

RYAN CASE, PRINCIPAL  
MARY SENDELWECK, SECRETARY



TERRY FRIEDMAN, ATHLETIC DIRECTOR  
CAMILLE BERG, COUNSELOR

Please complete, sign, and return.

## NORTHEAST DUBOIS MIDDLE SCHOOL

4550 N 4<sup>TH</sup> ST • DUBOIS, IN 47527 • PHONE: 812-678-2181 • FAX: 812-678-2282

### Dubois Middle School Registration Checklist 5<sup>th</sup> and 6<sup>th</sup> Grade

Policy Statement	Student Initials	Parent Initials
I have read the <b>DMS Athletics Individual Eligibility Rules</b> and voluntarily agree to be subject to its terms for the four year middle school enrollment.		
I have read the <b>Attendance Policy and Procedures</b> and voluntarily agree to be subject to the terms for the four year middle school enrollment.		
I have read the <b>Bullying Policy</b> and voluntarily agree to be subject to its terms for the four year middle school enrollment.		
I have read and agree to the <b>Medical Consent Policy</b> and voluntarily agree to be subject to its terms for the four year middle school enrollment.		
<b>FAMILY DOCTOR:</b> _____ <b>PHONE NUMBER:</b> _____		
I have received a copy of and read the <b>Meningitis</b> memo from the Northeast Dubois County School Corporation.		
I have read and agree to the policies set forth in the <b>Northeast Dubois County School Corporation Technology Handbook</b> and voluntarily agree to be subject to its terms for the four year middle school enrollment including but not limited to the <b>Acceptable Use Policy</b> .		
I have read and agree to the <b>Northeast Dubois County School Corporation Discipline Policy, Dubois Middle School Discipline Policy, and the Middle School Basic Rules</b> and agree to be subject to their terms for the four year middle school enrollment.		
I have read the <b>Student Dress Policy</b> and voluntarily agree to be subject to its terms for the four year middle school enrollment.		

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

<b>Photographs/Video</b>
I give permission for my student to be photographed and/or videotaped and to appear in any publications, displays, or website for the four year middle school enrollment. I am aware that no student's email address, street address, or telephone number will be published.

Circle:

Yes      No

#### Permission for Travel

<b>Consent for Transportation/Attendance</b>
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.

Circle:

Yes      No

#### Signatures

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

Date \_\_\_\_\_

5      6

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

Student Grade \_\_\_\_\_

Date \_\_\_\_\_



Please complete, sign, and return.

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.	

Please complete, sign, and return.

**\*Confidential\***

**Military Children in Education**

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 describes 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-12<sup>th</sup> 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-12<sup>th</sup> 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)*