

BRENDA FERGUSON, PRINCIPAL

JUDY HAASE, SECRETARY



# CELESTINE ELEMENTARY SCHOOL

6748 E. MAIN CROSS ST. (PHYSICAL ADDRESS) • PO BOX 99 (MAILING ADDRESS) • CELESTINE, IN 47521  
PHONE: 812-678-2777 • FAX: 812-634-1266

## REQUEST FOR STUDENT RECORDS

DATE: \_\_\_\_\_

The following student has enrolled at Dubois Elementary School and we would appreciate a copy of the following:

Transcript of grades

Health Records

Grades-to-date at time of withdrawal

Standardized test data

Birth Certificate

IEP

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Does this student have an Individual Education Plan (IEP)?  Yes  No

According to the Final Regulation-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of the schools in the system in which the student intends to enroll, may receive a student's records without consent for such release.

Thank you for your prompt attention to this matter.

School Last Attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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



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## REGISTRATION CARD Celestine Elementary School

*Please complete for all students enrolled in elementary school.*

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

Grade \_\_\_\_\_ Gender (circle) M F

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

Grade \_\_\_\_\_ Gender (circle) M F

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

Grade \_\_\_\_\_ Gender (circle) M F

Home Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred E-mail Address - \_\_\_\_\_

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

Student lives with (circle):    Mother    Father    Stepmother    Stepfather    Other \_\_\_\_\_

Father or Legal Guardian \_\_\_\_\_ Occupation \_\_\_\_\_  
Last First

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

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

Mother or Legal Guardian \_\_\_\_\_ Occupation \_\_\_\_\_  
Last First

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

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

\*\*Is this student a student of an active duty parent or guardian in the Armed Forces? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please complete this section if applicable to this student:

Student's Sitter/Day Care \_\_\_\_\_ Phone \_\_\_\_\_

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

Non-custodial Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

E-mail \_\_\_\_\_

Stepmother's Name \_\_\_\_\_ Phone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Stepfather's Name \_\_\_\_\_ Phone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

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

School Transportation: Each day this student will be picked up at \_\_\_\_\_ and ride bus # \_\_\_\_\_

to school. After school each day, this student will ride bus # \_\_\_\_\_ to \_\_\_\_\_

or be picked up at school by \_\_\_\_\_. If school should be dismissed early, this

student should ride bus # \_\_\_\_\_ to \_\_\_\_\_.

### EMERGENCY INFORMATION

In case of illness or emergency, who should be contacted:

1<sup>st</sup> Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

2<sup>nd</sup> Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

3<sup>rd</sup> Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

4<sup>th</sup> Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

### MEDICAL INFORMATION

Student's medical problems, concerns, etc: \_\_\_\_\_

Allergies? \_\_\_\_\_

Asthma? \_\_\_\_\_

Medications: \_\_\_\_\_

Glass/Contacts? \_\_\_\_\_ Hearing Aid? \_\_\_\_\_

Parents/ Guardians: Please notify your school if any changes are made in any of this information given on this card anytime throughout the entire school year.

Brenda Ferguson, Principal



Judy Haase, Secretary

6748 E. Main Cross St. (Physical Address) · PO Box 99 (Mailing Address) · Celestine, IN 47521

Phone: 812-678-2777 · Fax: 812-634-1266

### Celestine Elementary School Registration Checklist

Policy Statement	Parent Initials
I have read and understand the <b>Asbestos Management Memo</b> .	
I have read the <b>CES Handbook</b> and voluntarily agree to be subject to its terms for the entire enrollment time at Celestine Elementary School.	
I have read and agree to the <b>Medical Consent Policy</b> and voluntarily agree to be subject to its terms for the entire enrollment time at Celestine Elementary School.  <b>FAMILY DOCTOR:</b> _____  <b>PHONE NUMBER:</b> _____	
I have read the <b>Medication Distribution</b> form, and I request that school staff members administer medication to my child during school hours in accordance with enclosed written instructions from my physician or me.	
I have read and agree to the policies set forth in the <b>Northeast Dubois County School Corporation Technology Handbook</b> , including but not limited to the <b>Acceptable Use Policy</b> , and voluntarily agree to be subject to its terms for the entire enrollment time at Celestine Elementary School.	
I have read and understand the <b>Bullying Policy</b> of the <b>Northeast Dubois County School Corporation</b> and agree to be subject to its terms for the entire enrollment time at Celestine Elementary School.	
I have read and understand the <b>Pesticide Notification and Application Memo</b> .	
I have read about and understand how to sign up for the 1-way communication (text and/or email) <b>REMIND</b> notifications.	
I have read and understand the <b>School Lunch</b> letter.	

