

## **Monroe-Gregg School District**

135 South Chestnut Street  
Monrovia, IN 46157  
Phone (317) 996-3720  
Fax (317) 996-2977  
www.m-gsd.org



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***Thank you for choosing Monroe-Gregg School District! Whether your family is new to the area or arriving from farther away, we want to warmly welcome you to our school community. Our staff is here to support you every step of the way as you complete the enrollment process and get settled. If you have any questions, then don't hesitate to ask.***

***We look forward to partnering with you to make this a positive and successful school year for your child. Welcome to the Bulldog family!***

Has your student ever attended an Indiana school?

- Yes (please complete the enrollment packet)
- No (please complete a Home Language Survey in addition to the enrollment packet)

Please return at \_\_\_\_\_ AM/PM on \_\_\_\_\_ to submit your enrollment materials.

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**¡Gracias por elegir el Distrito Escolar Monroe-Gregg! Ya sea que su familia sea nueva en la zona o venga de más lejos, queremos darle una cálida bienvenida a nuestra comunidad escolar. Nuestro personal está aquí para apoyarlo en cada paso del proceso de inscripción y para ayudarlo a adaptarse. Si tiene alguna pregunta, no dude en preguntar.**

**Esperamos colaborar con usted para hacer de este un año escolar positivo y exitoso para su hijo. ¡Bienvenido a la familia Bulldog!**

¿Ha asistido su estudiante alguna vez a una escuela en Indiana?

- Sí (por favor complete el paquete de inscripción)
- No (por favor complete una Encuesta de Idioma en el Hogar además del paquete de inscripción)

Por favor regrese a \_\_\_\_\_ AM/PM el \_\_\_\_\_ para presentar sus materiales de inscripción.

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**Merci d'avoir choisi le district scolaire de Monroe-Gregg ! Que votre famille soit nouvelle dans la région ou arrive d'ailleurs, nous souhaitons vous accueillir chaleureusement dans notre communauté scolaire. Notre personnel est là pour vous soutenir à chaque étape du processus d'inscription et pour vous aider à vous établir. Si vous avez des questions, n'hésitez pas à demander.**

**Nous avons hâte de collaborer avec vous pour faire de cette année scolaire une expérience positive et réussie pour votre enfant. Bienvenue dans la famille Bulldog!**

Votre élève a-t-il déjà fréquenté une école de l'Indiana ?

- Oui (veuillez compléter le dossier d'inscription)
- Non (veuillez compléter une enquête sur la langue de la maison en plus du dossier d'inscription)

Veuillez revenir à \_\_\_\_\_ AM/PM le \_\_\_\_\_ pour soumettre vos documents d'inscription.

**MONROE-GREGG SCHOOL DISTRICT ENROLLMENT FORM**  
 135 S. Chestnut St, Monrovia, IN 46157 (317)996-3720

For Office Use Only Enrollment Date _____ Grade _____
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**Student's Full Legal Name**

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PRIMARY PHONE (\_\_\_\_) \_\_\_\_\_  
Primary Phone Is used for Emergency Alert Messages  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY/STATE OF BIRTH \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ SEX MALE / FEMALE GRADE \_\_\_\_\_

**Academic Information and History**

Name and address of current/previous school \_\_\_\_\_  
 Has student attended Monrovia Schools before? YES / NO If yes, date and grade of withdrawal \_\_\_\_\_  
 Has student ever been retained? YES / NO If yes, specify grade level and year \_\_\_\_\_  
 Is student involved in any special programming (check any that apply)  Academic Honors  Core 40  21<sup>st</sup> Century Scholar  
 Free/Reduced Meals/Textbooks  Special Education Services  High Ability  504 Plan

**Race & Ethnicity** (Both part 1 and part 2 must be answered)

Part 1: Ethnicity Is the student Hispanic/Latino? YES / NO  
 Part 2: Race What is the student's race? (check all that apply)  
 American Indian/Alaska Native  Asian  White  Black/African American  Native Hawaiian/Other Pacific Islander

