

**MACONAQUAH SCHOOL CORPORATION ENROLLMENT DATABASE FORM  
PIPE CREEK ELEMENTARY**

STN \_\_\_\_\_ Grade: P K 1  
ID Number \_\_\_\_\_ Date E/R \_\_\_\_\_ W/D \_\_\_\_\_ 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

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 \_\_\_\_\_

Race: MARK ALL THAT APPLY  
① American Indian/Alaskan Native  
② Asian  
③ Black or African American  
④ Native Hawaiian or Other Pacific Islander  
⑤ White

Township that you reside in:  
 Pipe Creek  Deer Creek  Butler  
 Washington  Harrison  Clay  Other

Native Language  English  Spanish  Other \_\_\_\_\_

**Previous School Information**

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

Last School Attended \_\_\_\_\_  
City, State \_\_\_\_\_  
Last Date Attended \_\_\_\_\_  
Has this student ever attended:  
 Pipe Creek Elementary  Maconaquah Elementary  
 Neither of the above

Place of Employment \_\_\_\_\_  
( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

**Emergency Information**

full name: \_\_\_\_\_  
 Father  Step-Father  Grandfather  Guardian

Contact ① \_\_\_\_\_  
Other than parent/guardian  
Relationship to student \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_  Home  Work  Cell  
Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_  Home  Work  Cell

Place of Employment \_\_\_\_\_  
( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Contact ② \_\_\_\_\_  
Other than parent/guardian  
Relationship to student \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_  Home  Work  Cell  
Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_  Home  Work  Cell

Home Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ mom  
# ( ) \_\_\_\_\_ - \_\_\_\_\_ dad

Names of Siblings \_\_\_\_\_ School & Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. / Lot # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Education Track:  General Education  
 High Ability  High Ability Documentation Provided  
 Special Education  Section 504  
 IEP/504 Documentation Provided

911 Street Address \_\_\_\_\_  
*(If above address is a P.O. Box)*

# MACONAQUAH SCHOOL CORPORATION HEALTH FORM

STUDENT'S NAME: \_\_\_\_\_ SEX: M / F  
Last First Middle  
BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_ / \_\_\_\_\_  
PARENT'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
MOTHER'S WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_  
FATHER'S WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_  
PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IN THE EVENT OF ILLNESS OR EMERGENCY, PARENTS WILL BE CALLED FIRST. IN CASE WE ARE UNABLE TO REACH A PARENT, PLEASE LIST 2 EMERGENCY CONTACT NUMBERS. PLEASE INFORM US OF CHANGES THROUGHOUT THE YEAR.**

EMERGENCY CONTACT #1: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMERGENCY CONTACT #2: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ASTHMA:** Yes \_\_\_ No \_\_\_

Does your child need an **inhaler while at school:** Yes \_\_\_ No \_\_\_

1. We must have a doctor's order on file each school year for a student to carry an inhaler. Otherwise the inhaler must be kept in the nurse's office. Many physicians will fax the order to the school nurse if asked.
2. Please obtain an "Asthma Action Plan" form from the nurse to have the doctor fill out. This is important in managing your child's asthma at school. Once completed return to nurse.

**ALLERGIES:** Yes \_\_\_ No \_\_\_

Please list any known drug, food, insect or other allergy: \_\_\_\_\_

**Any food allergy which requires a food substitution in the cafeteria does require a doctor's note stating the food restrictions and any appropriate substitutions.** By law, the cafeteria staff cannot make this substitution without a written order.

Does your child have an **Epi-Pen:** Yes \_\_\_ No \_\_\_

**\*\*A child with potentially life-threatening allergies should have an Epi-Pen in the nurse's office in case of emergency.** Benadryl may be useful for lesser severity and should also be supplied by the parent

**EPILEPSY/ SEIZURES:** Yes \_\_\_ No \_\_\_ Date of last known seizure: \_\_\_\_\_

If yes, PLEASE SEE NURSE FOR PLAN OF CARE

**HEART MURMUR/ HEART CONDITION:** Yes \_\_\_ No \_\_\_

Describe: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**Please complete the back of this form**

**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:** \_\_\_\_\_



Dr. Jennifer McCormick  
Superintendent of Public Instruction

DEPARTMENT OF EDUCATION

*Working Together for Student Success*

## Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in Indiana, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT or WIDA Screener will be administered to determine whether or not the student will qualify for additional English language development support.

**Please answer the following questions regarding the language spoken by the student:**

1. What is the native language of the **student**? \_\_\_\_\_
2. What language(s) is spoken most often by the **student**? \_\_\_\_\_
3. What language(s) is spoken by the **student** in the home? \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

### **For School Use Only:**

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: \_\_\_\_\_ 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 #
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MOTHER'S EMPLOYER: \_\_\_\_\_

Company name	City	Phone #
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FAMILY DOCTOR: \_\_\_\_\_

Physician name	City	Phone #
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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

**\*Confidential\***

**Military Children in Education**

**2017-18 School Year**

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: Pipe Creek (Maconaquah) 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-12<sup>th</sup> 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-12<sup>th</sup> 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)***

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 #