NORTHEAST DUBOIS INTERMEDIATE SCHOOL

Ryan Case, Principal
Camille Berg, Counselor

4550 N 4th St
Dubois, IN 47527

Kelly Schmitt, Athletic Director
Kelly Keusch, Treasurer

Phone # 812-678-2181
Fax # 812-678-2282

REQUEST FOR RECORDS

Date: _____

Name of Student: _____

Grade: _____

Birthdate: _____

IEP: Yes or No

School Attended Last: _____

City: _____ State: _____

1. Copy of all grades while in your school.
2. Copy of the grades the student was receiving at the time of withdrawal from your school.
3. Transcripts of previous school records, if applicable.
4. Health records.
5. A copy of the birth certificate if available.
6. Standardized and achievement test results and psychological records, if applicable.
7. Any other pertinent information, which will be of value to us in placing this student properly.
8. Any cooperative or special education reports, if applicable.

Thanks in advance for your cooperation and early response.

Parent/Guardian Signature: _____

LETTER TO ALL PARENTS

A FEW REMINDERS:

Students are NOT allowed to bring soft drinks to school for lunch without a written statement from their doctor stating the reason why. Milk, juice, or water, which is available for purchase, is sufficient.

If your child will need to take medication at school such as Tylenol, Ibuprofen, Tums, cough drops, etc... please send them with your child to school. We can keep them in the office with their name on them to be used as needed.

Reminder that shorts/dresses MUST be fingertip length

Locks are installed on each locker. Students will not need to bring personal locks to school. Lockers are for storage of all the student's items and equipment. Please do not send oversized gym bags that will not fit in your child's locker. **Please encourage your child NOT to wear their backpacks all day long.** They have plenty of time to go to their lockers and get what they need for their next class.

We will not be held responsible for lost items (games, cards of any kind, headphones, jewelry, etc.) or money lost while at school. Please advise your child to let these items or large amounts of money at home.

Office phones are for emergency use only. We will not allow students to use phones to call parents asking to spend the night at a friend's house, etc. We hope you will try to help us enforce this policy by telling your children that all such plans need to be made the night before.

With the addition of wi-fi to our building, students will be allowed to use cell phones and other devices for educational purposes at the discretion of the classroom teacher. **Additionally, students should not use cell phones to make personal calls or send text messages during the school day except at lunch. Infractions of this nature can lead to disciplinary action.**

You can check your child's progress in their classes or check their lunch balances in Skyward Family Access on the Northeast Dubois School Corporation website.

If your child gets sick at school they need to inform their teacher and then come to the office. The office will see what they can do to help your child and call the parent if necessary.

Please notify the office or send a note if your child is riding a different bus or is being picked up by someone else. Bus drivers will not allow other students on their bus without a note.

We want you to feel that you are actively involved in your child's education. Look around the school today and stop by anytime you have questions or concerns.

NORTHEAST DUBOIS INTERMEDIATE SCHOOL

Ryan Case, Principal
Camille Berg, Counselor

4550 N 4th St
Dubois, IN 47527

Kelly Schmitt, Athletic Director
Kelly Keusch, Treasurer

Phone # 812-678-2181
Fax # 812-678-2282

Northeast Dubois Intermediate School Registration Checklist

Policy Statement	Student Initials	Parent Initials
I have read the **Northeast Dubois Intermediate School Extracurricular Activities Rules** and voluntarily agree to be subject to its terms for the four year intermediate school enrollment.		
I have read the **Attendance Policy and Procedures** and voluntarily agree to be subject to the terms for the four year intermediate school enrollment.		
I have read the **Bullying Policy** and voluntarily agree to be subject to its terms for the four year intermediate school enrollment.		
I have read and agree to the **Medical Consent Policy** and voluntarily agree to be subject to its terms for the four year intermediate school enrollment. **FAMILY DOCTOR:** _____ **PHONE NUMBER:** _____		
I have received a copy of and read the **Meningitis** memo from the Northeast Dubois County School Corporation.		
I have read and agree to the policies set forth in the **Northeast Dubois County School Corporation Technology Handbook** and voluntarily agree to be subject to its terms for the four year intermediate school enrollment including but not limited to the **Acceptable Use Policy.**		
I have read and agree to the **Northeast Dubois County School Corporation Discipline Policy, Northeast Dubois Intermediate School Discipline Policy,** and the **Northeast Dubois Intermediate School Basic Rules** and agree to be subject to their terms for the four year intermediate school enrollment.		
I have read the **Student Dress Policy** and voluntarily agree to be subject to its terms for the four year intermediate school enrollment.		

