

Maconaquah Middle School Enrollment Database

ID# _____ Entry Date _____ STN# _____

Student Last Name _____

Mother's Name _____

()Mother ()Stepmother ()Other

Student First name _____

Mother's Work Place _____

Student Middle Initial _____

Mother's Work Phone () _____ - _____

Parents/Guardians Name:

Mother's SS# _____ - _____ - _____

Mailing Address _____

Father's Name _____

()Father ()Stepfather ()Other

911 Street Address _____

Father's Work Place _____

City _____ Zip Code _____

Father's Work Phone () _____ - _____

Home Phone () _____ - _____

Father's SS# _____ - _____ - _____

Cell Phone () _____ - _____

Parents E-Mail _____

2nd Cell # () _____ - _____

Is Parent/Guardian Active Duty Military Yes No

Student Grade Level: ()6th ()7th ()8th

Student Resides With:

Sex: ()Female ()Male

()Both Parents ()Grandparents

Date of Birth _____

()Mother Only ()Mother & Stepfather

Student SS# _____ - _____ - _____

()Father Only ()Father & Stepmother

Student's Place of Birth _____

()Aunt/Uncle ()Other _____

Student's Native Language _____

Township Where student resides:

Student Ethnic Code:

()Butler ()Clay ()Deer Creek

()White/Non-Hispanic ()Multi-racial

()Harrison ()Pipe Creek ()Washington

()Black/Non-Hispanic ()Hispanic

()American Indian/Alaskan

()Asian/Pacific Islander ()Other _____

Emergency Contact Person (other than yourself)

Name of Head of Household:

()Grandparents ()Aunt/Uncle ()Other

()Mother ()Father ()Guardian

Emergency Contact's Phone () _____ - _____

()Grandparent ()Stepmother ()Stepfather

2nd Emergency Contact Person

2nd Contact's Phone () _____ - _____

Please turn to the back of this page >

Name of Person who has Custody/Guardianship

Is there legal documentation proving custody?

() Yes () No

Educational Track:

() High Ability () Documentation for HA

() General Education

() IEP () Copy of IEP Provided

What area of disability is the IEP?

Last School Attended _____

School City/State _____

Date Withdrew _____

Physicians Name _____

Physicians Phone # _____

Health Alerts _____

Relatives in Our Schools – School Attending

_____ - _____

_____ - _____

_____ - _____

_____ - _____

If anyone has purposely falsified this document, the enrolling student could face immediate removal from Maconaquah Schools.

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 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 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: _____

Request for Records
Maconaquah Middle School
594 East 800 S
Bunker Hill, IN 46914

Phone: 765-689-9131 Ext. 4025 Fax: 765-689-9360

Name of Student: _____ Date of Birth: _____

Grade Enrolling In: _____ Date of Entry: _____

School Last Attended: _____

School Address: _____

I give my permission for the transfer of copies of my child's records to Maconaquah School Corporation. The records should include copies of the following:

1. Transcripts of grades or evaluations.
2. Results of all standardized test.
3. Individual Education Plan, if applicable.
4. Testing and evaluation information and results.
5. Medical records and information.
6. Attendance and discipline records.
7. Other information maintained in student's permanent record.
8. Other _____

Parent Signature

Date

Send requested information to: Teri Hoffman
Maconaquah Middle School
594 E 800 S
Bunker Hill, IN 46914

FERPA allows schools to disclose those records without consent to the following parties or under the following conditions (34 CFR & 99.31): School officials with legitimate educational interest; Other schools to which a student is transferring; Specified officials for audit or evaluation purposes; Appropriate parties in connection with financial aid to a student; Organizations conducting certain studies for or on behalf of the school; Accrediting organizations; To comply with a judicial order or lawfully issued subpoena; Appropriate officials in cases of health and safety emergencies; and State and local authorities, within a juvenile justice system, pursuant to specific State law.

Dear Parents,

You and your student have access to an electronic copy of the Maconaquah Middle School Handbook via the following web address (<http://www.maconaquah.k12.in.us>). To better understand Maconaquah Middle School policies and rules, we encourage you to read and review the Student Handbook with your child. If you have any questions, please call me at 689-9131 ext. 4000.

Sincerely,

Craig E. Jernagan
Principal

I have access to the Maconaquah Middle School Handbook. Furthermore I understand and agree to comply with the rules and policies set forth by Maconaquah School Corporation and Maconaquah Middle School for the 2017/2018 school year.

