

# Brown County Schools

World Class Opportunities. Small School Relationships. Lifelong Impact.

Please contact 812-988-6601 or call the school office if you need assistance completing this form, or would like to receive this form in Spanish. Por favor, póngase en contacto con 812-988-6601 o llame a la oficina de la escuela si necesita ayuda para completar este formulario, o si le gustaría recibir este formulario en español.

## New Student Enrollment Packet (Junior High & High School)

Please complete this New Student Enrollment Packet, print and bring it along with the following legal documents to the Brown County School Administration Office: **1) Birth Certificate 2) Immunization Records 3) Custody Papers (if applicable) 4) Proof of Address**

Record Full Legal Name as it appears on their Birth Certificate. Enrollment Date \_\_\_\_\_ Grade Level \_\_\_\_\_

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ Student's Middle Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_ Student's SSN \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Student Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country of Origin \_\_\_\_\_

County \_\_\_\_\_ Date of US enrollment (began attending US schools) \_\_\_\_\_

Country of Residency \_\_\_\_\_  Student is a foreign exchange student

Please check this box if you would like someone to contact you regarding any special needs or learning services for this student.

My child will need transportation to/from school provided by the School District.  Transportation TO school

Transportation FROM school

If requesting bussing, please check this box if you live in or drive through a known flood plane (area prone to flooding) to reach school or return home.

### Federal Race & Ethnicity Information

Is the student Hispanic or Latino?  Yes  No

What is the student's race? (Select one or more)

- American Indian/Alaska Native: A person having origins in any of the peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.
- 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.
- Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**HOUSEHOLD INFORMATION SHEET**

Graduation Year

Parents and guardians of students attending Brown County Schools may request access to view their student's academic and attendance records via "Skyward Family Access." Please complete the information below to ensure that we have the necessary household information to match parents with students. Please note that you may be asked to provide verification of custody or guardianship for access to the online system.

**Student's Name****Student's School**
**Information for Parent or Guardian #1:**  Full Custody  Joint Custody  No Custody  Foster  3rd Party Custodial

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

 Check this box if the Parent or Guardian #1 Address is the same as the student's.

 Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
 PO Box \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Number \_\_\_\_\_  
 Employer \_\_\_\_\_  Receives Bill  Responsible for Bill  
 Email \_\_\_\_\_  Receives School Mailings

**Information for Parent or Guardian #2:**  Full Custody  Joint Custody  No Custody  Foster  3rd Party Custodial

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

 Check this box if the Parent or Guardian #2 Address is the same as the student's.

 Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
 PO Box \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Number \_\_\_\_\_  
 Employer \_\_\_\_\_  Receives Bill  Responsible for Bill  
 Email \_\_\_\_\_  Receives School Mailings

**Please enter the following information for other children in your household that attend Brown County Schools.**

Sibling 1: Name \_\_\_\_\_ Sibling 1: Grade \_\_\_\_\_ Sibling 1: School \_\_\_\_\_

Sibling 2: Name \_\_\_\_\_ Sibling 2: Grade \_\_\_\_\_ Sibling 2: School \_\_\_\_\_

Sibling 3: Name \_\_\_\_\_ Sibling 3: Grade \_\_\_\_\_ Sibling 3: School \_\_\_\_\_

Sibling 4: Name \_\_\_\_\_ Sibling 4: Grade \_\_\_\_\_ Sibling 4: School \_\_\_\_\_

Sibling 5: Name \_\_\_\_\_ Sibling 5: Grade \_\_\_\_\_ Sibling 5: School \_\_\_\_\_

Sibling 6: Name \_\_\_\_\_ Sibling 6: Grade \_\_\_\_\_ Sibling 6: School \_\_\_\_\_

# HEALTH SERVICES CHIRP Release of Information

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

I give Brown County Schools, permission to release the information outlined below, concerning my child, to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

**CHILD'S NAME - FIRST, MIDDLE AND LAST, BIRTHDATE, PARENT OR GUARDIAN NAME, IMMUNIZATION INFORMATION, ETHNIC BACKGROUND, ADDRESS AND PHONE NUMBER.**

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization registry of another state, a health care provider or provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency and a college or university. I also understand that other entities may be added to this list through amendment to Indiana Code, I.C. 16-38-5-3.

