

Dubois Elementary School



Where Kids Come first

School
Information

Northeast Dubois Elementary School

Dear Parent,

Welcome to the Northeast Dubois Elementary Kindergarten program. We are looking forward to working with you and your child in the upcoming 2020-21 school year.

Health and dental forms that you will receive at Kindergarten Round-up should be completed and mailed to school by July 1, 2020. If this is not possible, please call the nurse's office at 678-2781 ext 310 to leave a message.

Your child will be receiving his/her supplies from the PTSO for use in kindergarten. The kindergarten book bill payments will be due at registration in August.

Please send a backpack large enough to hold a one inch binder. Sleeping mats will not be needed this year, as Kindergarten will not have a rest time. All personal belongings sent to school should be marked with your child's name.

This year, we will be doing the Kindergarten visit during the Corporation-wide move-up/move-over day that will be announced at a later date. We will send this information home as soon as we have it, and look forward to your child getting to see his or her teacher and classroom.

Registration will be on August 5, 2020, from 4:00pm-8:00pm. Open house to meet teachers in classrooms will be from 4:30pm-7:00pm on August 5, 2020. Registration only on August 6, 2020, will be from 8:00am-3:00pm. No classroom visits will be available at this time. The fall registration is a separate, mandatory piece for all parents/guardians, even if you have already filled out some paperwork for the Kindergarten registration. All registration this August will be completed online, which can also be done from home. Any questions regarding this are welcomed and can be directed to the elementary school office 812-678-3011.

Your child's teacher will be contacting you prior to school beginning to answer any questions you may have.

During the summer, please encourage your child to think positively about kindergarten, making new friends, learning new things, etc.

A suggestion: on the first day of school, if you bring your child, leave him/her cheerfully at the classroom door. Apprehension about their new surroundings usually leaves quickly.

Sincerely,

The Kindergarten Staff

Mrs. Tara Rasche- Principal

DATE _____

KINDERGARTEN INFORMATION

Name of Kindergarten Student

Student's Name _____
Last First Full Middle Name

Birthdate _____ - Gender (circle) M F

Address _____ City _____ State ____ Zip Code _____

Preferred E-mail Address to use for school communication _____

Name your child would like to be called in school _____

Name you wish your child to learn to print _____

Father or Legal Guardian _____
Last First

Home Phone _____ Cell Phone _____

Place of employment _____ Work Phone _____

Mother or Legal Guardian _____
Last First

Home Phone _____ Cell Phone _____

Place of employment _____ Work Phone _____

The student's parents are (circle) Married to each other Separated from each other Divorced from each other Widowed/ Deceased Single

The student lives with (circle) Mother Father Stepmother Stepfather Other _____

Please complete this section if applicable to this student:

Non-custodial Parent's Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

E-mail _____

Stepmother's Name _____ Phone : Home _____ Work _____
Cell _____

Stepfather's Name _____ Phone: Home _____ Work _____
Cell _____

Notes from the Nurse

Welcome!

I am Michelle Young, the Corporation's School Nurse. The following will explain the medical requirements for your child to begin Kindergarten.

The first paper is explaining what immunizations are required to begin kindergarten. **Immunizations must be up to date.** This is a state regulation unless your child is religious or has a medical exemption. If your child is exempt, please see me for further instructions. **Your child is required by state law to have all of his or her immunizations completed by the first day of school.** If the school does not receive proof of immunizations within the first 20 days of school, expulsion proceedings for your child may be begun.

The next two are the physical (yellow) and dental (blue) exam papers. The exams are not mandatory for kindergarten but are recommended. The child's regular doctor/dentist should fill out the paperwork.

PLEASE HAVE all the information returned to school by July 1st. If you cannot have this completed by then, just call me and leave a message.