Permission to be Photographed and/or Videotaped

Photographs/Video	Circle: Yes	Circle: No
I give permission for my student to be photographed and/or videotaped and to appear in any publications, displays, or website for the four year intermediate school enrollment. I am aware that no student's email address, street address, or telephone number will be published.		

Permission for Travel

Consent for Transportation/Attendance	Circle: Yes	Circle: 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

Grade Level (circle one)

3 4 5 6

REGISTRATION CARD for NORTHEAST DUBOIS INTERMEDIATE SCHOOL

It is the responsibility of the custodial parents(s) or legal guardian(s) to complete this card in full!

Students Name _____ Grade_____
Last First Middle

Birthdate_____ Age_____ Sex_____ Social Security Number_____-_____-_____

Address_____ Apt.#_____ Home Phone _____

City_____ State_____ Zip_____ Mom's Cell _____

County of Residence _____ Dad's Cell _____

Residential School District (you live in) _____
(Eg: NED, Jasper, etc....)

Where would you like to be contacted? Home_____ Work _____ Cell_____

Email Address– Home_____ Email Work_____

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_____

Who has legal custody of the student? (circle) Mother Father Other_____

Mother or Legal Guardian _____ Occupation_____
Last First Maiden

Place of Employment _____ Phone_____

Father or Legal Guardian_____ Occupation_____
Last First Middle

Place of Employment _____ Phone_____

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_____ Zip_____

Stepmother's Name_____ Occupation_____

Place of Employment _____ Phone_____

Stepfather's Name _____ Occupation_____

Place of Employment _____ Phone _____

After School Transportation: Each day this student will 1)_____ ride bus # _____ bus driver_____

2) _____walk to _____ 3) _____ be picked up by _____

(OVER)

Student's Name _____

EMERGENCY INFORMATION

In case of illness or emergency, which parent should be contacted

First? _____ Second? _____

If parents cannot be reached, who else in Dubois County shall we contact?

Name _____ Relationship to student _____ Phone _____

Name _____ Relationship to student _____ Phone _____

MEDICAL CONSENT

The undersigned custodial parent or legal guardian of (student) _____

School _____ Grade _____ does hereby grant and authorize Northeast Dubois Schools and any employee thereof to obtain, at the expense of the undersigned, any medical services, including but not limited to x-ray examination, anesthetic, surgical treatment or any hospital service, for the above named student in the event said student suffers any illness or accident at a time when the undersigned cannot be contacted. It is my request that if reasonably possible, such treatment shall be rendered by our family doctor:

Dr. _____ Phone _____
or by any physician on call at the hospital emergency room or otherwise available to provide care.
This medical consent is given in advance of treatment to encourage and authorize the school and employees and the named physician to exercise their judgment in the best interest of my child.