Student's Signature

Grade

Date

Parent's Signature

Date

Maconaquah School Corporation
Technology Department

**Maconaquah School Corporation
Parent/Student Laptop Agreement Form**

Student Name: _____ Grade: _____

Parent Name: _____

Street Address: _____

City _____ Zip Code _____

All students of the Maconaquah Middle/High School are issued a laptop computer for their educational use. It is our belief that if reasonable precautions and care are taken in the use of the laptop, the laptop should not experience physical damage. Each student and parent is asked to read this form carefully. The parent and the student should initial next to each statement that follows, and sign at the appropriate location on page 2 of this document.

Use of Proper Care and Precautions

Personal Responsibilities/Care:

	Student Initials	Parent Initials	
1			I/We understand that the laptop and its accessory equipment are the property of the Maconaquah School Corporation.
2			I/We understand that the student, with the support of the parent, is responsible for the daily care and maintenance of the laptop.
3			I/We understand and agree to abide by the rules and regulations of the Acceptable Use Agreement . Failure to abide by this policy will result in disciplinary action.
4			I/We understand that the laptop will be returned at the end of each school year for annual upgrades and maintenance.
5			I/We understand that I/we must report all laptop damages, or the theft/loss of the laptop to the technology department at school.
6			I/We understand that the laptop must be turned off and in its case when being transported as a reasonable precaution against damage, theft, or loss.
7			I/We understand that I/we will be responsible for all repair/replacement charges associated with laptop damages caused intentionally, through a lack of reasonable precautions or loss/theft. Costs will be set by repair professionals authorized to act in such capacity as part of the agreement between the school district and the manufacturer.
8			I/We understand that, unless instructed otherwise by a teacher, all students must have their laptop computer with them each day for every class.

Insurance Coverage:

	Student Initials	Parent Initials	
9			I/We understand that each laptop includes optional insurance coverage for accidental damage, theft, and/or catastrophic loss. I/We will be responsible for the annual premium payment if I/we choose to purchase this optional insurance. If I/we choose NOT to purchase this insurance, I/we will be financially responsible for all repairs.

Theft/Loss Coverage:

	Student Initials	Parent Initials	
10			I/We understand that in the event my laptop is stolen, I/we must contact the school administration immediately. I/we understand that a police report must also be filed.
11			I/We also understand that in the event that my laptop was stolen as a result of my own carelessness, then this coverage will not be made available to me and I/we will be responsible for the full replacement cost of the laptop.

A signature below signifies that the student and parent has read, and acknowledges the above.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

<p>Maconaquah School Corporation use only:</p> <p>Initials of Staff Member: _____</p> <p>Payment Received: (Circle One) Yes No Check# _____ Payment Date: _____</p>

FIELD TRIP PERMISSION FORM 2017/2018

If you wish to grant permission for your child to participate in the **Maconaquah Middle School Activities** to T.B.A. , please complete the following student information form and sign the consent statement at the bottom of the form.

Students will leave at T.B.A. and return at approximately T.B.A. on T.B.A. .
(Date)

STUDENT'S NAME: _____ BIRTH DATE: _____

GRADE _____ HOMEROOM TEACHER _____

ADDRESS: _____ CITY: _____

ZIP: _____ HOME PHONE: _____ EMERGENCY PHONE: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

FATHER'S EMPLOYER: _____

NAME	ADDRESS	PHONE
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MOTHER'S EMPLOYER: _____

NAME	ADDRESS	PHONE
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FAMILY DOCTOR: _____

NAME	ADDRESS	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.) Yes/No

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

Please list the prescribed medications: _____

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

Please list an emergency phone number(s) where school officials can contact you on the day of the school activity: _____

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 activities and to the best of my knowledge, all of the information listed above is accurate and complete.

Parent or Legal Guardian Signature



Indiana Department of Education

Glenda Ritz, NBCT
Indiana Superintendent of Public Instruction

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, 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 LAS Links placement test 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: _____



DEPARTMENT OF EDUCATION

Dr. Jennifer McCormick
Superintendent of Public Instruction

Working Together for Student Success

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: _____ 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	



DEPARTMENT OF EDUCATION

Dr. Jennifer McCormick
Superintendent of Public Instruction

Working Together for Student Success

Signature: _____ Date: _____

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