

ECSC – East Side Elementary School

Student Enrollment Form

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT'S NAME

Legal Last Name

Legal First Name

Legal Middle Name

Mailing Address

City, State

Zip Code

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Student Birthdate

Student's Grade

Gender?

Female

Male

Parent/Guardian Name

Home Telephone

Child Lives with: (please check all applicable spaces)

Father

Mother

Stepfather/Stepmother

Legal Guardian

Other: \_\_\_\_\_

Legal Parent/Guardian – FIRST Contact

Relationship to student

Last Name

First Name

Middle Name

Mailing Address

City, State

Zip Code

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Telephone

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Employer

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Work Phone

Parent/Guardian – SECOND Contact

Relationship to student

Last Name

First Name

Middle Name

Mailing Address

City, State

Zip Code

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Telephone

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Employer

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Work Phone

\*Are there any legal restrictions on who may pick up your child? YES NO

If yes, please explain: (LEGAL DOCUMENTS REQUIRED FOR COURT-ORDERED RESTRICTIONS)

Please list the name and age of anyone living at the address listed above who is 18 years old or younger:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Does your child have a current IEP (Special Education) or 504 Plan (Alternative Education Plan) from his/her previous school? YES NO

\*Is your child currently receiving Speech services? YES NO

\*Has your student ever been suspended or expelled from school? YES NO

ECSC – East Side Elementary School

EMERGENCY CONTACT INFORMATION

STUDENT'S NAME

\_\_\_\_\_  
Legal Last Name

\_\_\_\_\_  
Legal First Name

\_\_\_\_\_  
Legal Middle Name

Please list the individuals that should be contacted in case of an emergency at school and parents/guardians cannot be reached. **DO NOT INCLUDE PARENTS/GUARDIANS HERE.**

**Emergency Contact #1** \_\_\_\_\_ (do not include parents/guardians)  
Relationship to student

\_\_\_\_\_  
Full Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone

**Emergency Contact #2** \_\_\_\_\_ (do not include parents/guardians)  
Relationship to student

\_\_\_\_\_  
Full Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone

**Emergency Contact #3** \_\_\_\_\_ (do not include parents/guardians)  
Relationship to student

\_\_\_\_\_  
Full Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone

**Emergency Contact #4** \_\_\_\_\_ (do not include parents/guardians)  
Relationship to student

\_\_\_\_\_  
Full Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone



East Side Elementary School

810 East Main Cross  
Edinburgh, Indiana 46124

(812) 526-9771

**STUDENT:** \_\_\_\_\_  
(Last Name, First Name, Middle Name)

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

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

**CAR RIDER #** \_\_\_\_\_

**TRANSPORTATION AUTHORIZATION**

My child will be dismissed from East Side Elementary in the following manner:

\_\_\_\_\_ **Car rider** with (people picking up your child on a regular basis):  
\_\_\_\_\_

\_\_\_\_\_ **Bus rider, Bus #** \_\_\_\_\_

\_\_\_\_\_ **Walker**

The following individuals have my permission to pick up my child from East Side Elementary:

**Name/Relationship**

**Other Siblings attending East Side**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of an unplanned early dismissal, I have instructed my child to:

**Check one:**

- \_\_\_\_\_ Go home by the usual method  
\_\_\_\_\_ Report to a neighbor or sitter's home

Name of neighbor or sitter: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

# Edinburgh Community School Corporation Health Information

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

**Birth Date:** \_\_\_\_\_

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

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

Parents or Guardians:

It is important for the school to be aware of any special health concerns your child may have that affect him/her during the school day. It is also important that you update the school nurse with any health changes throughout the school year. Open communication allows the nurse and staff to optimally meet the student's needs. Therefore, please feel free to call me with any health concerns or information you have. Please complete and return this form to school, providing as much information as possible.

\_\_\_\_\_ My child has no health problems or limitations that will affect him/her at school.

