

MACONAQUAH SCHOOL CORPORATION ENROLLMENT DATABASE FORM
PIPE CREEK ELEMENTARY

STN _____
 ID Number _____ Date E/R _____ W/D _____ Grade: P K 1
 Teacher _____

Above the line is for office use only

Student Last Name _____
 Student First Name _____
 Student Middle Name _____
 Nickname (if any) _____ Suffix _____
 Student's Date of Birth _____

Male Female

Student City & State of Birth _____

Student Social Security # _____ - _____ - _____

Hispanic/Latino Ethnicity NO YES

Race: MARK ALL THAT APPLY

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Native Language English Spanish Other _____

Student resides with: Both Parents Guardian Other

Mother Only Mother & Step-Father Aunt/Uncle

Father Only Father & Step-Mother Grandparent

Is there legal documentation proving custody? NO YES
 full name: _____

Mother Step-Mother Grandmother Guardian

Place of Employment _____

() _____ - _____ - _____

Work Phone # _____

Social Security # _____

full name: _____

Father Step-Father Grandfather Guardian

Place of Employment _____

() _____ - _____ - _____

Work Phone # _____

Social Security # _____

Home Phone # () _____ - _____

Cell Phone # () _____ - _____ mom

() _____ - _____ dad

Mailing Address _____ Apt. / Lot # _____

City _____ State _____ Zip Code _____

11 Street Address _____

(If above address is a P.O. Box)

Internet access: YES NO

Parent e-mail address: _____

Are either or both parents/guardians Active Duty Military?

Please check appropriate box: YES NO

If yes, relationship to student _____

Student's Physician's Name _____

Physician's Phone # () _____ - _____

Health Alert/Concerns _____

Township that you reside in:

Pipe Creek Deer Creek Butler

Washington Harrison Clay Other

Previous School Information

Last School Attended _____

City, State _____

Last Date Attended _____

Has this student ever attended:

Pipe Creek Elementary Maconaquah Elementary

Neither of the above

Emergency Information

Contact ① _____

Other than parent/guardian

Relationship to student _____

Phone # () _____ - _____ Home Work Cell

Phone # () _____ - _____ Home Work Cell

Contact ② _____

Other than parent/guardian

Relationship to student _____

Phone # () _____ - _____ Home Work Cell

Phone # () _____ - _____ Home Work Cell

Names of Siblings _____ School & Grade _____

Education Track: General Education

High Ability High Ability Documentation Provided

Special Education Section 504

IEP/504 Documentation Provided

DIABETES: Yes ___ No ___ Insulin Dependent _____ Non-insulin dependent _____

1. If your child is diabetic, please obtain a Diabetes Medical Management Plan (DMMP) from the doctor, and return to the school nurse so she may develop your child's care plan.
2. Update the school nurse with any new doctor's orders/changes throughout the school year. We understand that most parents are given the authority, by the doctor, to make insulin dosage adjustments or changes at home. Unfortunately, we are not permitted to make these changes at school without a doctor's order. If there is a change in orders, please have an order faxed or phoned to the school nurse.
3. Parents must provide an adequate amount of all appropriate supplies. Glucagon must be available for insulin dependent diabetics.

PHYSICAL EDUCATION RESTRICTIONS: _____

****Any child restricted in physical activities due to injury or other health conditions must provide the NURSE with a written doctor's order. Crutches and wheelchair use should be specified in doctor's order. Parents are responsible for providing all medical equipment.

Please share any additional information you feel we should know about your child: _____

Current list of **MEDICATIONS** : _____

Will your child require **medication during school**: Yes ___ No ___

**Parents are responsible for providing all medication for their child. All medication must be in the original container. A medication release form must be completed and returned to the nurse in order for medication to be dispensed at school. All medication will be kept in the nurse's office (unless there is a Dr's order to carry an inhaler, epi-pen, insulin, etc). Students may carry cough drops.

My child wears **GLASSES**: Y/N **CONTACTS**: Y/N **HEARING AIDS**: Y/N

Many qualified school employees work with your child. We feel it is very important that school employees who work directly with your child know when students have specific health issues or concerns.

In order that my child receives the best possible care, I give my permission for this information to be shared with the necessary school employees. I agree to **notify the school and update this information as changes occur. I understand that this information will be kept confidential.**

I also give my permission for my child's immunization records to be included in the statewide immunization data bank (CHIRP). This will enable Maconaquah School Corporation to review and update your child's immunization records while enrolled in this school system.