**Guardian Information**

**FAMILY #1 - With whom student lives**

Legal Custody \_\_\_\_\_  
 May Pickup Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Employer Name and Address \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

Legal Custody \_\_\_\_\_  
 May Pickup Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Employer Name and Address \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

**FAMILY #2 - Other guardian with whom student does NOT live**

Legal Custody \_\_\_\_\_  
 May Pickup Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Employer Name and Address \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

Legal Custody \_\_\_\_\_  
 May Pickup Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Employer Name and Address \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Emergency Information**

Persons who may be contacted when you cannot be reached - These individuals **CANNOT** call in for a student

Contact(s) Name	Relationship	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_

## Monroe-Gregg School District

Strong Schools. Strong Community.

### HOUSING QUESTIONNAIRE

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

Name of Student (Last, First, MI):

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

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

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

School  Monrovia High School  Monrovia Middle School  Monrovia Elementary School

Gender:  Female  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade:

\_\_\_\_\_

Address (if available - primary location student stays):

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Parent Name Printed:

Parent Signature

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

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

**Distri Lekòl Monroe-Gregg**

Lekòl ki solid pou yon Kominote solid.

**KESTYONE LOJMAN**

Distri Lekòl Monroe-Gregg la ap asire ke pitit ou resevwa pi bon edikasyon posib. Enfòmasyon nan fòmilè sa a pral detèmine si elèv ou a gen dwa resevwa benefis anba lwa federal McKinney-Vento a ki se yon lwa ki ede elèv ki nan sèten sitiyasyon de vi tranzisyonèl oswa deplase kite lakay yo pou yon ti tan tou kout.

Non Elèv la (Non, Dezyem non , Siyati): \_\_\_\_\_

- Kiles nan eleman sa yo ki dekri kote ou rete a pi byen? Kòche yon sèl kote sèlman:
- Viv nan otèl, oswa kan akòz mank lojman apwopriye.
- Viv TEMPORÈMAN avèk fanmi oswa lòt moun paske gen difikilte.
- Viv nanabri ijans oswa pwovizwa.
- Viv nan yon kote piblik oswa prive: machin, pak, batiman abandone.
- Pa gen yon kote fiks pou rete.
- Kay, machin oswa apatman.

Si elèv la ap viv nan yon lojman pèmanan, pa aplike pou sèvis McKinney Vento a. Si elèv la PA ap viv nan yon lojman pèmanan, tanpri kontinye ranpli enfòmasyon anba yo:

Lekòl  Lekòl Segondè Monrovia  Lekòl fondamantal Monrovia  Lekòl Elèmante Monrovia  
Sèks:  Fi  Gason Dat nesans: //\_ **Klas:** \_\_\_\_\_

Adrès (si disponib - kote prensipal elèv la rete): \_\_\_\_\_

Non Paran: \_\_\_\_\_ Siyati Paran yo

Non Elèv (Jèn ki sèl): \_\_\_\_\_ Siyati Elèv la (Jèn ki sèl): \_\_\_\_\_

Selon repons ou bay nan kesyonè sa a, Liaison McKinney-Vento Monroe-Gregg la ka kontakte ou pou diskite sou elijibilite ou pou sèvis ki disponib yo.

**DISTRITO ESCOLAR DE Monroe-Gregg**

Escuelas Fuertes. Comunidad Fuerte.

**CUESTIONARIO DE VIVIENDA**

El Distrito Escolar de Monroe-Gregg quiere asegurarse de que su hijo reciba la mejor educación posible. La información de este formulario determinará si su estudiante es elegible para recibir beneficios bajo la Ley federal McKinney-Vento, una ley que ayuda a estudiantes que se encuentran en ciertas situaciones de vivienda transitoria o temporalmente desplazados de sus hogares.