I hereby consent to the release of such information.

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature/Date: \_\_\_\_\_

# Emergency Treatment/Medical Release of Information Authorization

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

## **Emergency Medical Treatment Authorization:**

- 1) In case of an emergency involving your child, it is the policy of Brown County Schools to render first aid treatment while contacting parents/guardians for further instructions.
- 2) In the event that the parents/guardians cannot be contacted, I give permission to school officials to take action determined to be in the best interest of my child, including emergency medical services.
- 3) This information may be shared with the appropriate Brown County Schools personnel for health and emergency purposes.

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

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

**Date: (Month/Day/Year)** \_\_\_\_\_

## **Release of Medical Information Authorization**

I consent to the release of the information contained on the Student Health Information form to all staff members and other adults who have custodial care for my child and who may need to know this information to maintain my child's health and safety. This may include teachers, bus drivers, Food Services, paraprofessionals, afterschool program sponsors, and sports coaches when applicable.

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

**Date: (Month/Day/Year)** \_\_\_\_\_

**INTERNET POLICY: TERMS AND CONDITIONS**

Graduation Year

All students accessing the Internet will be required to read and sign the corporation's Internet User's Terms and Conditions Contract. (IUTCC).

Before a student may use the Internet, parents must read and sign the Internet User's Terms and Conditions Contract. This will indicate that parents are aware that their student could access inappropriate materials. Although the school corporation may use technical means to limit student Internet access, these means do not provide a foolproof method for enforcing the provisions of local acceptable use policies. Adult supervision will be maintained. Parents will accept responsibility if the student accesses the school's Internet connection from home.

School staff using the Internet will be required to read and sign an Internet User's Terms and Conditions Contract. (IUTCC) Account managers may be obligated to access school accounts because of storage issues, normal monitoring, or specific concerns. Therefore, an individual's school Internet account is not totally private and is subject to review.

It is a violation of school policy for students to purchase goods and services via the Internet. In the event of such a violation, all financial obligations are the responsibility of the parent and student.

Staff members at each building will coordinate security, management, and account responsibilities associated with the school corporation's Internet resources and accounts. Any user who wishes to subscribe to Internet services such as listservs or news groups must have permission from the building Internet coordinators.

All provisions of the Brown County Schools Internet Policy are subordinate to local, state, and federal statute.

Student: I have read, understand, and will abide by the BCS Internet Policies and Guidelines in the student agenda and the above stated Terms and Conditions. I further understand that should I violate said policies, I will be subject to disciplinary action as described in this document.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_

**Parent:** I have read the BCS Internet Policies and Guidelines in the student agenda and the above stated Terms and Conditions. I understand the student and parent responsibilities as described in this document.

Please Check one of the following:

I give my permission for him/her to participate in educational activities using the internet. This authorization will remain valid unless the school is notified in writing by the parent/guardian.

I do **NOT** give my permission for him/her to use the internet. I prefer that my student be given an alternative assignment.

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_

# Brown County Schools

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## PERMISSION REQUEST FOR STUDENT RECORDS

Previous School \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Student's Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last Grade Attended \_\_\_\_\_  21st Century Scholar (please check if this student has qualified for this program).

**The above named pupil has enrolled in Brown County Schools. Please send the following items to one of the schools listed below.**

- Original Home Language Survey
- Transcript of Grades and Grade Earned at Time of Withdrawal
- Standardized Test Scores
- Attendance and Discipline Records
- Health and Dental Records (including sports physicals)
- All Psychological and IEP Records

