

9<sup>th</sup> grade

# SCHOOL CITY OF WHITING

1500 CENTER STREET  
WHITING, INDIANA 46394  
(219) 659-0656 • (219) 473- 4008 FAX

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## BOARD OF SCHOOL TRUSTEES

Amanda Perkins, President  
Kristi Greer, Vice President  
Christine Stribiak, Secretary  
Patti Herbst, Trustee  
Chris Davenport, Trustee

Dear Parents/Guardians of Non-Resident Students:

February 1, 2023

Thank you for your interest in the School City of Whiting. Enrollment packets are available for pick up from **February 1, 2023 to March 24, 2023**. Take note of the following information pertaining to your child's eligibility for enrollment:

1. **Application Pick Up** – Enrollment Packet Applications need to be picked up at the Administration Building located at 1500 Center Street, Door A from **Wednesday, February 1, 2023 to Friday, March 24, 2023**.
2. **Application Period** – Completed applications must be returned to the Administration Building by **appointment only** by calling Jessica Belford at 219-659-0656 ext. 128 between **February 1, 2023 and March 24, 2023, hours 8:00-3:30 p.m.** **Friday, March 24, 2023 is the last day applications will be accepted no exceptions.** Your application must include the following information and as long as parents have proof of Indiana residency:
  - **School Official Request Form from Students' Current School** - A letter from your students' current school official should state that the student has not been suspended for ten (10) or more school days; expelled; or has violated the corporations' drug or alcohol rules during the twelve (12) months preceding the students' request to transfer. This letter/form is part of the application and must be returned with the packet.
  - **Non-Refundable Application Fee** – Non-resident student application and a records release form with a non-refundable application fee of \$75.00 per student is required when returning the application to the Administration Building. Please make checks payable to the School City of Whiting or cash is acceptable.
  - **Required Documents** - Birth Certificate; Immunization Record; and Social Security Card are required.
  - **Proof of Residency** - Proof of Indiana residency form is mandatory and must be part of the application.

On **Monday, March 27, 2023**, once all applications are received, a determination will be made whether or not the number of applications exceeds the number of available slots at each grade level and a lottery will be held. If a lottery is not required, you will be notified of your child's enrollment by mid-April. **If a lottery is necessary, it will be held at the April 24, 2023 regular school board meeting at 6:00 PM.**

You will be notified by mail of the status of your child's application following the April 24<sup>th</sup> school board meeting. Questions pertaining to the application packet can be directed to Jessica Belford at the Administrative Building at 219-659-0656 ext. 128

Sincerely,

Cynthia A. Scroggins, Ed.S.  
Superintendent of Schools

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Dear School Official:

The School City of Whiting accepts non-resident transfer students in compliance with I.C.20-26-11-32. The following student has submitted an application to enroll as a transfer student for the 2023/2024 school year. Pursuant to State law, a student's application as a transfer student may be denied based on the student's discipline record at the current school. Please accept this request for the following information in regard to this student:

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Date of Request \_\_\_\_\_

Current School: \_\_\_\_\_ City/State: \_\_\_\_\_

1. Has the student been suspended for ten (10) or more school days during the twelve (12) months preceding the student's request to transfer? Yes      No
2. Has the student been expelled during the twelve (12) months preceding the student's request to transfer? Yes      No
3. Please indicate reason(s) for suspension and/or expulsion:  
☐ Possession of a firearm, deadly weapon, or a destructive device;  
☐ Causing physical injury to a person;  
☐ Violation of the Corporation's drug or alcohol rules;  
☐ Gang-related activities;  
☐ Other: \_\_\_\_\_  
\_\_\_\_\_
4. Disciplinary Record (if any) Please attach a printed copy of the student's disciplinary record for their twelve (12) months preceding this request to transfer.

5. Printed Name of School Official: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Thank you for completing this form. If you have any questions, please do not hesitate to contact me at 219-659-0656 extension 143 or email: [Cscroggins@ns.whiting.k12.in.us](mailto:Cscroggins@ns.whiting.k12.in.us).