The next form (green) is regarding CHIRP. This program is maintained by the state of Indiana and stores all your child's immunization records that they have received in this state. If your child has had any immunization in Indiana, then your child has a record already in CHIRP. The state requires that all immunizations must be recorded in this website but some doctor's offices and pharmacies are still not recording the information causing your child's information to not be there.

By signing this, I can enter and update verified information that is missing allowing the immunization clinic or your doctor to know what your child needs. I have seen where children have had extra immunizations for missing information.

This does not give the school permission to administer any immunizations to your child. It will also allow me to state your child is a student here.

If your child has an exemption, it will allow me to note that so it doesn't look like your child's immunization requirements are not being completed to the state. The state keeps track of all immunizations and reviews them throughout the school year.

All this information is confidential. The only identifying information that is required is your child's name and date of birth. Social security numbers are never used.

This is just an FYI, at the beginning of school, you will receive information on "Permission to administer medication" .

We do not have stock medications so if your child may need something like acetaminophen, ibuprofen, allergy medicine, or any other medication, you will need to bring it in with their name on it.

Over the counter medication must be sent in the original bottle with a note from the parent stating when the child may have it administered, how much and when the last dose was given. If this differs from what is on the bottle, the dosing/duration on the bottle will be followed unless there is a doctor's order. Please do **not send adult medication or medication that is expired.** We can't give expired medication and a prescription is needed to administer adult medication to your child. **This also includes any ointments, lotions or creams.**

Prescribed medication must be in the original bottle with the correct information (name of child, doctor, pharmacy, type, dosage, administration, how often and how long), printed on the label.

Medication that is prescribed one to three times a day should be taken at home. Exception is routine medications prescribed at lunch. **For medications that are to be given three times a day, medication should be taken before and after school and at bedtime.** If you do send medication to school, please make sure you have some at home. The end of the day is very hectic and **we cannot send medication back and forth.** Must have a copy of the prescription and it must match the label on the bottle. A form can also be given for your doctor to fill out for medication.

Children who have inhalers or epipens can carry this with them with a written release from a parent and a doctor that authorizes this activity. These are the only medications that any child is allowed to carry on them at all times. All other medication must be held at the office.

NORTHEAST DUBOIS SCHOOL CORPORATION

KINDERGARTEN MEDICAL REQUIREMENTS

Dear Parents,

The time has come for your child to enter Kindergarten. However, your child needs to fulfill certain requirements before he/she enrolls in Kindergarten. This letter contains information about the health requirements only. The health of your child has much to do with their progress in school.

Every school corporation recommends that each child have a physical and dental examination prior to entering school. The best place for your child to have this completed is in the office of the private physician or dentist where he/she has access to previous history regarding the health of your child.

Attached are 2 forms to be completed and **returned to school** by

July 1, 2020.

PLEASE MAKE SURE YOUR CHILD'S NAME IS ON EACH FORM.

Physical Examination Record is to be completed by a medical doctor.

School Dental Examination is to be completed by the dentist.

SCHOOL ENTRY REQUIREMENTS FOR 2020 ARE THE FOLLOWING:

5 DOSES	DTaP (diphtheria-tetanus-acellular pertussis)
4 DOSES	IPV or OPV (polio)
3 DOSES	Hepatitis B
2 DOSES	MMR (measles/mumps/rubella)
2 DOSES	Varicella (or Physician documentation of disease history, including month and year.)
2 DOSES	Hepatitis A

In order for your child to attend Kindergarten, you must provide documented evidence from your physician or County Health Department that your child has been completely immunized including all dates of each immunization or disease history. This is a state regulation unless your child has a religious or medical exemption. If your child is religious or has a medical exemption, please contact me for paperwork regarding this.

We want your child to have a happy and healthy school experience. If you have any questions, please call me at 678-2781 ext. 310.

