

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

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:

1st Name _____ Phone _____ Cell _____

2nd Name _____ Phone _____ Cell _____

3rd Name _____ Phone _____ Cell _____

4th 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 Asbestos Management Memo .	
I have read the CES Handbook 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 Medical Consent Policy and voluntarily agree to be subject to its terms for the entire enrollment time at Celestine Elementary School. FAMILY DOCTOR: _____ PHONE NUMBER: _____	
I have read the Medication Distribution 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 Northeast Dubois County School Corporation Technology Handbook , including but not limited to the Acceptable Use Policy , and voluntarily agree to be subject to its terms for the entire enrollment time at Celestine Elementary School.	
I have read and understand the Bullying Policy of the Northeast Dubois County School Corporation and agree to be subject to its terms for the entire enrollment time at Celestine Elementary School.	
I have read and understand the Pesticide Notification and Application Memo .	
I have read about and understand how to sign up for the 1-way communication (text and/or email) REMIND notifications.	
I have read and understand the School Lunch 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 _____



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)



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:

- | | |
|---|---|
| <input type="checkbox"/> Plant or harvest vegetables or fruits | <input type="checkbox"/> Canning vegetables or fruits |
| <input type="checkbox"/> Detassel 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.	

**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.		

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: _____