Date _____ _____ _____
Custodial Parent (s)

Date _____ _____ _____
Legal Guardian (s)

MEDICAL INFORMATION

Student's medical problems, concerns, etc.: _____

_____

_____

Allergies? _____

Asthma? _____

Medications: _____

_____

Glasses / Contacts? _____ Hearing Aid? _____

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

Northeast Dubois School Corporation
Student 1:1 Program Acknowledgement Form

Please Review and Initial Each Statement Below

Guidelines	Student Initial	Parent Initial
I have read and agree to the policies set forth in the Northeast Dubois County School Corporation Technology Handbook and voluntarily agree to be subject to its terms for the current school year including but not limited to the Acceptable Use Policy		
Students and parents are responsible for the use of the student's device and know that Internet use is recorded off school property		
Students agree to share the passcode with any staff or teachers, but should not share with any other student		
Students agree to use the device for educational purposes during specified class time.		
Students agree to bring the charged device with them to school every day		
Students agree to not remove the management software or try to reset or get around the system in anyway including using VPN services		
Students and parents understand that they are responsible for the replacement costs of the charger if it is not returned, sticker is removed, or returned but damaged.		
Students and parents agree to use the provided case		

Student's Printed Name

Student's Signature Date

Parent/Guardian Signature Date

NDCSC Building Homeroom Teacher

Northeast Dubois School Corporation

Student Device Insurance Form

3rd-12th Grade

With the new purchase of Chromebooks/iPads for your students this year, we were offered an insurance policy that will help the cost of repairs for you by having **no deductible.** This is something new we started last school year with the new devices. We hope to continue this policy with each year's new purchases. The insurance plan for the Northeast Dubois Chromebook Program is per student per school year. If you don't purchase the insurance plan for your student's chromebook, you are legally responsible for the repairs or replacement costs of your student's device. Your child's device must be returned in working condition at the end of each school year. The device insurance is voided if the device is in an unapproved case. The only case approved is the case the school provides. We will provide the students the case if needed some of our devices are rugged and don't need cases, but replacement cases cost around $50. We know the replacement cost of the case is much higher, but you save the cost with the insurance policy having no deductibles.

Premium cost is $25 and this covers one school year per student.

Intentional breaks are not covered under this policy and must be paid in full. Any breaks that are not covered under the policy will go under review on a case by case basis and a cost could occur up to the cost of a replacement device.

Please initial the box below that you choose for your student's device, this is only if doing paper registration online you will have a yes or no box for insurance.

I would like to purchase insurance for the device at the cost of $25. I agree to the terms of the insurance policy written above.

I have been offered insurance for my student's device, but I am denying the coverage. I will pay full replacement costs or cost of repairs to fix my student's device if it becomes broken.

Student's Printed Name

Parent/Guardian Signature

Date

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, 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 on 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
- 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,

Katie Hackney
Food Service Director
Northeast Dubois School Corporation

Prescribed by State Board of Accounts School Form No. 521/2026

2026-2027 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. Foster	Migrant	Runaway	Homeless	Only for Students Name of School Building	Birthdate	Living with parent or caretaker relative? Yes	No
				☐	☐	☐	☐			☐	☐
				☐	☐	☐	☐			☐	☐
				☐	☐	☐	☐			☐	☐
				☐	☐	☐	☐			☐	☐

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? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐

Total Number of Household Members (Children and Adults)		**Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)**					Check if no Social Security Number: ☐

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? Weekly	Every 2 Weeks	2x Month	Monthly	Annual
$	☐	☐	☐	☐	☐

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)

Optional | **Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT | **For school use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income:	How often received?					Household Size:	Categorical Eligibility ☐	Eligibility Determination				
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual			Free	Reduced	Denied	Determining Official's Signature	Date
	☐	☐	☐	☐	☐			☐	☐	☐		

For use at verification

Confirming Official's Signature	Date	Verifying Official's Signature	Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture,
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW, Mail Stop
9410, Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

*** Do not mail applications to this address, only complaints of discrimination.**

USDA is an equal opportunity provider, employer, and lender.