Nombre del Estudiante (Apellido, Nombre, Inicial del Segundo Nombre):

¿Cuál de las siguientes opciones describe con mayor precisión su residencia? Marque una sola casilla:

- Viviendo en motel, hotel o campamento por falta de vivienda adecuada
- Hacinamiento: viviendo TEMPORALMENTE con familiares u otras personas debido a dificultades
- Viviendo en refugios de emergencia o transición
- Viviendo en un lugar público o privado: automóvil, parque, edificio abandonado
- Sin una vivienda estable/movimiento de un lugar a otro: "surfista de sofás"
- Casa, casa móvil o apartamento

Si el estudiante vive en una vivienda permanente, los servicios de McKinney-Vento no aplican. Si el estudiante NO está viviendo actualmente en una vivienda permanente, por favor continúe completando la información a continuación:

Escuela  Escuela Secundaria Monrovia  Escuela Intermedia Monrovia  Escuela Primaria Monrovia  
Género:  Femenino  Masculino Fecha de Nacimiento: //\_ Grado: \_\_\_\_\_

Dirección (si está disponible - ubicación principal donde el estudiante se queda):

Nombre del Padre (impreso): Firma del Padre

Nombre del Estudiante (solo jóvenes sin acompañante) (impreso): Firma del Estudiante (solo jóvenes sin acompañante):

Según la respuesta a este cuestionario, el Enlace de McKinney-Vento de Monroe-Gregg podría estar en contacto con usted para discutir la elegibilidad para los servicios disponibles.

## District Scolaire de Monroe-Gregg

### Écoles Fortes. Communauté Forte.

#### QUESTIONNAIRE DE LOGEMENT

Le district scolaire de Monroe-Gregg souhaite s'assurer que votre enfant reçoit la meilleure éducation possible. Les informations de ce formulaire détermineront si votre élève est éligible à recevoir des avantages en vertu de la loi fédérale McKinney-Vento, une loi qui aide les élèves se trouvant dans certaines situations de logement transitionnel ou temporairement déplacés de leur domicile.

Nom de l'élève (Nom, Prénom, Initiale du Deuxième Prénom) :

Quelle description correspond le mieux à votre lieu de résidence ? Cochez une seule case :

- Résidant dans un motel, hôtel, ou camping : en raison du manque de logement adapté
- Doublé : vivant TEMPORAIREMENT avec de la famille ou d'autres personnes en raison de difficultés
- Résidant dans des abris d'urgence ou de transition
- Vivant dans un lieu public ou privé : voiture, parc, bâtiment abandonné
- Manque de logement stable/déménagement fréquent : "Couch surfing"
- Maison, mobil-home ou appartement

Si l'élève habite dans un logement permanent, les services McKinney Vento ne s'appliquent pas. Si l'élève n'habite PAS actuellement dans un logement permanent, veuillez continuer à compléter les informations ci-dessous :

École  Lycée de Monrovia  Collège de Monrovia  École Élémentaire de Monrovia

Genre :  Féminin  Masculin Date de Naissance : //\_ Niveau : \_\_\_\_\_

Adresse (si disponible - lieu de résidence principal de l'élève) :

Nom du Parent en Lettres Capitales: Signature du Parent

Nom de l'Élève en Lettres Capitales (Jeunes non accompagnés uniquement): Signature de l'Élève (Jeunes non accompagnés uniquement):

En fonction des réponses à ce questionnaire, le/la Correspondant(e) McKinney Vento de Monroe-Gregg peut vous contacter pour discuter de l'éligibilité aux services disponibles.

