

# Brown County Schools

World Class Opportunities. Small School Relationships. Lifelong Impact.

Please contact 812-988-6601 or call the school office if you need assistance completing this form, or would like to receive this form in Spanish. Por favor, póngase en contacto con 812-988-6601 o llame a la oficina de la escuela si necesita ayuda para completar este formulario, o si le gustaría recibir este formulario en español.

## New Student Enrollment Packet (Preschool - Grade 6)

Please complete this New Student Enrollment Packet, print and bring it along with the following legal documents to the Brown County School Administration Office: **1) Birth Certificate 2) Immunization Records 3) Custody Papers (if applicable) 4) Proof of Address**

Record Full Legal Name as it appears on their Birth Certificate. Enrollment Date \_\_\_\_\_ Grade Level \_\_\_\_\_

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

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

PO Box \_\_\_\_\_ Student Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country of Origin \_\_\_\_\_

County \_\_\_\_\_ Date of US enrollment (began attending US schools) \_\_\_\_\_

Student is a foreign exchange student Country of Residency \_\_\_\_\_

Please check this box if you would like someone to contact you regarding any special needs or learning services for this student.

My child will need transportation to/from school provided by the School District.  Transportation TO school

If requesting bussing, please check this box if you live in or drive through a known flood plane (area prone to flooding) to reach school or return home.  Transportation FROM school

### Federal Race & Ethnicity Information

Is the student Hispanic or Latino?  Yes  No

What is the student's race? (Select one or more)

- American Indian/Alaska Native: A person having origins in any of the peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.
- 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.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

# HOUSEHOLD INFORMATION SHEET

Parents and guardians of students attending Brown County Schools may request access to view their student's academic and attendance records via "Skyward Family Access." Please complete the information below to ensure that we have the necessary household information to match parents with students. Please note that you may be asked to provide verification of custody or guardianship for access to the online system.

**Student's Name** \_\_\_\_\_ **Student's School** \_\_\_\_\_

**Information for Parent or Guardian #1:**  Full Custody  Joint Custody  No Custody  Foster  3rd Party Custodial

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Check this box if the Parent or Guardian #1 Address is the same as the student's.

Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

PO Box \_\_\_\_\_ Home Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Number \_\_\_\_\_

Employer \_\_\_\_\_  Receives Bill  Responsible for Bill

Email \_\_\_\_\_  Receives School Mailings  Allowed to pick-up child

**Information for Parent or Guardian #2:**  Full Custody  Joint Custody  No Custody  Foster  3rd Party Custodial

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Check this box if the Parent or Guardian #2 Address is the same as the student's.

Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

PO Box \_\_\_\_\_ Home Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Number \_\_\_\_\_

Employer \_\_\_\_\_  Receives Bill  Responsible for Bill

Email \_\_\_\_\_  Receives School Mailings

**Please enter the following information for other children in your household that attend Brown County Schools.**

Sibling 1: Name \_\_\_\_\_ Sibling 1: Grade \_\_\_\_\_ Sibling 1: School \_\_\_\_\_

Sibling 2: Name \_\_\_\_\_ Sibling 2: Grade \_\_\_\_\_ Sibling 2: School \_\_\_\_\_

Sibling 3: Name \_\_\_\_\_ Sibling 3: Grade \_\_\_\_\_ Sibling 3: School \_\_\_\_\_

Sibling 4: Name \_\_\_\_\_ Sibling 4: Grade \_\_\_\_\_ Sibling 4: School \_\_\_\_\_

Sibling 5: Name \_\_\_\_\_ Sibling 5: Grade \_\_\_\_\_ Sibling 5: School \_\_\_\_\_

Sibling 6: Name \_\_\_\_\_ Sibling 6: Grade \_\_\_\_\_ Sibling 6: School \_\_\_\_\_

# STUDENT HEALTH INFORMATION

**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**In case of an emergency when a parent cannot be reached, who should we call LOCALLY?**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

With your authorization, the Health Office staff can administer any of the following over-the-counter medications to your child if needed. By marking the items below, you are providing that authorization. If left blank, no authorization has been given.