Parent's signature: _____ **Date:** _____

School nurse's signature: _____ **Date:** _____

CORPORATION FIELD TRIP PERMISSION FORM FOR STUDENTS

If you wish to grant permission for your child to participate in the 2017-2018 School Year field trip to to be determined, please complete the following student information form and sign the consent statement at the bottom of the form. Students cannot attend the field trip unless this form is returned.

Students will leave at to be determined and return at approximately to be determined.

*****Class times are NOT altered for field trips*****

STUDENT'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____ CITY: _____

HOME PHONE: _____ EMERGENCY PHONE: _____

FATHER'S NAME: _____ MOTHER'S NAME _____

FATHER'S EMPLOYER: _____

Company name City Phone #

MOTHER'S EMPLOYER: _____

Company name City Phone #

FAMILY DOCTOR: _____

Physician name City Phone #

Is your child subject to chronic disease or illness? Yes / No

Is your child subject to motion sickness? Yes / No

Does your child have handicaps that require special attention? Yes / No

Is your child subject to epileptic seizures? Yes / No

Please list all known allergies (i.e. antibiotics, insect stings, etc).

Is your child currently taking doctor prescribed medications? Yes / No

If YES, please list the prescribed medications: _____

In the event of illness or injury, do you wish to have school personnel administer emergency first aid? Yes / No

Please list an emergency phone number where school officials can contact you on the day of the intended field trip.

Name

Phone #

In the event that it is necessary for your child to be taken to a hospital while participating on the field trip, every effort will be made to contact you before medical services are rendered. In the event no parent contact can be made, do you wish to have your child treated by emergency room personnel of the hospital while school staff continues to make contact with parents? Yes / No

CONSENT STATEMENT

I grant my permission for the above described child to participate in the school field trip and to the best of my knowledge all of the information listed above is accurate and complete.

Parent or Legal Guardian Signature

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 11432(a). Your answers will help the administrator determine residency documents necessary for enrollment of your students(s).

Student _____ Parent/Guardian _____
School Pipe Creek Elementary Phone/Pager _____
Age _____ Grade _____ D.O.B. _____
Address _____ City _____
Zip Code _____ Is this address Temporary or Permanent?

Please choose which is the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
 Motel, car, or campsite
 With friends or family members (other than parent/guardian)
 Shelter or other temporary housing

If you are living in shared housing, please check all of the following reasons that apply:

- Economic situation
 Temporarily waiting for house or apartment
 Provide care for a family member
 Living with boyfriend/girlfriend
 To enable child to attend Maconaquah Schools
 Loss of employment
 Parent/Guardian is deployed
 Other (Please explain)

Are you a student under the age of 18 and living without your parents or guardians? Yes No

Residency and Educational Rights

Students who are in temporary, inadequate, and homeless living situations have the following rights:

1. Immediate enrollment in the school they last attended or the school in whose attendance area they are currently staying even if they do not have all of the documents normally required at the time of enrollment;
2. Access to free meals and textbooks, Title I and other educational programs, and other comparable services including transportation;
3. To attend the same classes and activities that students in other living situations also participate in without fear of being separated or treated differently due to their housing situations.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at (765) 689-9131 x 3000 or the State Coordinator at (800) 833-2199.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Kerry A. McPike

8-1-17

Signature of McKinney-Vento Liaison

Date

Pipe Creek Elementary School 2017-2018

To insure the safety of your child, with regard to releasing a student during the day to an adult, we need the following information on file for each student. Any questions, please contact Mrs. Fulton at 765-473-3121, ext. 2000.

Student Name _____ Teacher _____

My child may be released to the following people: (include parent, step-parent, etc.)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

The person picking up will be required to show identification, if they are not known by office personnel.

If there is a biological parent/person who cannot pick up your child, please list their name below and you must provide court ordered documentation to the school.

Name _____ Relationship _____

Name _____ Relationship _____

Pipe Creek Elementary School 2017-2018

In case of bad weather or other emergency dismissal, we need to know what you want your child to do. We do not have enough phone lines to call all of our parents or have you call in.

Please complete the following information, so that your child's teacher will know what to do, in case of an early dismissal, due to bad weather or other emergencies.

All early dismissals will be announced by automated message to the # you have on record and on local radio and TV stations.

Student Name _____ Teacher _____

My child will: (please ✓ one) _____ Ride the regular bus home
_____ Will be picked up at time of early dismissal

_____ Ride bus # _____ home with/to
_____ name
_____ address
_____ phone #