# MONROE-GREGG SCHOOLS

## Personal Health History

Student Name: _____ Grade: _____							
Date of Birth: _____ Home Phone: _____							
Complete the following checklist by indicating any of the following conditions, past or present.							
Include additional details on back if necessary.							
	YES	NO	DATE		YES	NO	DATE
Allergies: Seasonal Animals Bee/Insect Sting Food: _____ Medication: _____ Other: _____  Please note which applies: Local reaction Reaction requiring hospital Requires an Epi Pen				Head Injury: ___ Recent ___ Concussion ___ Other  Explain:			
ADD/ADHD: Medication at home Medication at school				Headaches/Migraines:			
Anemia: Type:				Hearing: Hearing Loss Wearing Hearing aids			
Arthritis: Rheumatoid ___ Other				Heart Condition: ___ Rheumatic Fever Murmur ___ Other			
Asthma: ___ Emergency inhaler required				Lead Poisoning:			
Back/Neck Injury or Condition:				Lung Disease/TB:			
Bladder/Kidney Condition:				Nutrition/Eating Disorder: (overweight/underweight)			
Blood/Clotting Disorder ___ Hemophilia ___ Other				Orthopedic/Bone Condition:			
Cancer/Leukemia:				Psychological/Psychiatric: ___ Medication list on back			
Childhood Disease: Explain:				Other:			
Diet Restrictions: Explain:				Surgery: Explain:			
Epilepsy/Seizure Types Explain:				Vision: ___ Glasses ___ Contacts			

# MONROE-GREGG SCHOOLS

## Personal Health History

Please give details for any that are marked YES that may impact your child's routine at school:

\_\_\_\_\_

Is this student under any ongoing medical/emotional care or treatment?  YES  NO

If yes, physician's name: \_\_\_\_\_

Explain: \_\_\_\_\_

Has your student been recently hospitalized?  YES (If, yes, please provide date: \_\_\_\_\_)  NO

Explain: \_\_\_\_\_

### Medications:

#### Home:

Does this student take any medication at home?  YES  NO

Prescription  Over the counter (OTC)  Patch

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

#### School:

Will this student be required by a physician to take medication during school hours?  YES  NO

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

\*\*\* Note- All medication requires an additional signed medication permit on file prior to administration at school.\*\*\*

*To ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate school staff. This will be done only on a "need to know" basis, in a confidential manner. I agree that the school nurse may consult with my child's family physician(s) about the above medical condition(s). I agree to alert the school nurse and my child's teacher in writing of any changes in medications and/or health status of my child. I will furnish the school with a current telephone number and address in the event of an emergency. The above permission will be valid through the duration of my child's attendance at school unless I revoke the permission in writing.*

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

Individual Healthcare Plans should be in place for any student with asthma, diabetes, seizures, food allergies, insect sting allergies, cancer, hemophilia, and other health conditions. Many plans require physician's signatures so please contact the school nurse at 317-996-2246 (option 3) to complete your student's plan. Plans should be in place before the first day of school.

Monroe Gregg School Corporation

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

[LIST ALL INFORMATION THAT WILL BE RELEASED, INCLUDING NAME, IMMUNIZATION DATA AND OTHER INFORMATION SUCH AS DATE OF BIRTH OR OTHER IDENTIFYING INFORMATION AS APPLICABLE]

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

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
School

Consent for Emergency Medical Care

In an emergency situation, after all efforts to contact parents have been exhausted, this form authorizes consent for emergency medical treatment to be initiated in a timely manner.

I \_\_\_\_\_ am the parent or legal guardian of  
\_\_\_\_\_ and I authorize Monroe-Gregg School Corporation to  
obtain emergency medical treatment of this minor by an appropriate health care professional  
should the need arise while he/she is at school.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

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

## WORK SURVEY

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

Student's Name \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

1. Within the last 3 years, have your children moved for any reason? YES \_\_\_ NO \_\_\_
2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? YES \_\_\_ NO \_\_\_

If you answered NO to either of these questions, please stop.



If you answered YES, please continue.

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

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

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

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



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

El Programa de Educación Migrante (MEP) provee servicios educativos suplementarios a niños que califican a través de fondos nacionales. El propósito del MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen el GED/HSE).

## ENCUESTA DE TRABAJO

Gracias por contestar las siguientes preguntas. Si su hijo/a es elegible para el Programa de Educación Migrante, podría recibir apoyo educativo adicional. La información es completamente confidencial.

