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NORTHEAST DUBOIS MIDDLE SCHOOL

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Dubois Middle School Registration Checklist—7th and 8th Grade

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

Permission to be Photographed and/or Videotaped

Photographs/Video
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

Consent for Transportation/Attendance
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

Random Drug Testing Consent (7th and 8th Grade only)

Drug Testing
I have read and agree to the Northeast Dubois County School Corporation Drug Testing Policy and give consent for my child to participate in this program for my child's 7 th and 8 th grade academic years.
NOTE: In order for my child to participate in extra-curricular activities, I must grant consent. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Circle:
Yes No

Signatures

Parent/Guardian Signature 7 8 _____
Date

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"/> Defassel 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-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)