\_\_\_\_\_ My child has the following medically-diagnosed health concerns that may affect him or her during the school day. (Please check box/boxes and EXPLAIN below):

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, allergies)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder (ADHD)			Heart problems		
Behavioral Problems			Muscle problems		
Developmental problems			Seizures		
Bladder problem			Speech problems		
Bleeding problem			Spinal injury		
Bowel problem			Surgery		
Dental problems			Vision problems		

PLEASE LIST ANY OTHER HEALTH-RELATED INFORMATION ABOUT YOUR CHILD:

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LIST ALL PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS YOUR CHILD TAKES REGULARLY:

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**Medical Emergency Information:** "If my child or ward is injured while in attendance at the Edinburgh Community School Corporation, and the school personnel are unable to reach me, I authorize his/her transportation and treatment, at my expense, to the following appropriate medical facility."

Johnson Memorial \_\_\_\_\_ Columbus Regional \_\_\_\_\_ Other \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office Phone \_\_\_\_\_  
Specialist \_\_\_\_\_ Office Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

**Child's Health Insurance:** None \_\_\_ Hoosier Healthwise(Medicaid) \_\_\_ Private/Employer Sponsored \_\_\_

I, \_\_\_\_\_, (do \_\_\_) (do not \_\_\_) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. You may withdraw your authorization at any time by contacting the school.

Signature of Parent or Legal Guardian

Date \_\_\_\_\_

Parent/Guardian Signature

Date: \_\_\_\_\_

\*Please feel free to contact Susan Lollar, RN with any questions or concerns.  
812-526-9771 ext. 3303

Non-Prescription Medication Permission for ECSC

Some common over-the-counter medications are kept in the clinic for such things as pain relief, stomach discomfort, and other minor issues. In order to adhere to ECSC policy, parents will need to provide written permission for students to receive these medications. Please note: **Students are to bring all medications, prescriptive and over-the-counter, to the clinic immediately upon arrival to school (this includes cough drops) with parent notes allowing the student to have them.**

Student name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

This student may have the following:

\*Acetaminophen as directed on package: Yes \_\_\_\_\_ No \_\_\_\_\_

\*Ibuprofen as directed on package: Yes \_\_\_\_\_ No \_\_\_\_\_

\*Tums as directed on package: Yes \_\_\_\_\_ No \_\_\_\_\_

\*Cough drops as directed on package: Yes \_\_\_\_\_ No \_\_\_\_\_

\*Anti-itch cream for minor skin irritations as directed on package: Yes \_\_\_\_\_ No \_\_\_\_\_

\*Anti-itch eye drops: Yes \_\_\_\_\_ No \_\_\_\_\_

\*Antihistamine (Benadryl type) as directed on package: Yes \_\_\_\_\_ No \_\_\_\_\_

\*Orajel or similar product for mouth soreness: Yes \_\_\_\_\_ No \_\_\_\_\_

(Parent/Guardian will be notified)

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*Please feel free to contact Susan Lollar, RN with any questions or concerns.  
812-526-9771 ext. 3303

# Children And Hoosiers Immunization Registry Program

## C.H.I.R.P.

Edinburgh Community School Corporation participates in C.H.I.R.P.

C.H.I.R.P. is a free and innovative online system that stores and updates immunization records of both children and adults in Indiana. It is confidential and free.

### BENEFITS OF USING C.H.I.R.P.

- \*Doctor's offices and health departments can determine when a patient is due for vaccinations, according to current guidelines.
- \*Providers can reduce the chance of a child being over vaccinated or under vaccinated by viewing the complete record online.
- \*School nurses can access the information pertaining to immunizations children have received, for school records required by the State of Indiana, and notify parent if vaccines are needed.
- \*No other information will be entered into the system.

I give the Edinburgh Community School Corporation nurse permission to transfer my child's immunization record onto the Children and Hoosiers Immunization Registry Program (C.H.I.R.P.) provided by the State Department of Health. I understand that the information in the registry may be used to verify that my child has received proper immunizations and also could be used to inform me of my child's immunizations status or that an immunization is due according to recommended immunization schedules.

I hereby consent to the release of such information.

