family\*\*\*Please complete for all students enrolled in elementary school.**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Grade \_\_\_\_\_ Gender (circle) M F

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Grade \_\_\_\_\_ Gender (circle) M F

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Grade \_\_\_\_\_ Gender (circle) M F

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Grade \_\_\_\_\_ Gender (circle) M F

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

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 \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name you would like child to learn to print: \_\_\_\_\_

Student Name(s) \_\_\_\_\_ Student Grade(s) \_\_\_\_\_

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 \_\_\_\_\_ ZipCode \_\_\_\_\_

E-mail \_\_\_\_\_

Stepmother's Name \_\_\_\_\_ Phone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Stepfather's Name \_\_\_\_\_ Phone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

School Transportation: Each day this student will be picked up at \_\_\_\_\_ and ride bus # \_\_\_\_\_ to school. After school each day, this student will ride bus \_\_\_\_\_ to \_\_\_\_\_ or be picked up at school by \_\_\_\_\_. If school should be dismissed early, this student should ride bus # \_\_\_\_\_ to \_\_\_\_\_.

### EMERGENCY INFORMATION

In case of illness or emergency, who should be contacted:

1<sup>st</sup> Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

2<sup>nd</sup> Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

3<sup>rd</sup> Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

4<sup>th</sup> Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

### MEDICAL INFORMATION

Student's medical problems, concerns, etc:

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

Allergies? \_\_\_\_\_

Asthma? \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Glass/Contacts? \_\_\_\_\_ Hearing Aid? \_\_\_\_\_

Parents/ Guardians: Please notify your school if **any changes** are made in any of this information given on this card **anytime** throughout the **entire** school year.

Courtney Hopf, Principal



## Northeast Dubois Elementary School

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Dear Parents,

Please help us with some data collection needed for our files.

Has your child attended any preschool prior to kindergarten?      Yes      No

If yes, please list name of preschool and # of years attended.

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Has your child received services through the Head Start program prior to Kindergarten?      Yes      No

If yes, please list location and approximate dates of enrollment.

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Has your child attended any other readiness program before entering kindergarten?      Yes      No

If yes, please list name of program and approximate dates of enrollment.

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Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Thank you,

Courtney Hopf  
Principal, Dubois Elementary School

## Collecting Racial and Ethnic Data

04.01.09

Though the department does not report individual student or staff data to the federal government, the total number of students and staff by race and ethnicity of each school is reported. The following sections define how race and ethnicity is collected using a two part question, how observer identification is used for non self-identifying students, and an overview of reporting racial and ethnic data to the IDOE.

### Two part question for students and staff

Districts must collect race and ethnicity information on students and staff using a *two part question*. The respondent must answer both questions. Districts should implement the re-evaluation of students in 2009-2010 to be reported in July of 2010. District enrollment forms will need to implement the two part question for all fall 2010 enrollees. Districts should plan to train staff to assist enrollees in responding to the two part question. **Example:**

**Race and Ethnicity:** (Note: Both Part 1 and Part 2 of the question must be answered.)

Part 1: Ethnicity	<p>Is this individual Hispanic/Latino? (Choose only one)</p> <p><input type="checkbox"/> No, not Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)</p>
Part 2: Race	<p>What is the individual's race? (Choose one or more)</p> <p><input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.</p> <p><input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>

# 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 21, 2024. **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 SCHOOL CORPORATION

## KINDERGARTEN MEDICAL REQUIREMENTS

Dear Parents,

The time has come for your child to enter Kindergarten. However, your child needs to fulfill certain requirements before he/she enrolls in Kindergarten. This letter contains information about the health requirements only. The health of your child has much to do with their progress in school.

Every school corporation recommends that each child have a physical and dental examination prior to entering school. The best place for your child to have this completed is in the office of the private physician or dentist where he/she has access to previous history regarding the health of your child.

The physical exam and dental forms are to be completed and returned to school by:

**August 1, 2024**

**PLEASE MAKE SURE YOUR CHILD'S NAME IS ON EACH FORM.**

The Physical Examination Record is to be completed by a medical doctor.

School Dental Examination is to be completed by the dentist.