Sincerely,

Michelle Young, R.N.
School Nurse

NORTHEAST DUBOIS SCHOOL CORPORATION
Physical Examination Record (To be completed by your doctor)

Name: _____ School: _____
 Last First Middle

Address: _____ Phone: _____

Date of Birth: _____ Sex: _____ Family Physician: _____

Physical Examination Date: _____

Record of Immunizations

Height: _____ Weight: _____

DTaP: 1) _____

2) _____

Blood Pressure: _____

3) _____

4) _____

Vision (Snellen): R: _____

5) _____

L: _____

MMR: 1) _____ 2) _____

Glasses: Yes: _____ No: _____

Ears – Right: _____

IPV: 1) _____

Hepatitis B:

Left: _____

2) _____ 1) _____

Nose: _____

3) _____ 2) _____

Teeth: _____

4) _____ 3) _____

Throat: _____

5) _____

Lymph Nodes: _____

Varicella:

Chickenpox Disease:

Thyroid: _____

1) _____

Heart: _____

2) _____

(Month/Year)

Lungs: _____

Abdomen: _____

Hernia: _____

Hib:

Hepatitis A:

Orthopedic Impairments: _____

1) _____

1) _____

2) _____

2) _____

Posture: _____

3) _____

Nutrition: _____

4) _____

Skin: _____

Nervous System: _____

Other:

External Genitals: _____

1) _____

2) _____

General Condition: _____

Results (if tested) of Urinalysis: _____ Hemoglobin: _____

History of severe illnesses, injuries or surgeries: _____

Physician's recommendations: _____

Physician's Signature: _____ Date: _____

NORTHEAST DUBOIS SCHOOL CORPORATION

Dubois, Indiana

Dental Examination Record

(To be completed by your dentist)

Name: _____ Date: _____

Address: _____

School: _____

DENTAL EXAMINATION

Code: No defect – 0
Defect – Note Condition

I. Teeth:

Cavities: _____

Malocclusion: _____

Soft Tissue: _____

II. Present Status:

Restorations Completed: _____

Appointments Scheduled: _____

III. Recommendations: _____

Dentist's Signature: _____ Date: _____

NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

CHIRP PERMISSION

I, _____, give the Northeast Dubois School Corporation permission to release the following information concerning my child, _____, to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Information that will be released will include name, immunization data, date of birth or other identifying information as applicable.

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child 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 data registry of another state, a healthcare provider or a 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 I.C. 16-38-5-3.

I hereby consent to release of such information.

Signature

Date

Printed Name of Parent or Guardian

Address

School

Grade level

Child's Name

Date of Birth

Parents: Please fill out

Bus Pick Up in the Morning

Circle where – Home – Sitter – Grandparent – Other

Person's Name _____

Bus # _____

Bus Drop Off in the Afternoon

Circle where – Home – Sitter – Grandparent – Other

Person's Name _____

Bus# _____

Each parent will be contacted before school begins. To enable a faster procedure for phoning, please fill out the information below.

Child's Name _____

Parent's Name _____

Best time to call: _____ Home # _____

Work # _____

Cell # _____

Northeast Dubois County School Bus Drivers

#1A	Jason Braunecker	812-630-0444	812-678-5717
#2	Tony Danhafer	812-639-9462	
#3	Tim Danhafer	812-678-4814	812-639-9462
#4	Ed Freyberger	812-309-3407	
#5	Brad Knies	812-389-2683	
#6	Stephanie Faulk	812-827-1943	
#7	Sheila Bachman	812-634-9516	
#9	John Fuhrman	812-695-2005	812-639-0715
#11	Morris Kalb	812-678-3334	812-309-3996
#12	Tony Quinn	812-678-4910	
#13	Brian Terwiske	812-678-2641	
#14	Jeff Bieker	812-639-8358	
#15	Larry Mehringer	812-678-4811	
#16	Chris Reckelhoff	812-639-0098	
Dubois Co. Public Schools #1	Jennifer Braunecker	812-630-0513	
Dubois Co. Public Schools #9	Tony Smock	812-865-6507	
Preschool Route # J5	Scott Chatman	812-639-0246	

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 W-APT 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:** _____

Collecting Racial and Ethnic Data

04.01.09

Though the department does not report individual student or staff data to the federal government, the total number of students and staff by race and ethnicity of each school is reported. The following sections define how race and ethnicity is collected using a two part question, how observer identification is used for non self-identifying students, and an overview of reporting racial and ethnic data to the IDOE.

