

NORTHEAST DUBOIS ELEMENTARY

Home of the "JEEPS"

Chad Whitehead, Principal



Lori Fuhrman, Secretary

5533 E. Saint Raphael Street
Dubois, Indiana 47527

Telephone: 812-678-3011
Fax: 812-678-2013

When filling out your preschool registration forms, we **MUST** have

1. Copy of birth certificate obtained from the health department
2. Copy of social security card
3. Copy of proof of residency.

We are happy to make a copy of these items if needed. We will need this information along with their registration forms.

If you have any questions, please feel free to call or email at lfuhrman@nedubois.k12.in.us.

Thank you!

MEMO

TO: Northeast Dubois County School Corporation Parents
FROM: Dr. Tara Rasche
DATE: January 2026
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

January 2026

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.

Mr. Tony Smock

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

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Medication Distribution

As of July 1, 2001, Northeast Dubois students in preschool through eighth grade **may NOT carry any medication to or from school**. You may hand the medication to the bus driver, who will hand it to the staff member on bus duty at school or an adult may bring the medication to the office.

Students with an acute or chronic disease or medical condition may carry medication with them and self-administer it on school grounds and during any school-related function as long as a **written release from a parent and a written physician's order that authorizes this activity** is on file at school and reauthorized annually. (This would include inhalers, EpiPens, diabetic medication, etc.)

PERMISSION TO ADMINISTER MEDICATION

I request that school staff members administer medication to my child during school hours in accordance with the enclosed written instructions from my physician or myself.

For short term medication, ORIGINAL PRESCRIPTION BOTTLE AND LABEL IS REQUIRED with child's name, name of medication, dosage and termination date included on label. Note from parent should state time medication should be administered and signed by parent.

For long term medication, ORIGINAL PRESCRIPTION BOTTLE AND LABEL IS REQUIRED with child's name, name of medication and dosage included on label. Physician's order must be sent including time medication is to be given.

Over the counter medication must be sent in the original bottle with the child's name on it including instructions and signed by the parent. If instructions from the parent differ from what is listed on the bottle and no signed prescription from the doctor is included, the instructions on the bottle will be followed. This includes all oral and topical medications.

Medication WILL NOT be administered without the above information or permission to administer medication form signed. This includes all topical, oral or injected medications.

Medications that are prescribed for 3 times/day can be taken at home before and after school and at bedtime. MEDICATIONS WILL NOT BE SENT BACK AND FORTH BETWEEN SCHOOL AND HOME. IF YOU WANT MEDICATIONS TO BE SENT HOME NIGHTLY, YOU WILL NEED TO MAKE ARRANGEMENTS TO COME IN AND PICK UP DURING SCHOOL HOURS.

If you have any questions, please call the office at 812-678-3011

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Medical Consent

The custodial parent/legal guardian of Northeast Dubois School Corporation/Northeast Dubois Elementary School students do hereby grant and authorize Northeast Dubois School Corporation/Northeast Dubois Elementary School **and** any employee thereof to obtain, at the expense of the custodial parent/legal guardian, any medical services including but not limited to: x-ray examination, anesthetic, surgical treatment, or any hospital service, for its students in the event they suffer any illness or accident at a time when the custodial parent/legal guardian cannot be contacted.

This medical consent is given in advance of treatment to encourage and authorize the school, its employees, and the named physician to exercise their judgment in the best interest of my child.

This consent form will be valid and kept on file.

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\$50.00 Registration Fee Paid _____ Check _____ Cash _____ Not Paid _____

NORTHEAST DUBOIS PRESCHOOL 2026/27 REGISTRATION FORM

Student Name _____ Birthdate _____
First Middle Last Month/Date/Year

Student Address _____

City State Zip Code

In what county do you reside? _____ Do you live in the Northeast Dubois School District? _____

Circle Gender: M F Year you are planning to send your child to **Kindergarten**: 20__

Has your child ever attended another Preschool? Yes _____ No _____

If you answered "yes", please list where he/she attended: _____

Family Information:

The student's parents are (circle): Married Separated Divorced Widowed Single

If divorced, who has legal custody of this child? _____

With whom does the child live? _____

Number of Brothers _____ Ages _____ Number of Sisters _____ Ages _____

Father's Name

Occupation _____

Place of Employment _____ Work Phone _____

Home Phone _____ Cell Phone _____

Preferred email address _____

Mother's Name

Occupation _____

Place of Employment _____ Work Phone _____

Home Phone _____ Cell Phone _____

Preferred email address _____

MEDICAL AND EMERGENCY INFORMATION

Does your child have any fears? Yes _____ No _____ If the answer is yes, please list:

Has your child had any serious illnesses/accidents? Yes _____ No _____ If the answer is yes, please list:

Is your child allergic to anything? Yes _____ No _____ If the answer is yes, please list known allergies, especially a list of foods he/she cannot have. We will need medical documentation prior to school starting.

