



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:

1st Name _____ Phone _____ Cell _____

2nd Name _____ Phone _____ Cell _____

3rd Name _____ Phone _____ Cell _____

4th 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.

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.

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.

Student Name _____ Parent Name _____

Thank you,

Courtney Hopf
Principal, Dubois Elementary School

KINDERGARTEN MOVE-UP DAY

Your child will have an opportunity to visit a kindergarten classroom for half a day on either Wednesday, May 14 or Thursday, May 15. We are offering a morning and afternoon choice. If for any reason the date you sign up for will not work, please call the office to reschedule. It is important that your child visits with us to help ease the transition and build excitement for the upcoming year.

Those visiting in the morning should arrive at school by 8:00 and be picked up at 10:30. Those visiting in the afternoon should be brought to school by 12:30 and be picked up by 2:45. If you choose to have your child visit **on their regularly scheduled preschool day**, and they currently use the corporation provided transportation, they may use this same form of transportation on their kindergarten visitation day. To deliver/pick up your child, please pull along the south side entrance facing 4th street and have your child walk to the office doors (entrance #1) where we will greet them and bring them into the building and bring them out to you. If your child needs you to walk them to the door, you may park in the front (south) parking lot and walk your child across the road to the entrance. Please call the school or send a note with your child the day of their visit to tell the teacher who will be transporting your child.

If you have any questions, please call the school at 678-3011.

Child's Name: _____

Parent Phone Contact: _____

Please circle your choice of time and date below and return this form with your child.

Wednesday, May 14 a.m. 8:00 to 10:30

Wednesday, May 14 p.m. 12:30 to 2:45

Thursday, May 15 a.m. 8:00 to 10:30

Thursday, May 15 p.m. 12:30 to 2:45

Please write your visit date and time on the line below and detach this portion to keep as a reminder of your child's visit.

Date and time of my kindergarten visit: _____

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? <i>(Choose only one)</i></p> <p><input type="checkbox"/> No, not Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Hispanic/Latino <i>(A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)</i></p> |
| Part 2: Race | <p>What is the individual's race? <i>(Choose one or more)</i></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> |



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).

WORK SURVEY

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is strictly confidential.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone: (____) _____

Date: _____ Parent Signature: _____

1. Within the last 3 years, have your children moved for any reason? YES ___ NO ___
 2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? YES ___ NO ___
- If you answered NO to either of these questions, please stop.



If you answered YES, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____ Year _____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- | | |
|---|---|
| <input type="checkbox"/> Plant or harvest vegetables or fruits | <input type="checkbox"/> Canning vegetables or fruits |
| <input type="checkbox"/> Detassel corn | <input type="checkbox"/> Sod farm |
| <input type="checkbox"/> Tobacco farm | <input type="checkbox"/> Planting, pruning or cutting trees |
| <input type="checkbox"/> Poultry and/or egg farm | <input type="checkbox"/> Dairy farm |
| <input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant | <input type="checkbox"/> Flora culture/gladiola farm |
| <input type="checkbox"/> Aquaculture/fish hatcheries | <input type="checkbox"/> Green house or plant nursery |

Please list the names of all children in the household under 22 years of age.

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

RELIGIOUS EDUCATION RELEASE TIME

Each Wednesday afternoon, students have an opportunity to attend a religious education class during the school day. In order to best prepare, please indicate how you would like your child to spend this time.

(MUST CHOOSE 1)