### SCHOOL ENTRY REQUIREMENTS FOR 2023 ARE THE FOLLOWING:

<b>5 DOSES</b>	<b>DTaP (diphtheria-tetanus-acellular pertussis)</b>
<b>4 DOSES</b>	<b>IPV or OPV (polio)</b>
<b>3 DOSES</b>	<b>Hepatitis B</b>
<b>2 DOSES</b>	<b>MMR (measles/mumps/rubella)</b>
<b>2 DOSES</b>	<b>Varicella (or Physician documentation of disease history, including month and year.)</b>
<b>2 DOSES</b>	<b>Hepatitis A</b>

**In order for your child to attend Kindergarten, you must provide documented evidence from your physician or County Health Department that your child has been completely immunized including all dates of each immunization or disease history. This is a state regulation unless your child has a religious or medical exemption. If your child is religious or has a medical exemption, please contact me for paperwork regarding this.**

We want your child to have a happy and healthy school experience. If you have any questions, please call me at (812) 678-2781 ext. 110.

Sincerely,

Michelle Young, R.N.  
School Nurse

NORTHEAST DUBOIS SCHOOL CORPORATION

Dubois, Indiana

Physical Examination Record  
(To be completed by your doctor)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Last First Middle

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Physical Examination:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Vision (Snellen): R: \_\_\_\_\_  
L: \_\_\_\_\_

Glasses: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Ears - Right: \_\_\_\_\_  
Left: \_\_\_\_\_

Nose: \_\_\_\_\_

Teeth: \_\_\_\_\_

Throat: \_\_\_\_\_

Lymph Nodes: \_\_\_\_\_

Thyroid: \_\_\_\_\_

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Hernia: \_\_\_\_\_

Orthopedic Impairments: \_\_\_\_\_

\_\_\_\_\_

Posture: \_\_\_\_\_

Nutrition: \_\_\_\_\_

Skin: \_\_\_\_\_

Nervous System: \_\_\_\_\_

External Genitals: \_\_\_\_\_

General Condition: \_\_\_\_\_

Results (if tested) of Urinalysis: \_\_\_\_\_

Record of Immunizations (MM/DD/YEAR)

DTaP: 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

MMR (Measles/Mumps/Rubella):  
1) \_\_\_\_\_ 2) \_\_\_\_\_

IPV: \_\_\_\_\_ Hepatitis B:  
1) \_\_\_\_\_ 1) \_\_\_\_\_  
2) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 3) \_\_\_\_\_

Varicella: \_\_\_\_\_ Chickenpox Disease:  
1) \_\_\_\_\_  
2) \_\_\_\_\_ (Month/Year)

Hib: \_\_\_\_\_ Hepatitis A:  
1) \_\_\_\_\_ 1) \_\_\_\_\_  
2) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

Other:  
1) \_\_\_\_\_ 2) \_\_\_\_\_

Hemoglobin: \_\_\_\_\_

History of severe illnesses, injuries or surgeries: \_\_\_\_\_

Physician's recommendations: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NORTHEAST DUBOIS SCHOOL CORPORATION  
Dubois, Indiana  
Dental Examination Record  
(To be completed by your dentist)

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

Address: \_\_\_\_\_

School: \_\_\_\_\_

**DENTAL EXAMINATION**

Code: No defect – 0  
Defect – Note Condition

I. Teeth:

Cavities: \_\_\_\_\_

Malocclusion: \_\_\_\_\_

Soft Tissue: \_\_\_\_\_

II. Present Status:

Restorations Completed: \_\_\_\_\_

Appointments Scheduled: \_\_\_\_\_

III. Recommendations: \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

## CHIRP PERMISSION

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.

By signing and returning the form, I as the school nurse will be allowed to verify that your child is enrolled and counted as a student at Northeast Dubois to the Indiana State Department of Health. It will also allow me to correct your child's immunization records that are already in place in the registry as well as completing any records that are missing. If your child has an exemption, this will allow me to place this information in his/her record.

The only identifiable information is your child's name and date of birth. No social security number is used.

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

Sincerely,

Michelle Young, R.N.  
Corporation Nurse

# 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