Ala Carte Price List

2026-2027

Northeast Dubois County School

Entrees	
Sandwiches	$2.00
Extra Entrée	$2.00
PBJ (Homemade)	$1.25
Uncrustable	$1.75

Snacks	
Chips	$1.00
Fruit Snacks	$1.00
Cookies	$0.50

Beverages	
Bottled Water	$1.00
Core Water	$1.50
Bottled Juice	$2.00
Capri Sun	$1.00
Juice Carton	$0.40
Milk Carton	$0.50

Meal Pricing	
Breakfast	$1.75/ $0.30
Adult Breakfast	$2.75
Pre-K Lunch	$2.25/ $0.40
K-8 Lunch	$2.50/ $0.40
9-12 Lunch	$2.75 $0.40
Adult Lunch	$4.60

Fruits & Vegetables	
Veggie Tray	$2.00
Fruit Tray	$2.00
Fruit or Vegetable	$1.00

Dairy	
Yogurt Parfait	$2.00
Cottage Cheese	$1.25
String Cheese	$0.50

Large Salad	$4.50

Breakfast	
Sandwich	$1.75
Extra Entrée	$1.75
Cereal (1 oz)	$1.00
Cereal (2 oz)	$1.25
Poptart	$1.25

NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

Dr. Tara Rasche, Superintendent
Ryan Case, Trans. Director

DeAnn Meyer, Treasurer
Gretchen Brinkman, Deputy Treasurer

P.O. Box 158, 5379 E Main St.
Dubois, IN 47527

Phone # 812-678-2781
Fax # 812-678-4418

Dear Parent or Guardian:

Every school district is required to report to the Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the education programs and services to which they are entitled.

The federal government recently changed the reporting categories for student data. As a result, you have the opportunity to update the student data for your child. With the new reporting categories, you may now identify your child by ethnic group (either Hispanic/Latino or not Hispanic/Latino) and by one or more racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White). Starting with the 2010-2011 school year, all schools will report student data to the Department of Education using the new categories.

Please complete the online form by no later than the first day of school.

For more information about the student data reporting categories for ethnicity and race, please contact the district office.

Sincerely,

Dr. Tara Rasche
Superintendent
Northeast Dubois County School Corporation

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:

_____ Plant or harvest vegetables or fruits

_____ Detassel corn

_____ Tobacco farm

_____ Poultry and/or egg farm

_____ Duck, turkey, chicken, pork or beef processing plant

_____ Aquaculture/fish hatcheries

_____ Canning vegetables or fruits

_____ Sod farm

_____ Planting, pruning or cutting trees

_____ Dairy farm

_____ Flora culture/gladiola farm

_____ 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 Government Center North, 9th Floor • 100 N Senate Ave • Indianapolis, Indiana 46204
317-232-6610 • www.doe.in.gov

Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Confidential Identification of Military Children within Indiana Education: 2024-2025

Pursuant to Indiana Code (IC) 20-19-3-9.4, the Department of Defense (DOD) and Indiana Department of Education (IDOE) support this program, which confidentially identifies military children to provide data on their attendance and educational outcomes, allowing Indiana to assist schools and districts in informing policy and programming decisions to best support this unique student population. DOD and IDOE will also utilize this data to support policy development for military children education initiatives.

School Name: _____ Corporation Name: _____

Student's Legal Name: _____ Student's Grade Level: _____

Please complete the questions that best describe your student's situation. It is possible to answer "yes" to both.

1. Is the above named student connected to an Active Duty military family? Yes: ____ No: ____

Meaning a school-aged child, enrolled or in the process of enrolling in grades K-12, is claimed as a dependent by an Active Duty member of the Armed Forces of the United States; or the student and an Active Duty member(s) are of the same household whether or not the active duty member(s) claims the student as a dependent.

"Active Duty" means full-time duty status in the active uniformed service of the United States.

2. Is the above named student connected to a National Guard or Army Reserve military family? Yes: ____ No: ____

Meaning a school-aged child, enrolled or in the process of enrolling in grades K-12, who is claimed as a dependent by a member of the National Guard or Army Reserve; or the student and National Guard or Army Reserve member(s) are of the same household whether or not the National Guard or Army Reserve member(s) claims the student as a dependent.

"National Guard or Reserve" means: members of the Reserve Component as defined in 10 U.S.C. Section 10101. Includes Army National Guard of US, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard of US, Air Force Reserve or Coast Guard Reserve.

