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

Northeast Dubois Elementary School

******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

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Last First Middle
Grade _____ Gender (circle) M F

Student's Name _____ Birthdate _____
Last First Middle
Grade _____ Gender (circle) M F

Primary Phone _____ Address _____

City _____ State _____ Zip Code _____ Cell Phone _____

In what county do you reside? _____

Do you live in the Northeast Dubois School District?_____

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 _____

**Is this student a student of an active duty parent or guardian in the Armed Forces? _____ YES _____ NO

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.

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Northeast Dubois Elementary School Registration Checklist

Policy Statement	Parent Initials
I have read and understand the **Asbestos Management Memo**.	
I have read the **DES Handbook** (found online) and voluntarily agree to be subject to its terms for the entire enrollment time at Northeast 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 Northeast 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 agree to the policies set forth in the **Northeast Dubois County School Corporation Technology Handbook,** including but not limited to the **Acceptable Use Policy,** and voluntarily agree to be subject to its terms for the entire enrollment time at Northeast Dubois Elementary School**.**	
I have read and understand the **Pesticide Notification and Application Memo**.	
I have read and understand the **Right to Know** corporation policy in accordance with the Elementary and Secondary Education Act, Section 1111 (h)(6) *PARENTS' RIGHT TO KNOW*.	
I have read about and understand how to sign up for the one-way communication (text and/or email) **Parent Square** notifications.	
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 Northeast Dubois Elementary School.	
I have read and understand the **School Lunch** letter.	

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 (including release time) 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

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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 the name of the program and approximate dates of enrollment.

_____

Student Name _____ Parent Name _____

Thank you,

Chad Whitehead
Principal, Northeast Dubois Elementary School

NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

Home of the "JEEPS"

Dr. Tara Rasche, Superintendent
Ryan Case, Transportation Director

5379 E Main Street
Dubois, Indiana 47527

DeAnn Meyer, Treasurer
Gretchen Brinkman, Deputy Treasurer

Telephone: 812-678-2781
Fax: 812-678-4418

Indiana State Department of Health's
Children and Hoosiers Immunization Registry Program

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 of Parent or Guardian Date

_____ _____
Printed Name of Parent or Guardian Address

_____ _____
School Grade level

_____ _____
Child's Name Date of Birth