Parent/Guardian Name \_\_\_\_\_

Signature: \_\_\_\_\_

Send records requested to the school selected below:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Brown County High School<br>235 School House Lane<br>PO Box 68<br>Nashville, IN 47448<br>812-988-6606 Phone<br>812-988-5427 Fax | <input type="checkbox"/> Brown County Junior High School<br>95 School House Lane<br>PO Box 578<br>Nashville, IN 47448<br>812-988-6605 Phone<br>812-988-5415 Fax | <input type="checkbox"/> Brown County Intermediate School<br>260 School House Lane<br>PO Box 157<br>Nashville, IN 47448<br>812-988-6607 Phone<br>812-988-5417 Fax |
| <input type="checkbox"/> Helmsburg Elementary School<br>5378 Helmsburg School Rd<br>Morgantown, IN 46160<br>812-988-6651 Phone<br>812-988-0852 Fax       | <input type="checkbox"/> Sprunica Elementary School<br>3611 E Sprunica Rd<br>Nineveh, IN 46164<br>812-988-6625 Phone<br>812-988-0940 Fax                        | <input type="checkbox"/> Van Buren Elementary School<br>4045 State Road 135 S<br>Nashville, IN 47448<br>812-988-6658 Phone<br>812-988-5418 Fax                    |

# Distribution of Student Demographic Information

Graduation Year

## Family Educational Rights and Privacy Act

This serves as Brown County Schools' notification to parents and eligible students of their rights in accordance with the Family Educational Rights and Privacy Act (FERPA).

Parents or eligible students may restrict the release of Directory Information. Consistent with federal law, Brown County Schools has defined Directory Information as the following types of information:

- 1. Name of student
- 2. Address
- 3. Telephone number(s)
- 4. Major Field of study
- 5. Participation in officially recognized activities and sports
- 6. Height and weight of members of athletic teams
- 7. Date of attendance ("from and to" dates enrolled)
- 8. Degrees and awards received
- 9. Most recent previous school attended
- 10. Date of birth
- 11. Photograph
- 12. Video tape not used in a disciplinary matter
- 13. Student work for display at the discretion of the teacher (no grade of the work displayed)

**PLEASE NOTE:** Check one or more boxes below to indicate you **DO NOT** want your student's demographic information distributed or shared. An unmarked box indicates you have no preference. Write your student's **full name, sign** and **date** to confirm.

Public/Newspaper/Media

Higher Ed Institutions

Military Recruiters

Workforce Specialists

Local Entities within the district such as yearbooks, photographs, sports information such as rosters and programs or articles where students' directory information is identified.

Student's Full Name

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

# Brown County Schools Graduation Plan

## Student Identification

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Email \_\_\_\_\_ Current School Year \_\_\_\_\_

## Graduation Promise

I understand that education is key to my future and therefore commit to graduate from high school. I will also take the time to plan and prepare for life after high school by:

- \* being a responsible citizen and making good decisions;
- \* going to school and actively participating in my learning;
- \* studying hard and turning in my homework;
- \* pushing myself to complete Core 40 and considering going beyond it to complete an advanced diploma like Core 40 with Academic Honors or Core 40 with Technical Honors;
- \* exploring different careers and learning how college includes lots of options: two- and four-year degrees, certificates, apprenticeship programs and the military;
- \* asking for help when I need it.

Student Signature

Date \_\_\_\_\_

## Parent/Guardian

I/We will continue to help my/our student succeed in school and prepare for success after high school.

Parent/Guardian Signature

Date \_\_\_\_\_

## HIGH SCHOOL DIPLOMA PLAN

My Diploma Goal (check one)

**IN Core 40 Diploma**

**IN Core 40 w/Academic Honors Diploma**

**In Core 40 w/Technical Honors Diploma**



## Brown County High School Extra-Curricular Consent Form

You may skip this form if your student is currently in the 7th or 8th grade as this form applies only to High School Students.

I have received (and have read and understand) a copy of the "Brown County High School Extra-Curricular Activities and Student Driving Drug Testing Program." I desire that my student participate in this program. **(check one)**

as a participant in the extra-curricular and/or driving program of Brown County High School.

even though not currently driving to school or participating in any extra-curricular activities, I/we hereby, voluntarily agree to be subject to its terms for the entire high school career (grades 9 - 12). I/we accept the method of obtaining urine specimens, testing, and analysis of such specimen, and all other aspects of the program. I/we agree to cooperate in furnishing urine specimens that may be required from time to time.