_____ Kids of the Kingdom, Inc.--Christian Non-denominational (no fee)

_____ St. Isidore Catholic Parish- (*\$50 fee for supplies)

_____ None (remaining at school in classroom during release time)

Student Name _____ GRADE _____

Parents/ Guardian Name _____

Address _____

Birthdate _____ Gender: Male _____ Female _____

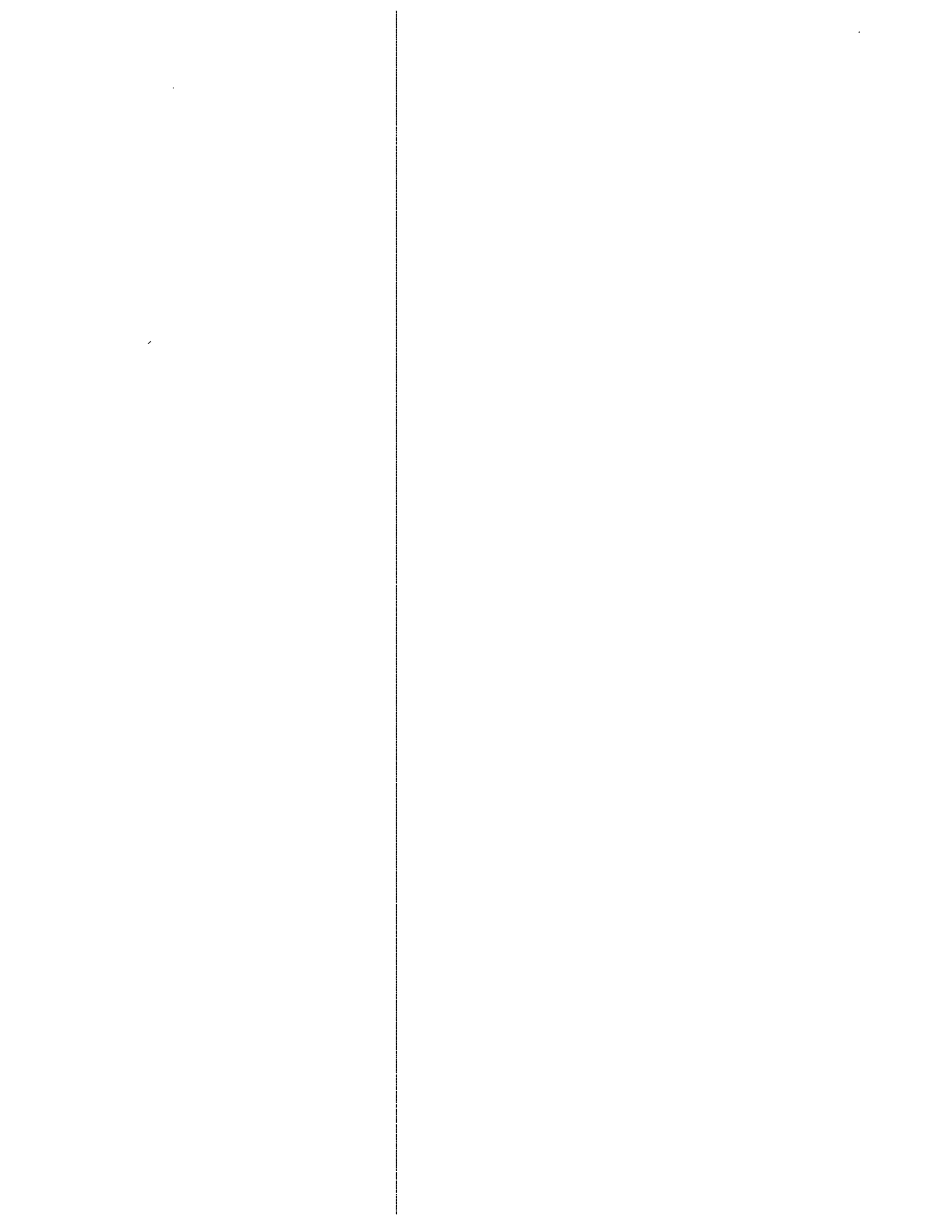
Home Phone _____ E-mail _____

Home Church _____

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

X _____

*If you choose St. Isidore Catholic Parish, you will be receiving a registration form in the mail from the church that will be sent in May. These forms can also be found on the church website.



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).

Apply Online:
Return to:
Address:

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. | | | | | | Only for Students | | Name of School Building | Birthdate | Living with parent or caretaker relative? | |
|--------------------|----|-------------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|-------------------------|-----------|---|--------------------------|
| | | | | Foster | Migrant | Runaway | Homeless | | | 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"/> | <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, VA Benefits, All Other Income | How often received? | | | | | |
|--|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Weekly | Every 2 Weeks | Monthly | Annual | | Weekly | Every 2 Weeks | Monthly | Annual | | Weekly | Every 2 Weeks | Monthly | Annual | | |
| | \$ | <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"/> |

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.