Nombre del Estudiante: \_\_\_\_\_ Nombres de los Padres: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Teléfono: ( ) \_\_\_\_\_

Fecha: \_\_\_\_\_ Firma de los Padres: \_\_\_\_\_

1. ¿Durante los últimos 3 años, se ha mudado su(s) hijo(s) por cualquier razón? **SÍ** \_\_\_\_\_ **NO** \_\_\_\_\_
2. ¿Se ha mudado alguien de su familia dentro de los Estados Unidos para buscar trabajo temporal o de temporada en algo relacionado con la agricultura? **SÍ** \_\_\_\_\_ **NO** \_\_\_\_\_

Si contestó **NO** a cualquiera de las dos preguntas, favor de parar aquí.



Si contestó **SÍ**, favor de continuar.

3. ¿Cuándo fue la última vez que usted o un miembro de su familia se mudó para trabajar en la agricultura? Mes \_\_\_\_\_ Año \_\_\_\_\_
4. Por favor marque en la parte abajo la actividad agrícola en que usted buscó trabajo o trabajó.

\_\_\_ Matadero de patos, pavos, pollos, cerdos o vacas

\_\_\_ La espiga (maíz)

\_\_\_ Cultivar tabaco

\_\_\_ Pollería o granja de huevos

\_\_\_ Plantar o cosechar verduras o frutas

\_\_\_ Trabajar en un criadero de peces

\_\_\_ Enlatar o congelar verduras o frutas en la bodega

\_\_\_ Trabajar en la siembra o cosecha de césped

\_\_\_ Plantar, emparejar o cortar árboles

\_\_\_ Granja de vacas lecheras

\_\_\_ Cultivar y cosechar flores

\_\_\_ Trabajar en la cría de plantas

Por favor escribe los nombres de todos los niños, menores de 22 años de edad, que viven con Usted.

Nombre del niño(a)	Fecha de nacimiento
1.	
2.	
3.	
4.	
5.	



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education


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

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

Non Etidyan an: \_\_\_\_\_ Non Paran-an: \_\_\_\_\_

Kote ou rete: \_\_\_\_\_ Non VII la: \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_

Dat: \_\_\_\_\_ Siyati Paran an: \_\_\_\_\_

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

Si ou te reponn **WI** kontinye.

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

- |   |   |
|---|---|
| _____ Plante oubyen ranmase legim oubyen fwi      | _____ Mete legim oubyen fwi nan marmit  |
| _____ Keyi mayi                                   | _____ Fèm gazon                         |
| _____ Fèm Tabac                                   | _____ Plante, koupe oubyen raze pye bwa |
| _____ Poulaye / Fèm Ze                            | _____ Jaden kote yo fè pwodwi ak lèt    |
| _____ Kote yo machinen kana, kodenn, poul, kochon | _____ Kote yo kiltive flè               |
| _____ Kote yo fè elvay pwason                     | _____ Yon jaden andedan                 |

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

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

## Food Service Department

### New Incoming Student Information

In an effort to make things run faster, beginning school year 2024-25, the Monroe-Gregg Food Service Department will be using a finger scanner for students to access their lunch accounts. The server with this data is kept onsite and is encrypted for safety. Students will have their finger scanned at the beginning of the school year 2024-25. If you do NOT want your child's finger scanned, they will need to learn a five digit code instead.

If you have any questions or wish to opt out of the finger scan program, please email Liz Malone, Food Service Director at [emalone@m-gsd.org](mailto:emalone@m-gsd.org).

You may also fill out the form below and have your student turn it in to the cafeteria staff at lunch.

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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ You have permission to scan my student's fingerprint.

Or

\_\_\_\_\_ I wish to opt my student out of the fingerprint scan program.

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

To parents and guardians,

At Monroe-Gregg School District, we use Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Monroe-Gregg, students will use their Google Workspace for Education accounts to complete assignments, communicate with their teachers, sign into their chromebooks, and learn 21st century digital citizenship skills.

The notice found [here](#) provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the Google Workspace for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create a Google Workspace for Education account for your child. This may impact the student's educational experience. Students who cannot use Google services may need to use other software to complete assignments or collaborate with peers.

Thank you,  
Sam Dobbs

I give permission for Monroe-Gregg School District to create/maintain a Google Workspace for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice [here](#).