Two part question for students and staff

Districts must collect race and ethnicity information on students and staff using a *two part question*. The respondent must answer both questions. Districts should implement the re-evaluation of students in 2009-2010 to be reported in July of 2010. District enrollment forms will need to implement the two part question for all fall 2010 enrollees. Districts should plan to train staff to assist enrollees in responding to the two part question. **Example:**

Race and Ethnicity: (Note: Both Part 1 and Part 2 of the question must be answered.)

Part 1: Ethnicity

Is this individual Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race

What is the individual's race? (Choose one or more)

- American Indian or Alaska Native: A person having origins in any of the original 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 Other 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.

Remind Message Service

To Join any of the school remind groups you will need to text @(whichever school code you want to join) to the number 81010

Please note that by joining a school you are automatically added to the corporation level remind group

Dubois Elementary @neduboisde
Northeast Dubois Middle School @neduboisms
Northeast Dubois High School @neduboishs

If at anytime you want to leave our school or corporation all you need to do is respond to a text that we send you @leave and you will be removed

Example: If I want to join the High School group I would send a text on my phone to the number 81010 the message I would send on my text is @neduboishs

Tara Rasche, Principal



Brooke Atkins, Secretary

Dubois Elementary School

5533 E. St. Raphael St. • Dubois, IN 47527 • Phone: 812-678-3011 • Fax: 812-678-2013

Dear Parents,

Please help us with some data collection needed for our files.

Has your child attended any preschool prior to kindergarten? Yes No

If yes, please list name of preschool and # of year attended.

Has your child received services through the Head Start program prior to Kindergarten? Yes No

If yes, please list location and approximate dates of enrollment.

Has your child attended any other readiness program before entering kindergarten? Yes No

If yes, please list name of program and approximate dates of enrollment.

Student Name _____ Parent Name _____

Thank you,

Tara Rasche
Principal, Dubois Elementary School

2020-2021 RELIGIOUS EDUCATION RELEASE TIME

Northeast Dubois Elementary KINDERGARTEN
Release time classes are held at the St. Raphael Campus, Dubois

St. Isidore Catholic Parish - St. Raphael Campus, Dubois

Catholic release time students must complete a registration form to be released to classes beginning in August, 2020 till May, 2021. This form is not a registration for release time classes but a release for the school.

Please contact parish office 812-634-1875 to receive a registration form. Parishioners will be mailed a registration form in April 2020. If you are not a registered member of St. Isidore you will need to call the office for a form. **Registration forms and fees will be due at the beginning of July.**

St. Isidore Registration fees: 1 student: \$30.00 2 students: \$55.00 3 or more students: \$80.00
If the parish registration form is not returned by August 18, students will not be released to religious education classes.

Kids of the Kingdom There is NO fee for the non-denominational program.

Fees paid by area non- denominational churches. Consent for release from school if completed.

This is the registration form for Kids of the Kingdom. Please check below Kids of the Kingdom.

(Check one please) Kids of the Kingdom, Inc. (Non-denominational)
(Wed. Kindergarten 11:50am-12:35pm)

St. Isidore Parish (Catholic)
(Wed. Kindergarten 11:50am- 12:35pm)

None (remaining at school in classroom during release time)

Student Name _____ KINDERGARTEN Class

Parents/ Guardian Name _____

Address _____

Birthdate _____ Gender: Male _____ Female _____

Home Phone _____ Cell Phone _____ email _____

Family attends _____ Member of St. Isidore Parish
Church denomination attending