

\$50.00 Registration Fee      Paid \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Not Paid \_\_\_\_\_

**NORTHEAST DUBOIS PRESCHOOL**  
**2023/24 REGISTRATION FORM**

**Student Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
First Middle Last Month/Date/Year

**Student Address** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

In what county do you reside? \_\_\_\_\_ Do you live in the Northeast Dubois School District? \_\_\_\_\_

Circle Gender: M F      Year you are planning to send your child to **Kindergarten**: 20\_\_\_\_

Has your child ever attended another Preschool? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes", please list where he/she attended: \_\_\_\_\_  
\*\*\*\*\*

**Family Information:**

The student's parents are (circle): Married Separated Divorced Widowed Single

If divorced, who has legal custody of this child? \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Number of Brothers \_\_\_\_\_ Ages \_\_\_\_\_      Number of Sisters \_\_\_\_\_ Ages \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
Occupation \_\_\_\_\_

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

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

Preferred email address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
Occupation \_\_\_\_\_

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

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

Preferred email address \_\_\_\_\_

## **MEDICAL AND EMERGENCY INFORMATION**

Does your child have any fears? Yes \_\_\_\_\_ No \_\_\_\_\_ If the answer is yes, please list:

\_\_\_\_\_

Has your child had any serious illnesses/accidents? Yes \_\_\_\_\_ No \_\_\_\_\_ If the answer is yes, please list:

\_\_\_\_\_

\_\_\_\_\_

Is your child allergic to anything? Yes \_\_\_\_\_ No \_\_\_\_\_ If the answer is yes, please list known allergies, especially a list of foods he/she cannot have. We will need medical documentation prior to school starting.

\_\_\_\_\_

\_\_\_\_\_

Does your child take any medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list all medications:

\_\_\_\_\_

Any other medical conditions or concerns of any kind?

\_\_\_\_\_

\_\_\_\_\_

IN CASE OF ILLNESS OR EMERGENCY, PLEASE LIST CONTACTS/RELATIONSHIP TO STUDENT  
IN THE ORDER YOU WOULD LIKE THEM TO BE CONTACTED:

First Contact

\_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Second Contact

\_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Third Contact

\_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## PRESCHOOL TIME PREFERENCE AND TRANSPORTATION

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

Please note: Session slots are filled on an availability basis. We will do our best to meet your needs and make every attempt to enable you to have a day and a time that works best for you and your child.

### **3 Year-Old (as of 8/1/2023):**

Monday/Wednesday Morning Only- \$100/Month

Monday/Wednesday Full Day -\$200/Month

Tuesday/Thursday Morning Only- \$100/Month

Tuesday/Thursday Full Day -\$200/Month

### **4 Year-Old (as of 8/1/2023):**

#### 2-Days/Week

Tuesday/Thursday Morning Only- \$100/Month

Tuesday/Thursday Full Day -\$200/Month

#### 3-Days/Week

Tuesday/Thursday/Friday Morning Only- \$150/Month

Tuesday/Thursday/Friday Full Day- \$300/Month

#### 5-Days/Week

Monday-Friday Morning Only- \$250/Month

Monday-Friday Full Day- \$500/Month

### COMMENTS ABOUT TIME PREFERENCE:

\_\_\_\_\_  
School Transportation: Please complete where applicable.

General Education transportation is provided at the start of the school day and at the end of the school day  
**(no mid-day transportation for general education students).**

Will this student be riding Corporation/Special Ed (w/seat belts) provided bus transportation?

\_\_\_ Yes \_\_\_ No

**If yes:**

Each day this student will be picked up at (address) \_\_\_\_\_ After school each  
day, this student will ride bus # \_\_\_\_\_ to (address & name) \_\_\_\_\_.

**Morning session only:**

Each mid-day this student will be picked up at school by \_\_\_\_\_ Phone \_\_\_\_\_

## Collecting Racial and Ethnic Data

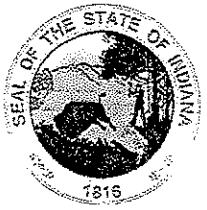
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Though the department does not report individual student or staff data to the federal government, the total number of students and staff by race and ethnicity of each school is reported. The following sections define how race and ethnicity is collected 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 the *two part questionnaire*. The respondent must answer both questions. District enrollment forms will need the below two part question for all new enrollees to Indiana schools. Districts should train staff to assist enrollees in responding to the two part question. **This data is to be collected once and is to be kept as part of the enrollee's permanent file.** (Exception: a parent/guardian/student makes a request to correct the original identification.) This information should be transferred upon the enrollees exit to another district.

