

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 (Preschool - Grade 6)

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

Address _____ Student Cell Phone _____

PO Box _____ Student Home Phone _____

City _____ State _____ Zip Code _____ Country of Origin _____

County _____ Date of US enrollment (began attending US schools) _____

Student is a foreign exchange student Country of Residency _____

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
- 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. Transportation FROM school

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

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 Allowed to pick-up child

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 administrators, teachers, bus drivers, Food Services, paraprofessionals, afterschool program sponsors, and extra-curricular coaches when applicable.

Parent/Guardian Signature

Date: (Month/Day/Year)

INTERNET POLICY: TERMS AND CONDITIONS

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: _____

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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 _____

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 (A copy of the ORIGINAL is acceptable.)
- 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:

Brown County High School
 235 School House Lane
 PO Box 68
 Nashville, IN 47448
 812-988-6606 Phone
 812-988-5427 Fax

Brown County Junior High School
 95 School House Lane
 PO Box 578
 Nashville, IN 47448
 812-988-6605 Phone
 812-988-5415 Fax

Brown County Intermediate School
 260 School House Lane
 PO Box 157
 Nashville, IN 47448
 812-988-6607 Phone
 812-988-5417 Fax

Helmsburg Elementary School
 5378 Helmsburg School Rd
 Morgantown, IN 46160
 812-988-6651 Phone
 812-988-0852 Fax

Sprunica Elementary School
 3611 E Sprunica Rd
 Nineveh, IN 46164
 812-988-6625 Phone
 812-988-0940 Fax

Van Buren Elementary School
 4045 State Road 135 S
 Nashville, IN 47448
 812-988-6658 Phone
 812-988-5418 Fax

Emergency Dismissal Form

In case of an emergency, or if it is necessary to dismiss school early, we need to know where to send your child/children. Please provide the following information:

Student's Name _____ Grade _____

Parent/Guardian Name	Relationship	Cell Phone	Home Phone

Name and Phone of any other person responsible for your child/children in case you cannot be reached.

If school is closed for any reason, where should your child/children go?

Phone Number _____

SPECIAL NOTES TO REMEMBER:

- 1) Any medication must come with a note from the doctor, in the original container, and a signed permission slip from parent if it is to be given at school.
- 2) According to corporation policy, a note must be sent and a phone call received if your child is to be absent from school.
- 3) Please be certain that the **Student Health Form** (in this packet) has been completed.

Parent Signature and Date: _____

Distribution of Student Demographic Information

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 child's **full name, sign** and **date** to confirm.

Public/Newspaper/Media

Higher Ed Institutions

Military Recruiters

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:

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.

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

Full Name (First and Last)	(MM/DD/YYYY)	Full Name (First and Last)	(MM/DD/YYYY)
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: Dosage/Schedule: Given at Home Given at School

Medication: Dosage/Schedule: Given at Home Given at School

Medication: Dosage/Schedule: Given at Home Given at School

Parent/Guardian Signature

Date