ONLY FOR STUDENTS OF AN ADULT HIGH SCHOOL STUDENT (IC 20-24-1-2.3)

Is the above named student an active member of the Armed Forces of the United States? Yes: ____ No: ____

OR

Is the above named student an active member of the National Guard or Army Reserve? Yes: ____ No: ____

Signature: _____ **Date:** _____

This form shall be handled by schools in a confidential manner in accordance with IDOE guidance (IC 20-19-3-9.4).

Racial and Ethnic Data Form

Sponsor: _____ **Site:** _____

Site Contact Name: _____ **Title:** _____

Site Address: _____

Ethnic Categories	Number of Participating Children
Hispanic or Latino	
Non-Hispanic or Latino	

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. The term "Spanish Origin can be used in addition to "Hispanic or Latino."

Racial Categories	Number of Participating Children
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

- **American Indian or Alaska Native**: A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.
- **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.
- **Black or African American**: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."
- **Native Hawaiian or Other Pacific Islander**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White**: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

This document was completed by:

- ☐ Using data collected during the school/camp enrollment process.
- ☐ Retrieving county specific data using the Stats IN webpage. See instructions here.
- ☐ Voluntary participant self-identification data collected during one day of site operations.

Signature: _____ **Date:** _____

The information listed above is based on Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, https://www.federalregister.gov/documents/2024/03/29/2024-06469/revisions-to-ombs-statistical-policydirective-no-15-standards-for-maintaining-collecting-and, March 29, 2024 and in FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, https://www.fns.usda.gov/cr/fns-instruction-113-1, November 8, 2005.

Who should fill out the Housing Questionnaire? A Housing Questionnaire should be filled out for all students enrolling in school and for all students updating enrollment records in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire can be completed by the student's parent, guardian or adult providing care for a student, or in the case of an unaccompanied youth, by the student directly.

Confidentiality: Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. Housing information should be kept confidential and should not be shared with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1.the LEA liaison,
2.the registrar,
3.the student's teachers, and/or guidance counselor, and
4.the LEA staff members working with the student / student data to offer individual support

Discussing the Housing Questionnaire with Students and Families: In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/herhousing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA. LEAs are advised to explain to parents that if a parent claims that her/her child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs cannot contact a landlord or building superintendent to verify a student's housing status without prior parental consent. Contacting a

landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire: If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form: If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1.In a shelter,
2.With another family or other person (sometimes referred to as "doubled-up"),
3.In a hotel/motel,
4.In a car, park, bus, train, or campsite, or
5.Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs cannot not contact a landlord or building superintendent to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements
"With another family or other person" (also referred to as "doubled-up")" : LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.
"Other temporary living situation" :In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."
"In permanent housing" :Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Every Student Succeed Act Guidance:ENROLLMENT: By law, Indiana schools must immediately enroll homeless students in school.

Enrollment is defined by law as attending classes and participating fully in school activities. Therefore, students without housing must be allowed – without any delay – to attend classes and to participate in activities, including sports.

Homeless Student rights: three school choices:
(1) the school attended when permanently housed;
(2) the school in which student were last enrolled; or
(3) the school nearest to where the student is staying that other students in the neighborhood attend.

The first two schools listed above are referred to as the "school of origin.The student also has the right to school choices that are available to other students in the district such as charter schools or alternative schools. Staying enrolled in the school of origin assumed to be in the student's best interest unless the parent / student identifies otherwise or if the continuation of the enrollment is not feasible. Generally, changing schools could significantly impede student's academic and social progress. Schools should keep students in the school of origin unless this is contrary to parents, guardians, or independent student wishes.

School of Origin ESSA Transportation Guidance:

•Transportation must be provided to and from the school of origin (assumed to be best interest) at the request of the parent or guardian, or, in the case of an unaccompanied youth, at the request of the local liaison.

•Qualification for transportation is for the full year in which a student qualifies as McKinney-Vento eligible.

