

MACONAQUAH SCHOOL CORPORATION ENROLLMENT DATABASE FORM
MACONAQUAH ELEMENTARY

STN _____

Grade: 2 3 4 5

ID Number _____ Date E/R _____ W/D _____ Teacher _____

Above the line is for office use only

Please print and fill out completely

Student Last Name _____

Student First Name _____

Student Middle Name _____

Male Female

Hispanic/Latino Ethnicity No Yes

Race: **Mark all that apply**

① American Indian/Alaskan ② Black/Non-Hispanic

③ Asian/Pacific Islander ④ Hispanic

⑤ White/Non-Hispanic ⑥ Multi-racial ⑦ Other

Native Language English Spanish

Other - specify _____



Student's Date of Birth _____

Student's City & State of Birth _____

Mail to Name _____

Mailing Address _____

Apt. / Lot # _____

911 Street Address _____

City _____ State _____ Zip Code _____

Home Phone # () _____ - _____

Cell Phone/Beeper # () _____ - _____

Parents e-mail address _____



Student resides with: Both Parents Guardian

Mother Only Mother & Step-Father

Father Only Father & Step-Mother

Aunt/Uncle Grandparent Other

*Is there legal documentation proving custody? Yes No

Mother Step-Mother Grandmother Guardian

Place of Employment

() _____ - _____ - _____

Work Phone #

Social Security #

Father Step-Father Grandfather Guardian

Place of Employment

() _____ - _____ - _____

Work Phone #

Social Security #



Student's Physician's Name _____

Physician's Phone # () _____ - _____

Health Alert/Concerns _____

Township that you reside in:

Pipe Creek Deer Creek Butler

Washington Harrison Clay



Previous School Information

Last School Attended _____

Address _____

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 Section 504

Special Education IEP/Section 504 copy provided
disability _____

High Ability Education

High Ability Documentation provided

Maconaquah School Corporation

7932 South Strawtown Pike

Bunker Hill, Indiana 46914-9667

Date: _____

Student Name: _____ **Birthdate:** _____

Previous School: _____ **Grade:** _____

City, State: _____

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

1. Transcripts of grades or evaluations.
2. Results of all standardized tests.
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

Send requested information to:

Maconaquah Elementary School
7784 South Strawtown Pike
Bunker Hill, IN 46914-9665
Fax (765)-689-9693
Phone (765)-689-9131 ext 3006

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.*



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: _____



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	

Signature: _____ Date: _____

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

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 _____ 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

Kerney A. McPike

Signature of McKinney-Vento Liaison

8-1-17

Date

Teacher Name _____

Maconaquah Elementary School – Parent Compact

Mission Statement: “Maconaquah Schools...inspiring and empowering our students to meet tomorrow’s challenges.”

B.R.A.V.E.S. – BE RESPECTFUL AND VALUE EVERY STUDENT AND STAFF

STAFF PLEDGE

I promise to fulfill the following responsibilities to the best of my ability:

- Respect the school, classmates, staff, and families
- Create a positive learning environment that supports learning
- Motivate students to learn by providing a challenging and viable curriculum utilizing Indiana State Standards and Common Core State Standards
- Provide opportunities to meet with families as often as needed (at a minimum one parent teacher conference per year) to discuss student progress and encourage parent involvement
- Participate in professional development opportunities that improve teaching and learning
- Provide opportunities for school staff and families to work together to develop outreach activities.

STUDENT PLEDGE

I promise to fulfill the following responsibilities to the best of my ability:

- Be respectful, be safe, be responsible toward classmates, staff, and families
- Come to school with a positive attitude ready to learn and work hard
- Talk with my teachers and parents about what I am learning so that they can help me be successful
- Read every day after school

PARENT PLEDGE

I promise to fulfill the following responsibilities to the best of my ability:

- Respect school, staff, students, and families
- Monitor my child’s progress in school and provide a quiet time and place for homework and reading
- Read to or with my child every day
- Ensure that my child attends school every day with adequate rest, nutrition, and exercise
- Communicate the importance of education and learning to my child

Student

Teacher

Parent/Guardian

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 doctor's order. (*Example: juice instead of milk to drink*)

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.

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:** _____

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. Any questions, please contact Mrs. McPike at 765-689-9131, ext 3000.

Maconaquah Elementary School 2017 - 2018

Student Name _____ Teacher _____

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

Identification will be required for anyone not known by office personnel.

Name _____ Relationship _____ Ph. Number _____

Name _____ Relationship _____ Ph. Number _____

Name _____ Relationship _____ Ph. Number _____

Name _____ Relationship _____ Ph. Number _____

Name _____ Relationship _____ Ph. Number _____

Name _____ Relationship _____ Ph. Number _____

List below **anyone** who cannot pick up your child due to a court order and provide a copy of the documentation to the school office.

Name _____ Relationship _____

Name _____ Relationship _____

Maconaquah Elementary

STUDENT NAME _____

GRADE _____

Please Print

The Student Handbook, Parent Right to Know Letter, and Acceptable Use Policy are on line and may be accessed from the Maconaquah Elementary website (mes.maconaquah.k12.in.us).

I understand it is my responsibility to read and understand the contents of these documents.

Parent Signature

Date