\*The notice can be found on the school website, [www.m-gsd.org](http://www.m-gsd.org)

\_\_\_\_\_  
Full name of student

- From the menu, go to "Our Students & Families"
- Click on "Google Workspace for Education"
- Click on "Notice to Parents & Guardians"

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**MONROE-GREEG TRANSPORTATION CHANGE REQUEST**

**(ALL INFORMATION MUST BE COMPLETED FOR CHANGES TO TAKE PLACE)**

Parent/Guardian Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Home address \_\_\_\_\_

Contact Phone# \_\_\_\_\_

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

School \_\_\_\_\_

Grade \_\_\_\_\_

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

School \_\_\_\_\_

Grade \_\_\_\_\_

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

School \_\_\_\_\_

Grade \_\_\_\_\_

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

Before School (Check one per day)

Monday	<input type="checkbox"/> Car Rider	<input type="checkbox"/> MES Puzzle Pieces	<input type="checkbox"/> Hall Puzzle Pieces	<input type="checkbox"/> Bus from Home	<input type="checkbox"/> Bus from Alternate Address
Tuesday	<input type="checkbox"/> Car Rider	<input type="checkbox"/> MES Puzzle Pieces	<input type="checkbox"/> Hall Puzzle Pieces	<input type="checkbox"/> Bus from Home	<input type="checkbox"/> Bus from Alternate Address
Wednesday	<input type="checkbox"/> Car Rider	<input type="checkbox"/> MES Puzzle Pieces	<input type="checkbox"/> Hall Puzzle Pieces	<input type="checkbox"/> Bus from Home	<input type="checkbox"/> Bus from Alternate Address
Thursday	<input type="checkbox"/> Car Rider	<input type="checkbox"/> MES Puzzle Pieces	<input type="checkbox"/> Hall Puzzle Pieces	<input type="checkbox"/> Bus from Home	<input type="checkbox"/> Bus from Alternate Address
Friday	<input type="checkbox"/> Car Rider	<input type="checkbox"/> MES Puzzle Pieces	<input type="checkbox"/> Hall Puzzle Pieces	<input type="checkbox"/> Bus from Home	<input type="checkbox"/> Bus from Alternate Address

\*Please fill in Alternate Address if applicable

After School (Check one per day)

Monday	<input type="checkbox"/> Car Rider	<input type="checkbox"/> MES Puzzle Pieces	<input type="checkbox"/> Hall Puzzle Pieces	<input type="checkbox"/> Bus to Home	<input type="checkbox"/> Bus to Alternate Address
Tuesday	<input type="checkbox"/> Car Rider	<input type="checkbox"/> MES Puzzle Pieces	<input type="checkbox"/> Hall Puzzle Pieces	<input type="checkbox"/> Bus to Home	<input type="checkbox"/> Bus to Alternate Address
Wednesday	<input type="checkbox"/> Car Rider	<input type="checkbox"/> MES Puzzle Pieces	<input type="checkbox"/> Hall Puzzle Pieces	<input type="checkbox"/> Bus to Home	<input type="checkbox"/> Bus to Alternate Address
Thursday	<input type="checkbox"/> Car Rider	<input type="checkbox"/> MES Puzzle Pieces	<input type="checkbox"/> Hall Puzzle Pieces	<input type="checkbox"/> Bus to Home	<input type="checkbox"/> Bus to Alternate Address
Friday	<input type="checkbox"/> Car Rider	<input type="checkbox"/> MES Puzzle Pieces	<input type="checkbox"/> Hall Puzzle Pieces	<input type="checkbox"/> Bus to Home	<input type="checkbox"/> Bus to Alternate Address

\*Please fill in Alternate Address if applicable

**YOUR CHILD'S BUS ROUTES ARE ASSIGNED BY THE ADDRESS INFORMATION WE RECEIVE. PLEASE MAKE SURE**

**YOUR CHILD'S PERSONAL INFORMATION IS CORRECT AT ALL TIMES.**