<b>Race and Ethnicity: (Note: Both Part 1 and Part 2 of the question <u>must be answered.</u>)</b>	
<b>Part 1: Ethnicity</b>	<p>Is this individual Hispanic/Latino? (Choose only one)</p> <p><input type="checkbox"/> No, not Hispanic/Latino</p> <p><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.)</p>
<b>Part 2: Race</b>	<p>What is the individual's race? (Choose one or more)</p> <p><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.</p> <p><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.</p> <p><input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa.</p> <p><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.</p> <p><input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

## 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 in Indiana, 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 WIDA Screener 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:** \_\_\_\_\_



## Preschool-Dubois Elementary

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

### Preschool Registration Checklist

Policy Statement	Parent Initials
I have read and understand the <b>Asbestos Management Memo</b> .	
I have read the <b>DES Handbook</b> and voluntarily agree to be subject to its terms for the entire enrollment time at Dubois 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 Dubois 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 understand the <b>Pesticide Notification and Application Memo</b> .	
I have read about and understand how to sign up for the one-way communication (text and/or email) <b>Remind</b> notifications.	
I have read and understand the <b>Bullying Policy</b> of the <b>Northeast Dubois County School Corporation</b> and agree to its terms for the entire enrollment time at Dubois Elementary School.	
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 Dubois 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 Name \_\_\_\_\_

Date \_\_\_\_\_

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. _____	_____

## NOTIFICATION OF AVAILABILITY OF ASBESTOS MANAGEMENT PLAN

AUGUST 2022

The Asbestos Hazard Emergency Response Act (AHERA) required the compilation of all asbestos containing materials (ACBM), within the public and private schools (K-12 grades). A building inspection by EPA-Accredited Asbestos Inspectors was conducted to determine, not only if asbestos was in our schools, but its condition. After the inspection, a plan to manage the identified asbestos was developed.

AHERA further required that the identified asbestos containing materials were to be checked every six months by the trained school personnel and that these materials were to be re-inspected by an accredited inspector every three years as long as the materials remain in the building.

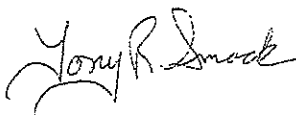
The School Corporation complied with the AHERA by completing the asbestos inspection of our schools and submitting the Management Plan to the State of Indiana for the approval of the Governor. The implementation of the Management Plan began shortly after submittal and all the identified areas of concern have been corrected.

Anyone wishing to view a copy of the Management Plan for an individual school building will find it available in the Principal's office of each school. The Management Plan for all of the schools in the School Corporation is available for your viewing in the Administration Office. The Management Plan may be copied for a minimal fee of 5 cents per page, during regular school hours by notifying the school in advance to prevent scheduling difficulties.

If you have any questions concerning the AHERA Program, please contact your building Principal and/or the Designated Person, Mr. Tony Smock.

The Asbestos Management Plan will be updated annually as response actions are completed or as periodic surveillance reveals a change in the condition of the asbestos materials.

Signature: \_\_\_\_\_





# MEMO

TO: Northeast Dubois County School Corporation Parents  
FROM: Dr. Tara Rasche  
DATE: August 2022  
RE: Pest Control Policy  
CC: Northeast Dubois County School Board

Northeast Dubois County School Corporation is committed to providing students a safe environment. It seeks to prevent children from being exposed to pests and harmful and unnecessary pesticides. While pesticides protect children from pests that may be found in the school and its surrounding grounds, under some circumstances they may pose a hazard to children. Therefore, pest control practices may involve a variety of chemical and non-chemical methods that are designed to control pests effectively while minimizing harmful pesticide exposure to children.

If you wish to be informed when pesticide applications will be made at the building in which you have children, please call Maintenance Director Tony Smock at 678-2781 Ext 4 to put your name on our registry. The School Corporation will provide notice at least two days prior to the date and time the pesticide application is to occur. If you need any further information concerning our pest control policy you may also call Tony at the same phone number.



## Northeast Dubois Elementary School

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The following changes are made to the student handbooks of all Northeast Dubois County Schools. These changes are made to comply with Senate Enrolled Act No. 285, IC 5-2-10.1-2.

### Bullying

1. This rule applies when a student is:
  - a. On school grounds immediately before or during school hours, immediately after hours or at any time when the school is being used by a school group(including summer school);
  - b. Off school grounds at a school activity, function, or event; or
  - c. Using property or equipment provided by the school.
2. Bullying by a student or groups of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the other student through overt, repeated acts or gestures, including verbal or written communications transmitted, and/or physical acts committed, or any other similar behavior is prohibited.
3. Parents or students who suspect that repeated acts of bullying are taking place should report the matter to the school principal or designee. School personnel will investigate all reports of bullying.
4. Counseling, corrective discipline, and/or referral to law enforcement will be used to change the behavior of the perpetrator. This includes appropriate intervention(s), restoration of a positive climate, and support for victims and others impacted by the violation.
5. Educational outreach and training will be provided to school personnel, parents, and students concerning the identification, prevention, and intervention in bullying.
6. All schools in the corporation are encouraged to engage students, staff and parents in meaningful discussions about the negative aspects of bullying. The parent involvement may be through parent organizations already in place in each school.