I/we further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures in the program. Questions regarding this program should be directed to Shane Killinger at the BCHS (812) 988-6606.

Student's Name \_\_\_\_\_

Student Signature and Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian Signature and Date \_\_\_\_\_

**The Migrant Education Program (MEP) provides supplemental educational 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 a High School Equivalency (HSE).**

**WORK SURVEY**

Thank you for answering the following questions. If your student is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name:  Parent's Name:   
 Street Address:  Mailing Address:   
 City:  City:   
 Telephone (with Area Code)

1. How long have you lived in the Brown County school district?
2. Within the last 3 years, has your student (s) 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 in which you have looked for work.

- Plant or harvest vegetables or fruits
- Canning vegetables or fruits
- Detassel corn
- Sod farm
- Tobacco farm
- Planting, pruning, or cutting trees
- Poultry and/or egg farm
- Dairy farm
- Duck, turkey, chicken, pork, or beef processing plant
- Flora culture/gladiola farm
- Aquaculture/fish hatcheries
- Green house or plant nursery

**Please list the names and birth dates of all the students (children) in the household under 22 years of age.**

	<b>Full Name (First and Last)</b>	<b>(MM/DD/YYYY)</b>		<b>Full Name (First and Last)</b>	<b>(MM/DD/YYYY)</b>
1.	<input type="text"/>	<input type="text"/>	7.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	8.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	9.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	10.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>			
6.	<input type="text"/>	<input type="text"/>			

## Student Health Information

Student's Name  Date of Birth  School  Grade

In case of an emergency when a parent cannot be reached, who should we contact (call) **LOCALLY**?

Contact's Name  Relationship  Phone Number

Please check the box if your student is **CURRENTLY BEING TREATED** for any of the following:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Type 1 Diabetes         | <input type="checkbox"/> Heart Condition      | <input type="checkbox"/> Food or bee allergy requiring EpiPen or Benadryl |
| <input type="checkbox"/> Type 2 Diabetes         | <input type="checkbox"/> Migraine Headaches   | <input type="checkbox"/> Asthma (inhaler/aerosol treatments needed)       |
| <input type="checkbox"/> Chronic Headaches       | <input type="checkbox"/> Seizure Condition    | <input type="checkbox"/> Asthma (no inhaler needed)                       |
| <input type="checkbox"/> Mood/Emotional Disorder | <input type="checkbox"/> Chronic Constipation | <input type="checkbox"/> Asthma is exercised induced only                 |
| <input type="checkbox"/> Autism/PDD/PDD-NOS      | <input type="checkbox"/> Vision Difficulties  |   |
| <input type="checkbox"/> ADD/ADHD                | <input type="checkbox"/> Hearing Difficulties |   |

- Yes      Does your student have a **documented food allergy/disability**? If "Yes" is marked, please obtain a "**Physician Food Allergy/Disability**" form from the school nurse.
- No

If you check marked OR said "Yes" to any of the items above, please explain.

Please describe any special health problems or concerns.

- Check if your student wears glasses or contacts.       Check if your student wears a hearing aid or other listening device.

**ATTENTION:** If medication is to be given at school, the following procedures **MUST** be followed:

1. A medication form **MUST** be filled out;
2. All medication, prescription and non-prescription, **MUST** be brought in by a parent;
3. All medication **MUST** be in the original container; and
4. The student's name **MUST** be clearly marked on the container.

**List ANY medications your student is prescribed and where medication is given. (Include inhalers and aerosol treatments.)**

Medication: <input style="width: 150px;" type="text"/>	Dosage/Schedule: <input style="width: 150px;" type="text"/>	<input type="radio"/> Given at Home <input type="radio"/> Given at School
Medication: <input style="width: 150px;" type="text"/>	Dosage/Schedule: <input style="width: 150px;" type="text"/>	<input type="radio"/> Given at Home <input type="radio"/> Given at School
Medication: <input style="width: 150px;" type="text"/>	Dosage/Schedule: <input style="width: 150px;" type="text"/>	<input type="radio"/> Given at Home <input type="radio"/> Given at School

Parent/Guardian Signature  Date