Sincerely,

Cynthia A. Scroggins, Ed.S.  
Superintendent of Schools



**SCHOOL CITY OF WHITING**  
**1500 Center Street – Whiting, IN 46394**

**2023 – 2024 School Year**  
**Non-resident Transfer Student Admission Application**

Name of Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address of Student: \_\_\_\_\_

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

Address of Parent/Guardian: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_

Address of School: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I am requesting enrollment at Grade \_\_\_\_\_ for school year 2023-2024.

Please respond to the following questions. This information will be used to determine your admission eligibility.  
*Application does not guarantee enrollment.*

1. Has the student been suspended for ten (10) or more days during the twelve (12) months preceding this request to transfer?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has the student been expelled during the twelve (12) months preceding this request to transfer?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Has the student violated the Corporation's drug or alcohol rules during the twelve (12) months preceding this request to transfer?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Does the student have a sibling that is currently enrolled in the School City of Whiting?  
Yes \_\_\_\_\_ Name and Grade of Sibling: \_\_\_\_\_ No \_\_\_\_\_
5. Does the student have a parent that is currently employed in the School City of Whiting?  
Yes \_\_\_\_\_ Name of Parent: \_\_\_\_\_ No \_\_\_\_\_



**2023-2024 SCHOOL CITY OF WHITING**  
**Admission Application Page 2**

**ENROLLMENT GUIDELINES**

- a. Proof of Indiana residency must be provided prior to activating the enrollment application procedure. Contact the building principal to schedule appointment.
- b. A **non-refundable** application fee of **\$75.00** will be charged to each non- resident transfer applicant and must be paid **at the time of application. Application does not guarantee enrollment.**
- c. The non-resident transfer student must meet the pre-entrance requirements established by Indiana law:
- The student has not been suspended for ten (10) or more school days, expelled, or has violated the Corporation's drug or alcohol rules during the twelve (12) months preceding the student's request to transfer.
- d. All students meeting the pre-entrance requirements will be admitted to the School City of Whiting if there is an available slot at the grade level requested.
- e. A public lottery will be held at the April 24, 2023 regular school board meeting to select students when the requests for enrollment exceed the number of slots available.
- f. All names will be drawn during the lottery. Once the slots are filled, the remaining names will be added to a waiting list in the order drawn.

**I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I AGREE TO BE SUBJECT TO THE ENROLLMENT GUIDELINES. I ALSO AGREE TO PROVIDE A SIGNED RECORDS RELEASE FORM THAT CONSENTS TO THE CURRENT SCHOOL RELEASING MY CHILD'S INFORMATION.**

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

Official Date and Time of Application: \_\_\_\_\_  
(DATE) (TIME)

Application Fee Paid: \_\_\_\_\_  
(Name of School Treasurer)

Receipt #: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**School City of Whiting 2023 – 2024**  
**Non-Resident Transfer Student Information Sheet**

**Date:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Address of Student:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address of Parent/Guardian:** \_\_\_\_\_

**Phone Number: (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Reason for Transfer Request:** \_\_\_\_\_

**Name of Last School Attended:** \_\_\_\_\_

**Address of School:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Person Contacted at Last School Attended:** \_\_\_\_\_

**Does the student meet the eligibility criteria based on discipline?**

**Residency Documents Approved:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Application Fee Paid:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Transfer Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_ **(Reason)** \_\_\_\_\_

**Signature of Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Revised 12/5/22

# **SCHOOL CITY OF WHITING ENROLLMENT PACKET 2023-2024 School Year**

**Adopted by  
The Board of School Trustees**

**October 10, 2000  
(Revised December 2022)  
in Support of Board Policy #5113**

**Questions** concerning the enrollment process should be directed to the Superintendent's Office by calling 219-659-0656 ext. 143

**Proof of Residency** should be submitted to the Administration Building located at 1500 Center Street, Door A for approval.

**Building Administrators:**

Nathan Hale Elementary: Julie Pearson, Principal  
Whiting Middle School: Erin Nolan-Higgins, Principal  
Whiting High School: Travis Anderson, Principal



**SCHOOL CITY OF WHITING**  
**CUMULATIVE RECORD ENROLLMENT CHECKLIST**

The following items must be in the possession of our school before enrollment can occur. A staff member will initial and date this form upon receipt of required documentation.