Tylenol     Ibuprofen     Benadryl     Tums    **Parent Signature:** \_\_\_\_\_

**Please check if your student has a history of ANY of the following:**

- Diabetes                       Heart Condition                       Migraine Headaches                       Asthma
- Hypoglycemia                       Frequent Nosebleeds                       Earaches                       Use inhaler and/or aerosol treatments
- Fainting Spells                       Dizziness/Blackouts                       Headaches                       Seizure Condition
- Are there allergens or irritants that are particularly bothersome to your child?
- Student has a documented food allergy/disability. If yes, obtain a "Physicians Food Allergy/Disability" form from the school nurse.
- Student is allergic to bee stings                       Student has been prescribed an Epi Pen

Please describe the allergic reaction(s) your child experiences from bee stings: \_\_\_\_\_

If you checked any of the items above, please explain. \_\_\_\_\_

Special Health Problems or Concerns: \_\_\_\_\_

- Check if student wears glasses                       Check if student wears contact lenses

**ATTENTION:** If medication is to be given at school, the following procedures must be followed:  
\* A medication form must be filled out;  
\* All medication, prescription and non-prescription, must be brought in by the parent;  
\* All medication must be in the original container; and  
\* The student's name must be clearly marked on the container.

**List Medications (including inhalers and/or aerosol treatments)**

**Dosage/Schedule**

Medication 1: \_\_\_\_\_ Dosage/Schedule \_\_\_\_\_

Medication 2: \_\_\_\_\_ Dosage/Schedule \_\_\_\_\_

Medication 3: \_\_\_\_\_ Dosage/Schedule \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

# HEALTH SERVICES CHIRP Release of Information

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

I give Brown County Schools, permission to release the information outlined below, concerning my child, to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

**CHILD'S NAME - FIRST, MIDDLE AND LAST, BIRTHDATE, PARENT OR GUARDIAN NAME, IMMUNIZATION INFORMATION, ETHNIC BACKGROUND, ADDRESS AND PHONE NUMBER.**

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me 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 registry of another state, a health care provider or 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 Indiana Code, I.C. 16-38-5-3.

I hereby consent to the release of such information.

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

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Signature/Date: \_\_\_\_\_

# Emergency Treatment/Medical Release of Information Authorization

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

## Emergency Medical Treatment Authorization:

1) In case of an emergency involving your child, it is the policy of Brown County Schools to render first aid treatment while contacting parents/guardians for further instructions.

2) In the event that the parents/guardians cannot be contacted, I give permission to school officials to take action determined to be in the best interest of my child, including emergency medical services.

3) This information may be shared with the appropriate Brown County Schools personnel for health and emergency purposes.

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

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

## Parent/Guardian Signature

\_\_\_\_\_

## Date: (Month/Day/Year)

\_\_\_\_\_

## Release of Medical Information Authorization

I consent to the release of the information contained on the Student Health Information form to all staff members and other adults who have custodial care for my child and who may need to know this information to maintain my child's health and safety. This may include administrators, teachers, bus drivers, Food Services, paraprofessionals, afterschool program sponsors, and extra-curricular coaches when applicable.

## Parent/Guardian Signature

\_\_\_\_\_

## Date: (Month/Day/Year)

\_\_\_\_\_

## INTERNET POLICY: TERMS AND CONDITIONS

All students accessing the Internet will be required to read and sign the corporation's Internet User's Terms and Conditions Contract. (IUTCC)

Before a student may use the Internet, parents must read and sign the Internet User's Terms and Conditions Contract. This will indicate that parents are aware that their student could access inappropriate materials. Although the school corporation may use technical means to limit student Internet access, these means do not provide a foolproof method for enforcing the provisions of local acceptable use policies. Adult supervision will be maintained. Parents will accept responsibility if the student accesses the school's Internet connection from home.

School staff using the Internet will be required to read and sign an Internet User's Terms and Conditions Contract. (IUTCC)

Account managers may be obligated to access school accounts because of storage issues, normal monitoring, or specific concerns. Therefore, an individual's school Internet account is not totally private and is subject to review.

It is a violation of school policy for students to purchase goods and services via the Internet. In the event of such a violation, all financial obligations are the responsibility of the parent and student.

Staff members at each building will coordinate security, management, and account responsibilities associated with the school corporation's Internet resources and accounts.

Any user who wishes to subscribe to Internet services such as listservs or news groups must have permission from the building Internet coordinators.