\_\_\_\_\_ date \_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Child's Name



## 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: \_\_\_\_\_



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. How long have you lived in this city/school district? \_\_\_\_\_
2. Within the last **3 years**, has your child(ren) moved from one school district to another within the United States, with a parent, relative or guardian so that person could look for seasonal or temporary work in agriculture? **YES** \_\_\_ **NO** \_\_\_\_ If you answered **NO**, 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Plant or harvest vegetables or fruits                | <input type="checkbox"/> Canning vegetables or fruits       |
| <input type="checkbox"/> Defassel corn  | <input type="checkbox"/> Sod farm                           |
| <input type="checkbox"/> Tobacco farm   | <input type="checkbox"/> Planting, pruning or cutting trees |
| <input type="checkbox"/> Poultry and/or egg farm                              | <input type="checkbox"/> Dairy farm                         |
| <input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant | <input type="checkbox"/> Flora culture/gladiola farm        |
| <input type="checkbox"/> Aquaculture/fish hatcheries                          | <input type="checkbox"/> Green house or plant nursery       |

Please list the names of all of the children in the household under 22 years of age.

Child's Name	Date of Birth (D.O.B.)
1.	
2.	
3.	
4.	
5.	

Completion of this form is required for enrollment in DoD schools. The data collected is maintained for "Statistical Use Only" and is protected in accordance with the Privacy Act (93-579), OMB Circular A-108, and DoD Directive 5400.11. Unauthorized disclosure of this information constitutes a violation of the Privacy Act and may result in a fine up to \$ 5000.

Race/Ethnicity questions comply with OMB Standards for Maintaining, Collecting, and Presenting Data for Race and Ethnicity, dated 30 Oct 97

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE ANSWER ALL SECTIONS**

**ETHNICITY (Mark one)**

- Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- NOT Hispanic or Latino.**
- Decline to State (if checked, provide initials)** \_\_\_\_\_

**RACE (Mark one or more)**

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North 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.
- Decline to State (if checked, provide initials)** \_\_\_\_\_

**HOME LANGUAGE (Mark Yes or No. If Yes, state the language)**

- Yes**     **No**    1. Does an adult in the household speak a language other than English at home?  
If yes, what language? \_\_\_\_\_
- Yes**     **No**    2. Does the child you are registering speak a language other than English at home?  
If yes, what language? \_\_\_\_\_

If the answer to either question number 1 or number 2 is "yes," please complete the Home Language Questionnaire (DoDEA ESL Program Guide Form F4, March 2007).

**RESIDENCY INFORMATION FORM**

*Your child may be eligible for educational services through the McKinney-Vento Assistance Act (Subtitle VII-B 42 U.S.C., 11432 et seq.). Eligibility is based on the current primary nighttime residence and can be determined by completing this questionnaire and returning to your child's school.*

**Please return completed form to your child's school counselor within 7 days of receipt.**

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

Student Name(s) Last, first, middle initial	M/F	Date of Birth	Age	Grade	School

Is the above address :      Temporary       Permanent

**If you answered Temporary, please complete the remainder of this form.**

Where is the student presently living? (Check one box.)

- ◇ In a motel
- ◇ In a shelter
- ◇ With more than one family in a house or apartment\*\* see below
- ◇ In a place not designed for ordinary sleeping such as a car, park, or campsite
- ◇ Student living with friends without parent or guardian

\*\*Shared housing, check reason:

- |                                   |                                  |  |
|-----------------------------------|----------------------------------|--|
| _____ Economic situation          | _____ Loss of employment         | _____ Provide care for a family member |
| _____ Temp waiting for house/apt. | _____ Living with boy/girlfriend | _____ To enable child to attend ECSC   |
| _____ Parent/Guardian is deployed | _____ Other (please explain)     |  |

**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.

Signature of Parent/Legal Guardian/ \_\_\_\_\_ Date \_\_\_\_\_

**Unaccompanied youth**

+++++ Liaison initials: \_\_\_\_\_ Determination: \_\_\_\_\_