NORTHEAST DUBOIS JR/SR HIGH SCHOOL
REGISTRATION INFORMATION

Student's Name _____ Grade _____
Last First Middle

Address _____ Home Phone _____

City _____, IN Zip Code _____ Age_____ Sex _____

Date of Birth _____ Birth City_____ Birth State or Country_____

Social Security Number _____ - required for all students Other Name:_____

Residential School District (***circle one***) Northeast Dubois Southeast Dubois Southwest Dubois Greater Jasper

Other _____

PREFERRED E-MAIL ADDRESS: _____

Race / Ethnic Category – required for Federal funding purposes only (***circle one***)

American Indian Or Alaskan Native | Asian or Pacific Islander | Black, not of Hispanic Origin | White, not of Hispanic Origin | Hispanic | Multiracial

FOSTER CHILD: (circle one) YES or NO

PARENT OR GUARDIAN INFORMATION:
Person(s) student is living with and should receive information from school (***check one***):

__Mother and Father __Mother __Father __Other

Does a second party need to receive copies of grade reports, calendars, etc. to be sent with student? (**yes or no**) _____
If yes, please include name and address _____

Where should the **parent/guardian** be contacted (**emergency**) and in what order? (1st, 2nd, 3rd):

_____ **Mother** Name _____
Last First Middle

1,2,3 Home phone _____ 1,2,3 Work Phone _____ 1,2,3 Cell Phone_____
Address ***(Only if different from Above)***_____ Employer _____ 1,2,3 Work e-mail _____
_____ _____ _____
Home e-mail_____
_____

_____ **Father** Name _____
Last First Middle

1,2,3 Home phone _____ 1,2,3 Work Phone _____ 1,2,3 Cell Phone_____
Address ***(Only if different from Above)***_____ Employer _____ 1,2,3 Work e-mail _____
_____ _____ _____
Home e-mail _____
_____

_____ **Other** Name _____ Relation _____
Last First Middle

1,2,3 Home phone _____ 1,2,3 Work Phone _____ 1,2,3 Cell Phone_____
Address ***(Only if different from Above)***_____ Employer _____ 1,2,3 Work e-mail _____
_____ _____ _____
Home e-mail _____
_____

Please fill out all that apply:

SCHOOL TRANSPORTATION:

Each day this student will

A. ___ ride bus # _____ bus driver _____
B. ___ walk to _____
C. ___ be dropped off & picked up by _____
D. ___ drive _____ date student will begin driving _____

All student drivers will be charged a $10.00 parking fee, which will be added to the student's book bill.

ATTENDANCE

In the event that your student has not reported to school by 8:30AM without prior notification, how would you prefer to be notified?

Email: _____

Phone: _____

MEDICAL INFORMATION

Student's medical conditions, concerns, etc: _____

Allergies: _____

Asthma: _____ Glasses / Contacts: _____

Medications, please list name and what taken for: _____

_____

_____

If you take medications at school or have allergies/asthma please ask school for additional forms to fill out so your child can be treated during school hours.

MEDICAL CONSENT

The undersigned parent or legal guardian of (student) _____ does hereby grant and authorize the Northeast Dubois County 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 services, 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 such treatment shall be rendered by our family doctor or the physician "on call" at the hospital emergency room.

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 _____ Parent or Guardian signature _____

Parents/guardians: Please notify us of any changes of information throughout the school year.

The State of Indiana requires that we have proof of residency on record for our students. Please submit 2 documents and make sure the date is visible and within the last 60 days example of documents: Utility or phone bill, Bank Statement, Mortgage Statement, Rental/Lease Agreement, Medical Bill, Other: Information that provides a verifiable address (Example: Internet provider bill, credit card bill, tax return, etc.)