All provisions of the Brown County Schools Internet Policy are subordinate to local, state, and federal statute.

### **Student:**

I have read, understand, and will abide by the BCS Internet Policies and Guidelines in the student agenda and the above stated Terms and Conditions. I further understand that should I violate said policies, I will be subject to disciplinary action as described in this document.

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

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

### **Parent:**

I have read the BCS Internet Policies and Guidelines in the student agenda and the above stated Terms and Conditions. I understand the student and parent responsibilities as described in this document.

### **Please Check one of the following:**

I give my permission for him/her to participate in educational activities using the internet. This authorization will remain valid unless the school is notified in writing by the parent/guardian.

I do **NOT** give my permission for him/her to use the internet. I prefer that my student be given an alternative assignment.

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

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

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## PERMISSION REQUEST FOR STUDENT RECORDS

Previous School \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Student's Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

**The above named pupil has enrolled in Brown County Schools. Please send the following items to one of the schools listed below.**

- Completed Home Language Survey
- Transcript of Grades and Grade Earned at Time of Withdrawal
- Standardized Test Scores
- Attendance and Discipline Records
- Health and Dental Records (including sports physicals)
- All Psychological and IEP Records

Parent/Guardian Name \_\_\_\_\_

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

Send records requested to the school selected below:

Brown County High School  
 235 School House Lane  
 PO Box 68  
 Nashville, IN 47448  
 812-988-6606 Phone  
 812-988-5427 Fax

Brown County Junior High School  
 95 School House Lane  
 PO Box 578  
 Nashville, IN 47448  
 812-988-6605 Phone  
 812-988-5415 Fax

Brown County Intermediate School  
 260 School House Lane  
 PO Box 157  
 Nashville, IN 47448  
 812-988-6607 Phone  
 812-988-5417 Fax

Helmsburg Elementary School  
 5378 Helmsburg School Rd  
 Morgantown, IN 46160  
 812-988-6651 Phone  
 812-988-0852 Fax

Sprunica Elementary School  
 3611 E Sprunica Rd  
 Nineveh, IN 46164  
 812-988-6625 Phone  
 812-988-0940 Fax

Van Buren Elementary School  
 4045 State Road 135 S  
 Nashville, IN 47448  
 812-988-6658 Phone  
 812-988-5418 Fax

## Emergency Dismissal Form

In case of an emergency, or if it is necessary to dismiss school early, we need to know where to send your child/children. Please provide the following information:

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

Parent/Guardian Name	Relationship	Cell Phone	Home Phone

Name and Phone of any other person responsible for your child/children in case you cannot be reached.

\_\_\_\_\_

If school is closed for any reason, where should your child/children go?

\_\_\_\_\_

Phone Number \_\_\_\_\_

### SPECIAL NOTES TO REMEMBER:

- 1) Any medication must come with a note from the doctor, in the original container, and a signed permission slip from parent if it is to be given at school.
- 2) According to corporation policy, a note must be sent and a phone call received if your child is to be absent from school.
- 3) Please be certain that the "Student Health Form" has been completed.

Parent Signature and Date: \_\_\_\_\_



# Distribution of Student Demographic Information

## Family Educational Rights and Privacy Act

This serves as Brown County Schools' notification to parents and eligible students of their rights in accordance with the Family Educational Rights and Privacy Act (FERPA).

**Parents or eligible students may restrict the release of Directory Information. Consistent with federal law, Brown County Schools has defined Directory Information as the following types of information:**

1. Name of student
2. Address
3. Telephone number(s)
4. Major Field of study
5. Participation in officially recognized activities and sports
6. Height and weight of members of athletic teams
7. Date of attendance ("from and to" dates enrolled)
8. Degrees and awards received
9. Most recent previous school attended
10. Date of birth
11. Photograph
12. Video tape not used in a disciplinary matter
13. Student work for display at the discretion of the teacher (no grade of the work displayed)

**Please check any boxes that you DO NOT want your student's demographic information to be distributed to.**

Military Recruiters

Higher Ed Institutions

Public/Newspaper/  
Media

Local (within the district such as yearbooks, photographs, sports information such as rosters and programs or articles where students' directory information is identified)

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

Parent Signature and Date: \_\_\_\_\_