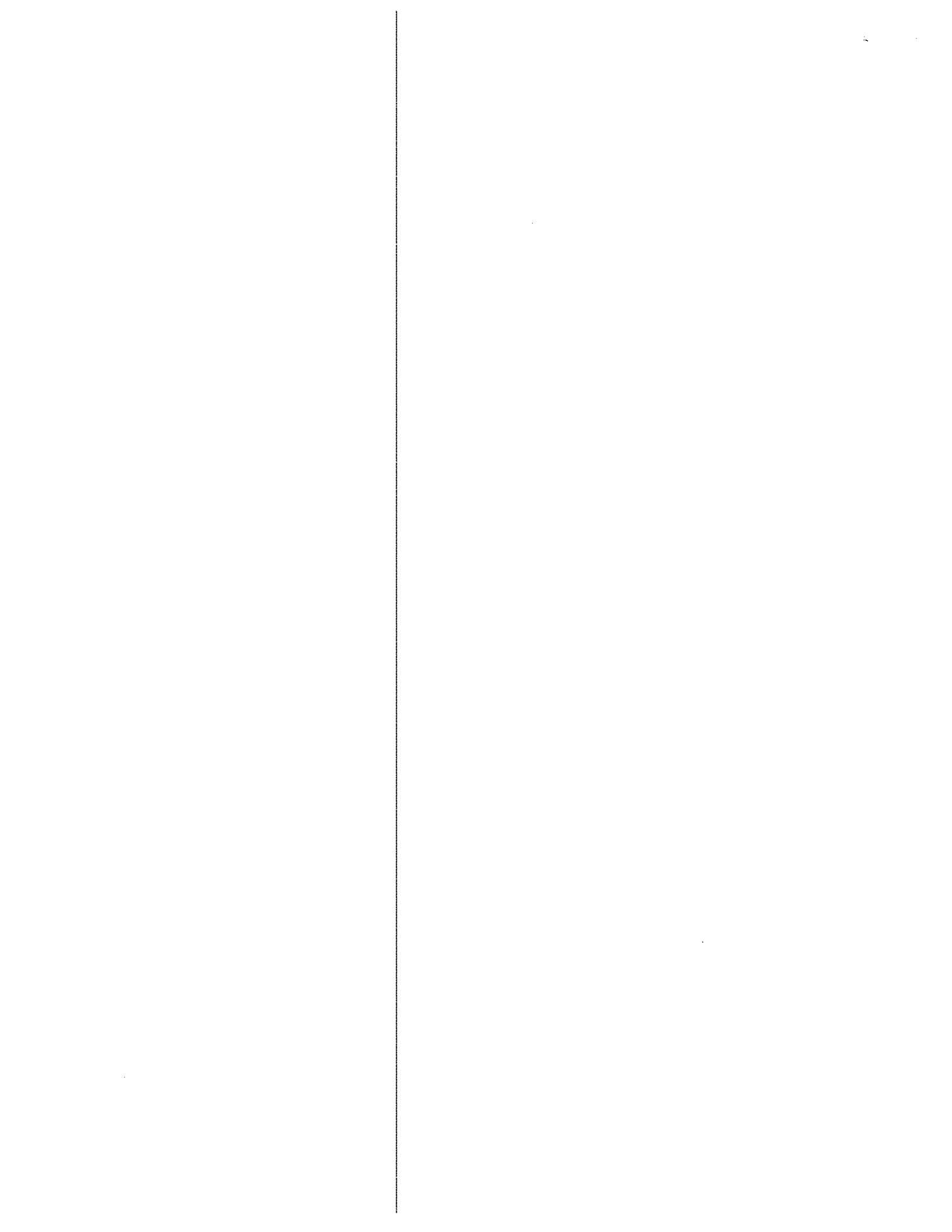
| Child Income | How often received? | | | | Check if no Social Security Number: <input type="checkbox"/> |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | Weekly | Every 2 Weeks | Monthly | Annual | |
| \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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: _____ Signature of Adult: _____ Today's Date: _____

Mailing Address (if available): _____ City: _____ State: _____ Zip: _____ Phone (optional): _____ Email (Optional): _____



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.

Child's Name

Printed Name of Parent or Guardian

Date of Birth

Parent or Guardian Signature

Grade

Date Signed

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, 2025

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:

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

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:

Record of Immunizations (MM/DD/YEAR)

Height: _____ Weight: _____

DTaP: 1) _____

Blood Pressure: _____

2) _____

Vision (Snellen): R: _____
 L: _____

3) _____

4) _____

Glasses: Yes: _____ No: _____

MMR (Measles/Mumps/Rubella):

1) _____ 2) _____

Ears – Right: _____

IPV:

Hepatitis B:

Left: _____

1) _____ 1) _____

Nose: _____

2) _____ 2) _____

Teeth: _____

3) _____ 3) _____

Throat: _____

4) _____

Lymph Nodes: _____

Varicella:

Chickenpox Disease:

Thyroid: _____

1) _____

Heart: _____

2) _____

(Month/Year)

Lungs: _____

Abdomen: _____

Hib:

Hepatitis A:

Hernia: _____

1) _____

1) _____

Orthopedic Impairments: _____

2) _____

2) _____

Posture: _____

3) _____

Nutrition: _____

4) _____

Skin: _____

Other:

Nervous System: _____

1) _____

2) _____

External Genitals: _____

General Condition: _____

Results (if tested) of Urinalysis: _____ 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: _____