Northeast Dubois Jr/Sr High School

Andy Chinn, Principal -- Tracy Gutgsell, Asst. Principal -- Tasha Klem, Treasurer -- Denise Palmer, Treasurer

4711 N. Dubois Rd NE · Dubois, IN 47527 · Phone: 812-678-2251 · Fax: 812-678-3991

Northeast Dubois Jr/Sr High School Registration Checklist

Policy Statement	Parent Initials	Student Initials
I have read the **NDJSHS Student Handbook** located on the Northeast Dubois School Corporation website, including the school's **Attendance, Athletic, Bullying, Discipline, Cell Phone and Student Dress Code Policies** and voluntarily agree to be subject to its terms for the 2026-2027 high school enrollment.		
I have read the **Cell Phone Confiscation Policy** and voluntarily agree to be subject to its terms for the 2026-2027 school year.		
I have read and agree to the **Medical Consent Policy** and voluntarily agree to be subject to its terms for the 2026-2027 school year. **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 2026-2027 school year including but not limited to the **Acceptable Use Policy.**		

Permission to be Photographed and/or Videotaped

Photographs/Video	Circle One	
I give permission for my student to be photographed and/or videotaped and to appear in any publications, displays, or website for the 2026-2027 school year. I am aware that no student's email address, street address, or telephone number will be published.	**Yes**	**No**

Permission for Medication

Consent for Giving out Medication		
I give permission to administer the allowable amount of Tylenol, Ibuprofen, Benadryl, tums or Midol to my child as needed for the 2026-2027 school year.	**Yes**	**No**

Permission for Travel

Consent for Transportation/Attendance		
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.	**Yes**	**No**
I give permission for my student to travel from one campus to another campus within the corporation for approved class/athletic activities.	**Yes**	**No**

Random Drug Testing Consent

Drug Testing		
I have read and agree to the **Northeast Dubois County School Corporation Drug Testing Policy** and give consent for my child to participate in this program for the 2026-2027 school year. NOTE: In order for my child to **participate in extracurricular activities or drive on campus**, I must grant consent. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.	**Yes**	**No**

Signatures

_____ _____

Parent/Guardian Signature Date

_____ _____

Student Signature Date

Northeast Dubois School Corporation
Student 1:1 Program Acknowledgement Form
2026-2027 School Year
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
2026-2027 School Year
3rd-12th Grade

With the purchase of Chromebooks/iPads for your students, we were offered an insurance policy that will help the cost of repairs for you by having **no deductible**. 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 the cost of repairs to fix my student's device if it becomes broken.

_____

Student's Printed Name

_____

Parent/Guardian Signature Date

Northeast Dubois Jr/Sr High School Driving and Parking Lot Guidelines

1. Drive safely at all times, traveling to and from school and in the parking lot. Extreme caution is to be used in entering and exiting the school parking lot. The following will be considered violations of our policy: speeding (student handbook states 15 mph on school grounds), riding on the back of a truck or on the hood, fender or bumper of a vehicle, driving in an unsafe manner and unsafe start, reckless driving, and violating state driving statutes of laws.
2. Students must use the front parking lot and must park in student spots only.
3. Supervision of the parking lot is an impossible task; therefore, the parking lot is closed to all students during the entire school day, including lunch. Anyone needing articles from his or her vehicle must get permission from the office and sign out and in.
4. Students must consider school buses as having the right of way at all times regardless of traffic circumstances.
5. All guidelines are in effect 24 hours a day on school property.
6. Consent for Random Drug Testing must be given in order for students to drive on school property.
7. A parking fee of $10.00 will be applied to the student's book bill each school year that they are a driver.

Consequences for violating student driving and parking guidelines can range from a warning to loss of driving privileges for two weeks, one month, or an entire school year, depending on the situation. Students may also be required to ride the school bus during a suspension of privileges.

ENFORCEMENT

School Personnel, Law Enforcement, General Public

I agree to abide by the above driving and parking guidelines:

_____ _____

Parent Signature Date

_____ _____

Student Signature Date

*A signature is required by all students who currently drive or who will be driving during the current school year 2026-2027.