Next Steps for LEAs with Students Living in Temporary Housing Arrangements If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form/ Caregiver Authorization Form https://www.doe.in.gov/student-services/formsmemos . If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at:
http://nche.ed.gov/downloads/briefs/det_elig.pdf

Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Indiana Education for Homeless Children & Youth (INEHCY)
McKinney-Vento Homeless Education Program

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: (Last, First Middle)_____

Gender: (Optional) ☐ Female ☐ Male Date of Birth: ____/___/ Grade: ID#:

Address (if available - primary location student stays):

_____

Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe):
- ☐ In permanent housing

Parent / GuardianName (PRINT) _____ Signature of Parent / Guardian _____

Student Name (PRINT) (for unaccompanied homeless youth only) _____

Student Signature (for unaccompanied homeless youth only) _____ Date: _____

If ANY box other than "In Permanent Housing" is checked, , then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled.

After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that documentation of qualification is collected. If the student is unaccompanied, please determine if a Third Party Custodial Agreement Form is needed

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE Purpose of the Housing Questionnaire All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The Indiana Department of Education (IDOE) encourages all LEAs regardless of whether they receive Title I funds to do the same.

To collect this information, LEAs may:
1.Use the Housing Questionnaire attached here, or
2.Include a version of the attached form during on-line / virtual registration / re-registration

Every LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Housing status should be updated annually, including any documentation of McKinney Vento eligibility. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

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

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.

Attached you will find a permission slip to release information on your child to the Indiana State Department of Health. By signing this. I, as the school nurse, will be allowed to verify that your child is enrolled and counted as a student at Northeast Dubois Jr/Sr High School. It will also allow me to update your child's immunization records as needed to complete any records that are missing. If your child has an exemption, this will allow me to place this information in his/her record.

Please sign and return to the school office.

If you have any questions, please call me at (812) 678-2781; ext. 336.

Thank you for your attention to this matter.

Sincerely,

Ashley Mendez, BSN, RN,
Northeast Dubois School Corporation Nurse
amoriarty@nedubois.k12.in.us
(812) 678-2781 ext. 336

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

CHIRP Permission Form

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

RELIGIOUS EDUCATION RELEASE TIME

Each week, 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
Procedure for Student Lunch/Meal Accounts

The National School Lunch Program (NSLP) requires school food authorities to establish written administrative guidelines and procedures for meal charges. Northeast Dubois School Corporation will adhere to the following meal charge procedure.

- All cafeteria purchases are to be prepaid before meal service begins with the exemption of the high school where meals may be purchased at point of sale.

- A student may charge up to 5 meals maximum (one charge per meal) as long as they establish and maintain a good credit history of making payments on their food service accounts.

- A staff member may charge up to $10.00 as long as they establish and maintain a good credit history of making payments on their food service accounts.

- A student who has charged a meal may not charge or purchase "a la carte" item(s), including extra main entrees.

- If a student repeatedly comes to school with no lunch and no money, food service employees must report this to the building principal as this may be a sign of abuse or neglect and the proper authorities should be contacted.

- Schools may deny a meal to a student who pays reduced or full price and who does not provide the required payment for that meal. However if the student who pays reduced or full price has enough money in hand for a meal that day, they will not be denied a meal.
  OR
  - Schools will provide an alternative meal of peanut butter & jelly & milk to a student who pays reduced or full price and who does not provide the required payment for that meal.

- The food service manager or other school personnel will coordinate communications with the parent(s)/guardian(s) to resolve the matter of unpaid charges.

- If food services staff suspects that a student may be abusing this policy, written notice will be provided to the parent(s)/guardian(s) that if he/she continues to abuse this policy, the privilege of charging meals will be refused.
  OR
  - If food services staff suspects that a student may be abusing this policy, written notice will be provided to the parent(s)/guardian(s) that if he/she continues to abuse this policy, the privileges of an alternative meal will be refused.

- The school secretary will notify parents every *week* of any outstanding negative balance in the student's lunch/meal account. The food service manager will also send home emails each week to parents of students who carry negative balances.