Does your child take any medication on a regular basis? Yes _____ No _____ If yes, please list all medications:

Any other medical conditions or concerns of any kind?

IN CASE OF ILLNESS OR EMERGENCY, PLEASE LIST CONTACTS/RELATIONSHIP TO STUDENT
IN THE ORDER YOU WOULD LIKE THEM TO BE CONTACTED:

First Contact

_____ Phone _____ Relationship _____

Second Contact

_____ Phone _____ Relationship _____

Third Contact

_____ Phone _____ Relationship _____

PRESCHOOL TIME PREFERENCE AND TRANSPORTATION

Student Name: _____

Please note: Session slots are filled on an availability basis. We will do our best to meet your needs and make every attempt to enable you to have a day and a time that works best for you and your child.

*****Please Circle the Days Option You are Requesting*****

***You can circle more than one option if you are flexible on days. In that case, we will place your child in the class with the least amount of students.**

3 Year-Old:

	Half Day (AM only)	Full Day
2 Days/Week	<u>\$100/Month</u> M/W OR T/Th	<u>\$200/Month</u> M/W OR T/Th

4 Year-Old:

	Half Day (AM only)	Full Day
2 Days/Week	<u>\$100/Month</u> M/W OR T/Th	<u>\$200/Month</u> M/W OR T/Th
3 Days/Week	<u>\$150/Month</u> M/W/F OR T/Th/F	<u>\$300/Month</u> M/W/F OR T/Th/F
5 Days/Week	<u>\$250/Month</u> M-F	<u>\$500/Month</u> M-F

COMMENTS ABOUT TIME PREFERENCE:

School Transportation: Please complete where applicable.

General Education transportation is provided at the start of the school day and at the end of the school day **(no mid-day transportation for general education students).**

Will this student be riding Corporation/Special Ed (w/seat belts) provided bus transportation?

___ Yes ___ No

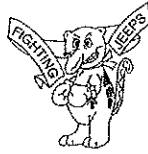
If yes:

Each day this student will be picked up at (address) _____

After school each day, this student will ride bus # _____ to (address & name) _____.

Morning session only:

Each mid-day this student will be picked up at school by _____ Phone _____



Preschool-Dubois Elementary

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

Preschool Registration Checklist

Policy Statement	Parent Initials
I have read and understand the Asbestos Management Memo .	
I have read the DES Handbook and voluntarily agree to be subject to its terms for the entire enrollment time at Dubois Elementary School.	
I have read and agree to the Medical Consent Policy and voluntarily agree to be subject to its terms for the entire enrollment time at Dubois Elementary School. FAMILY DOCTOR: _____ PHONE NUMBER: _____	
I have read the Medication Distribution form, and I request that school staff members administer medication to my child during school hours in accordance with enclosed written instructions from my physician or me.	
I have read and understand the Pesticide Notification and Application Memo .	
I have read and understand the Bullying Policy of the Northeast Dubois County School Corporation and agree to its terms for the entire enrollment time at Dubois Elementary School.	
I have read and understand the School Lunch letter.	
I understand and take responsibility for all preschool tuition payments and agree to make payments the first week of each month.	

Permission to be Photographed and/or Videotaped

Photographs/Video	Yes	No
I give permission for my student to be photographed and/or videotaped and to appear in any publications, displays, or website for the entire enrollment time at Dubois Elementary School. I am aware that no student's email address, street address, or telephone number will be published.		

Permission for Travel

Consent for Transportation/Attendance	Yes	No
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.		

Signatures

Parent/Guardian Signature

Date

Student Name

Date



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

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


WORK SURVEY

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

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

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

Date: _____ Parent Signature: _____

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

If you answered **YES**, please continue.

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

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

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

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

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>