Northeast Dubois Jr/Sr High School

Andy Chinn, Principal
Tracy Gutgsell, Asst. Principal

New Athlete Transfer Information

Dear Athlete,

Welcome to Northeast Dubois JR/SR High School Athletics. In order for new students to play sports the following things must be done. First, fill out the below information and return to the office. Next, you will need to set up a meeting with our Athletic Director, Kelly Schmitt. Finally, you will need to have a completed sports physical on file. This form can be picked up in the school office. It is very important that you follow these steps even if you are not positive that you are going to participate in any athletics at NDJSHS. If you have any questions or concerns please let us know.

Sincerely,
Kelly Schmitt

Athlete's Name: _____ Contact Number_____

Previous Schools attended during 9-12 grades:_____

Sports you played at previous school: _____

_____

Last year you participated in the above sports: _____

Sports you are interested in playing at NDJSHS: _____

_____

4711 N. Dubois Rd. NE
Dubois, IN 47527

Phone: (812) 678-2251
Fax: (812) 678-3991

"Home of the Jeeps"

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

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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

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.	

Collecting Racial and Ethnic Data

08.08.19

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 the *two part questionnaire*. The respondent must answer both questions. District enrollment forms will need the below two part question for all new enrollees to Indiana schools. Districts should train staff to assist enrollees in responding to the two part question. **This data is to be collected once and is to be kept as part of the enrollee's permanent file.** (Exception: a parent/guardian/student makes a request to correct the original identification.) This information should be transferred upon the enrollees exit to another district.

Race and Ethnicity: (*Note: Both Part 1 and Part 2 of the question must be answered.*)	
Part 1: Ethnicity	**Is this individual Hispanic/Latino?** *(Choose only one)* ☐ **No, not Hispanic/Latino** ☐ **Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)**
Part 2: Race	**What is the individual's race?** *(Choose one or more)* ☐ **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.** ☐ **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.** ☐ **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.**

Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Confidential

Military Children in Education

Purpose: This questionnaire is the result of a Department of Defense (DOD) program supported by Indiana statute 20-19-3-9.4. Confidentially identifying military children and providing data on their attendance and educational outcomes, states can assist schools and districts by providing access to data to help inform policy and program decisions for this unique student population. In addition, DOD will benefit from this data in developing policy for military child education initiatives.

School Name: _____

Student's Grade Level: _____

Student's Full Legal Name: _____

Please print clearly

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 KG-12th grade, 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 Guard or Reserve military family: _____Yes _____No

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

Indiana
DEPARTMENT OF EDUCATION
Dr. Jennifer McCormick
Superintendent of Public Instruction
Working Together for Student Success

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: ☐ Male ☐ Female (optional) Date of Birth: ____/___/___ Month-Day-Year Grade: _____ ID#: _____ (preschool-12)

Address: _____ **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 <u>one</u> 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

_____ _____

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date: _____

115 W. Washington Street ▪ South Tower, Suite 600 ▪ Indianapolis, Indiana 46204
317.232.6610 ▪ www.doe.in.gov

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,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the 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. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address 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 should be completed by the student's parent, person in parental relation, 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. To this end, 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 member responsible for reporting data

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by Indiana Education for Homeless Children & Youth (INEHCY).

Other than the above uses, 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 are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

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 student is staying that other students in the neighborhood attend. The first two schools listed above are referred to as the "school of origin."

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 is often student's best option. Generally, changing schools could significantly impede student's academic and social progress. Therefore, the school district should keep student in "school of origin" unless this is contrary to student's wishes or parents or guardians wishes.

School of Origin ESSA Transportation Guidance:

- Transportation must be provided to and from the school of origin at the request of the parent or guardian, or, in the case of an unaccompanied youth, at the request of the local liaison.
- Based on the amended definition of school of origin under ESSA, school of origin transportation rights extend to public preschools and receiving schools
- ESSA removed the word "homeless" from references to school of origin transportation, resulting in transportation for the remainder of the academic year for formerly homeless students who have become permanently housed.

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.