#### Permission to be Photographed and/or Videotaped

Photographs/Video	Yes	No
I give permission for my student to be photographed and/or videotaped and to appear in any publications, displays, or website for the entire enrollment time at Celestine Elementary School. I am aware that no student's email address, street address, or telephone number will be published.		

#### Permission for Travel

Consent for Transportation/Attendance	Yes	No
I give permission to transport my child and include him/her in the off campus school activity in the event I forget to sign a permission slip, it is misplaced, or I am unavailable (out of town) to sign.		

### Signatures

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

BRENDA FERGUSON, PRINCIPAL



JUDY HAASE, SECRETARY

## CELESTINE ELEMENTARY SCHOOL

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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.

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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.

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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.

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Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Thank you,

Brenda Ferguson  
Principal, Celestine Elementary School



DEPARTMENT OF EDUCATION

Dr. Jennifer McCormick  
Superintendent of Public Instruction

*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, 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: \_\_\_\_\_



*\*Confidential\**

**Military Children in Education**

**2018-19 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)***

## 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:**

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

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Part 1: Ethnicity	Is this individual Hispanic/Latino? (Choose only one)  <input type="checkbox"/> No, not Hispanic/Latino  <input type="checkbox"/> 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)  <input type="checkbox"/> 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.  <input type="checkbox"/> 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.  <input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa.  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  <input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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

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



# NORTHEAST DUBOIS COUNTY SCHOOL CORPORATION

William G. Hochgesang, Superintendent  
Ryan Case, Trans. Director

-----  
P.O. Box 158, 5379 E Main St.  
Dubois, IN 47527



DeAnn Meyer, Treasurer  
Gretchen Brinkman, Deputy Treasurer

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Phone # 812-678-2781  
Fax # 812-678-4418

## Indiana State Department of Health's Children and Hoosiers Immunization Registry Program

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 of Parent or Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade level

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

\_\_\_\_\_  
Date of Birth



Dr. Jennifer McCormick  
Superintendent of Public Instruction

DEPARTMENT OF EDUCATION

*Working Together for Student Success*

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. Within the last **3 years**, have your children moved for any reason? **YES** \_\_\_\_ **NO** \_\_\_\_
2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? **YES** \_\_\_\_ **NO** \_\_\_\_

If you answered **NO** to either of these questions, 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:

- |  |  |
|--|--|
| _____ 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 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.	

**Northeast Dubois School Corporation  
 Student iPad Program Elementary Acknowledgement Form  
 2018-2019 School Year  
 Please Review and Initial Each Statement Below**

Guidelines	Student Initial	Parent Initial
Student must agree to and abide by all school rules outlined in the Student Handbook and Acceptable Use Policy		
Students and parents agree that they will not sync the iPad with any computer		
Students and parents are responsible for the use of the student's iPad and know that Internet use is recorded off school property		
Students agree to share the passcode with any staff or teachers, but should not share with any other student		
Students agree to use the device for educational purposes during specified class time.		
Students and parents agree to not remove the management profile or do a factory reset on their iPad		
Students agree to not remove the sticker from the back of the iPad		
Students and parents know that all Internet usage is recorded using the lightspeed program through the schools Internet filtering system.		

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Student's Printed Name

---

Student's Signature Date

---

Parent/Guardian Signature Date

---

NDCSC Building Teacher

# HEADS UP FOR HEADPHONES!!!!!!!!!!!!!!!!!!!!



Parents of Elementary Students,

We are now working in the age of computers, laptops, ipads, etc in our schools. With this frequent use of technology comes the need for students to have their own set of headphones. We were fortunate to get them purchased in bulk at the low cost of per set.

The headsets will be kept in the classroom in the individual bags provided with name tags to assure your child will have his/her set to use each time he/she works with technology. They will be stored over the summer and will move with the student from year to year as long as they are in good working condition.

**If your child has a working set from last school year that were brought home, they may bring those back in lieu of buying new ones.**

Educationally,  
Brenda Ferguson  
Principal

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

Grade/Teacher: \_\_\_\_\_