- All accounts must be settled at the *end of school*. Letters will be sent home approximately 5 days before the *end of school* to students who have any negative balances. Negative balances of more than $10.00 not paid in full 1 day prior to the *end of school* will force the Corporation to take action to collect unpaid funds by means of collection agencies, small claims court, or any other legal method deemed necessary by the Corporation.

- Students who graduate or withdraw from the corporation and have $2.00 or more left in their lunch/meal food service account will be notified by mail by food services at the *end of school* and given the option to transfer the funds to another student or to receive a refund. Students who graduate or withdraw from the corporation and have less than *$2.00* will not receive a direct notification by mail, but the household can contact *Northeast Dubois School Corporation* to receive a refund. If no response is received within 5 days the student's lunch/meal account will close and the funds will no longer be available. Unclaimed remaining balances will be transferred to the Cafeteria fund.

REGISTER FOR PARENT SQUARE FROM THE APP



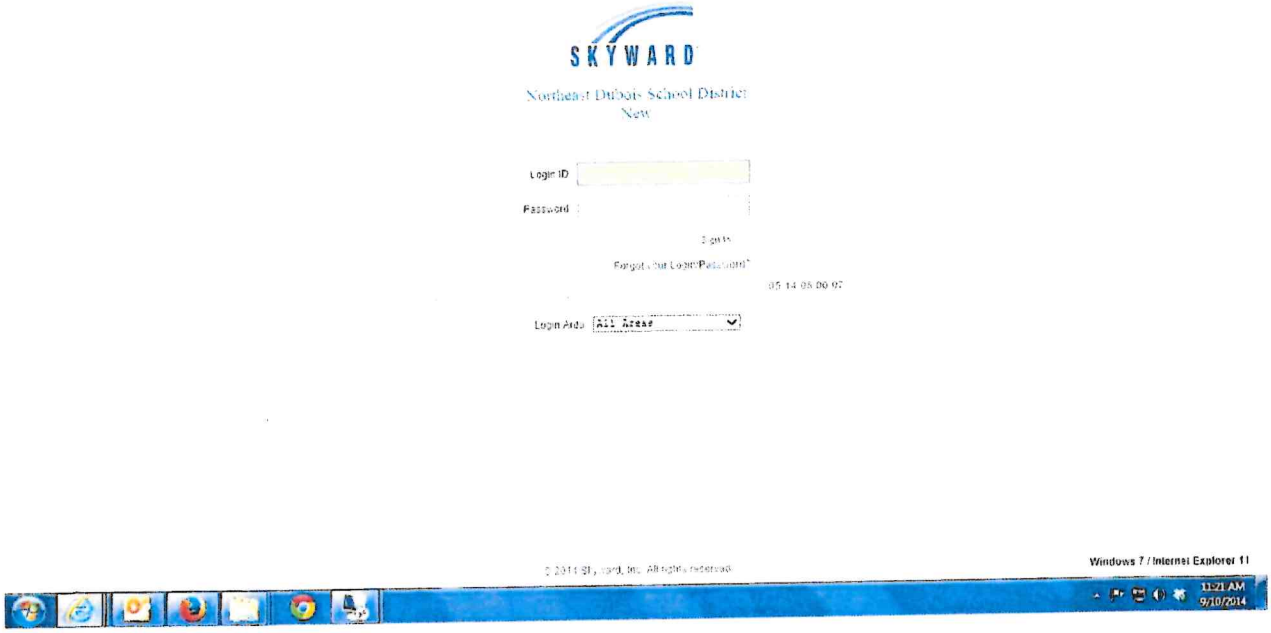
1. Open the ParentSquare App from the appstore
2. Enter your email or cell phone number
3. Tap **CONTINUE**
    a. *if your email or phone number is not recognized by parent square, you can *"request access"* or call your school office and ask them to update your contact information*
4. Enter your registration code sent by Email or Text and tap **CONTINUE**
5. Create your password and confirm password
    a. *if your registration link expires, a new one will need to be sent to you. Please contact your schools admin & ask for a new link to be sent.