Courtney Hopf, Principal



Brooke Atkins, Secretary

## Northeast Dubois Elementary School

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### Medical Consent

The custodial parent/legal guardian of Northeast Dubois School Corporation/Northeast Dubois Elementary School students do hereby grant and authorize Northeast Dubois School Corporation/Northeast Dubois Elementary School and any employee thereof to obtain, at the expense of the custodial parent/legal guardian, any medical services including but not limited to: x-ray examination, anesthetic, surgical treatment, or any hospital service, for its students in the event they suffer any illness or accident at a time when the custodial parent/legal guardian cannot be contacted.

This medical consent is given in advance of treatment to encourage and authorize the school, its employees, and the named physician to exercise their judgment in the best interest of my child.

This consent form will be valid and kept on file.

Courtney Hopf, Principal



Brooke Atkins, Secretary

## Northeast Dubois Elementary School

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

### Medication Distribution

As of July 1, 2001, Northeast Dubois students in grades kindergarten through eight may NOT carry any medication to or from school. You may hand the medication to the bus driver, who will hand it to the staff member on bus duty at school or an adult may bring the medication to the office.

Students with an acute or chronic disease or medical condition may carry medication with them and self-administer it on school grounds and during any school-related function as long as a written release from a parent and a written physician's order that authorizes this activity is on file at school and reauthorized annually. (This would include inhalers, EpiPens, diabetic medication, etc.)

### PERMISSION TO ADMINISTER MEDICATION

I request that school staff members administer medication to my child during school hours in accordance with the enclosed written instructions from my physician or myself.

**For short term medication, ORIGINAL PRESCRIPTION BOTTLE AND LABEL IS REQUIRED** with child's name, name of medication, dosage and termination date included on label. Note from parent should state time medication should be administered and signed by parent.

**For long term medication, ORIGINAL PRESCRIPTION BOTTLE AND LABEL IS REQUIRED** with child's name, name of medication and dosage included on label. Physician's order must be sent including time medication is to be given.

Over the counter medication must be sent in the original bottle with the child's name on it including instructions and signed by parent. If instructions from parent differs from what is listed on the bottle and no signed prescription from doctor is included, the instructions on the bottle will be followed. This includes all oral and topical medications.

Medication WILL NOT be administered without the above information or permission to administer medication form signed. This includes all topical, oral or injected medications.

Medications that are prescribed for 3 times/day can be taken at home before and after school and at bedtime. MEDICATIONS WILL NOT BE SENT BACK AND FORTH BETWEEN SCHOOL AND HOME. IF YOU WANT MEDICATIONS TO BE SENT HOME NIGHTLY, YOU WILL NEED TO MAKE ARRANGEMENTS TO COME IN AND PICK UP DURING SCHOOL HOURS.

If you have any questions, please call Michelle Young, R.N. at 678-2781 ext. 110.

Dear Northeast Dubois Families,

This school year, Northeast Dubois school cafeterias are meeting tough federal nutrition standards for school meals, ensuring that meals are healthy and well balanced and provide students all the nutrition they need to succeed at school. Now is a great time to encourage your kids to choose school lunch and breakfast!

School meals offer milk, fruits and vegetables, proteins and grains, and they must meet strict limits on saturated fat and portion size. School lunches will meet additional standards requiring:

- Age appropriate calorie limits
- Larger servings of fruits and vegetables (students must take at least one serving of produce)
- A wide variety of vegetables including dark green and red /orange vegetables and legumes
- Fat free or 1% milk (flavored milk must be fat free)
- Whole grains
- And less sodium

School meals are a huge convenience for busy families! We will again offer breakfast and lunch for all students.

We encourage all households to carefully look over the forms attached to this letter. If your household qualifies for free or reduced meals, that may qualify the student/students for textbook assistance also. Please fill out the forms and return as soon as possible.

In accordance with state guidelines, the Northeast Dubois School Board has adopted a Written Charging Policy for our schools and can be viewed on our School's website.

We look forward to welcoming your children to the cafeteria this year!

Thank you,

Joyce Hulsman  
Food Service Director  
Northeast Dubois School Corporation

### **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

Northeast Dubois Elementary @neduboisde

Northeast Dubois Intermediate School @nedubois

Northeast Dubois Jr./Sr. High School @nedubois

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 Jr./Sr. High School group I would send a text on my phone to the number 81010 the message I would send on my text is @nedubois