Family Access Instructions

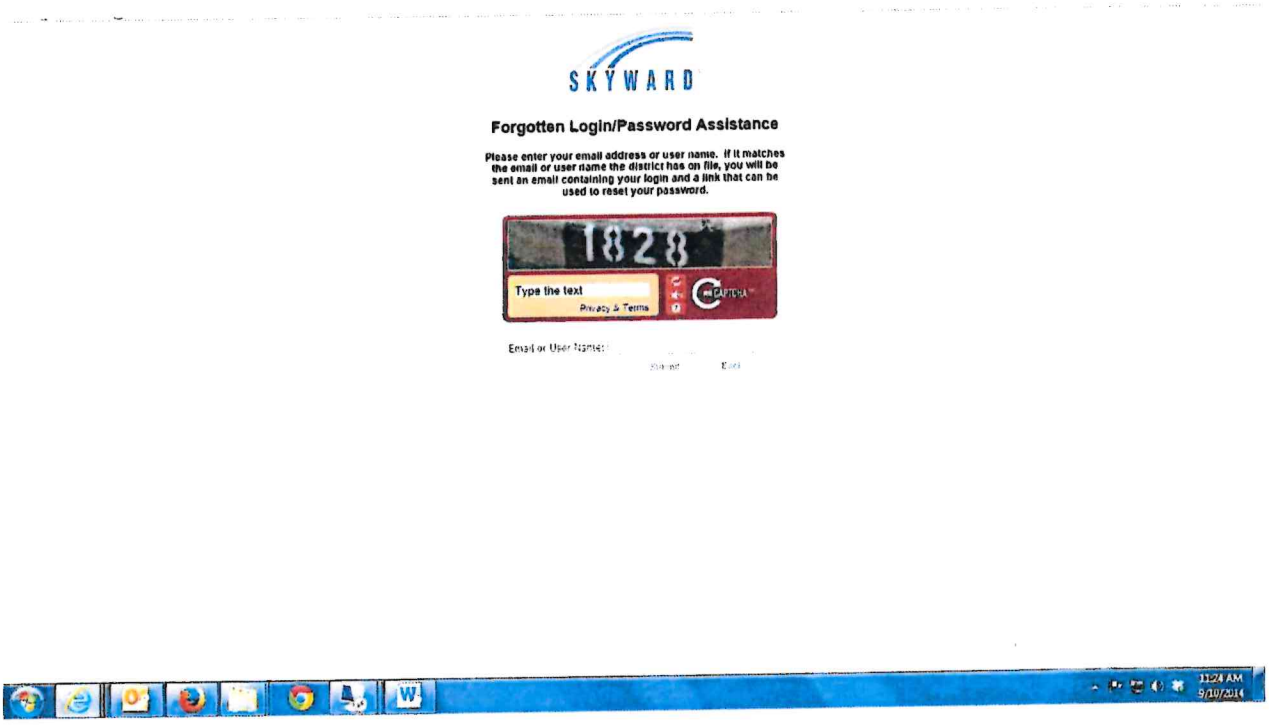
for Obtaining New Skyward Access or resetting a Forgotten Password

Navigate to the NeDubois WebSite home page at www.nedubois.k12.in.us and click on the "student information system" on the lower right hand side of the screen or copy/paste the following into a web browser...

https://familyaccess.nedubois.k12.in.us/scripts/wsisa.dll/WService=wsEAplus/seplog01.w



Click on the words Forgot Login/Password...Key in the characters/numbers in the security box along with your email account that is on file. If you cannot read the characters/numbers to key in, please click on the refresh button to obtain another set of characters/numbers (top one of the three to the right of the box where you are to key in the text)



A system generated email containing an account reset link should then be sent to the email account within Skyward. Click on the link in that email, which will direct you to a page to set a password that will allow you access to your Skyward account.