**Student Enrollment Data**

_____ Original Birth Certificate	_____ Transfer Form
_____ Immunization Record	_____ Release of Information - Records Form

**Rental Data**

\_\_\_\_\_ Notarized affidavit from landlord supporting residence (Form #1);  
\_\_\_\_\_ Affidavit supporting residency (Form #2) **(Form #1 Required if Rental)**;  
\_\_\_\_\_ Utility turn-on slips (cable, phone, NIPSCO);  
AND \_\_\_\_\_ Change of Address Form from Post Office (if no utility bill);

**Home Ownership Data**

\_\_\_\_\_ Mortgage papers, or \_\_\_\_\_ Closing statements, or  
\_\_\_\_\_ Property Tax Receipt, or \_\_\_\_\_ Deed  
AND \_\_\_\_\_ Current Utility Receipt (Form)

**Administrative Investigation**

\_\_\_\_\_ History check at previous school;  
\_\_\_\_\_ Random residency checks;

**Custodial Documentation**

\_\_\_\_\_ Copy of divorce decree;  
\_\_\_\_\_ Petition for Guardianship and certified copy of guardianship order  
signed by the issuing judge;  
\_\_\_\_\_ Document from County Department of Welfare showing assignment  
of guardianship;

**Example of Items NOT Accepted as Proof of Residency:**

- **Lease Agreement**
- **Rent Receipt**
- **Letters from a Landlord**
- **Disconnect Notices from a Utility Company**

**IMPORTANT:** All court orders **must be filed, stamped and signed by clerk**;  
All orders of protection **must be current** and copy at the local police department.

# **SCHOOL CITY OF WHITING ENROLLMENT PROCEDURE**

*(Consonant with Board Policy #5113)*

## **Dear Parent/Guardian:**

To enroll as a student in the School City of Whiting, the following must be provided:

### **General Enrollment Information:**

- 1. A completed Cumulative Record Enrollment Checklist**
- 2. Release of Information and/or Records Form**
- 3. Immunization Records**
- 4. Original Birth Certificate**
- 5. Transfer Form (from previous school)**
- 6. Home Language Survey**

The School City of Whiting will contact the school previously attended to verify the student's status at that school and to obtain the necessary student records. When the records have been received and the student's residence verified, he/she will be enrolled in the Whiting school system.

**Residency Requirements:** By Indiana State law, students may attend school only in the attendance area of the school corporation in which the student's parents reside, unless specific guardianship or custodial arrangements have been made (*see below*); or unless the student pays transfer tuition according to the school district's tuition policy. The parents' residence must be their permanent residence and not a temporary or special arrangement. To establish that the student's legal settlement is within the boundaries of the School City of Whiting, parents must provide:

### **1. Proof of Home Ownership/Rental/Other Housing Arrangement**

- a) Proof of ownership through mortgage papers, property tax receipt, closing statement, or deed; or
- b) Proof of rental (Form #1); or
- c) If the family is living with relatives or other persons, an affidavit attesting that the family is residing at the Whiting address will be required from the person with whom the family is living (Form 2).  
**If the family is living with someone who rents, Form 1 must accompany Form 2.**

### **2. Proof of Occupancy**

- a) Utility turn-on receipt, utility bill in name of parents, or other equivalent proof of residence at a Whiting address.



Please note that if, after the student's enrollment, the School City of Whiting obtains information that the family does not reside within Whiting, the School City of Whiting will investigate the matter and may require the parents to produce additional information verifying their residency within the school boundaries.

If it is determined that the family does not reside within Whiting's boundaries, expulsion proceedings will be initiated and the family will be charged for tuition owed to the district.

### **Custodian/Guardianship Arrangements**

If a student does not reside with his/her parents, and an individual claims to have been awarded custodianship or guardianship of the student to be enrolled, the guardian will be required to present:

1. The Petition of Guardianship and a certified copy of the Guardianship signed by the Judge of the Court.
2. A copy of tax forms indicating that the child has been claimed as an exemption with the guardian's employer.
3. Documents indicating that the new guardian has placed the child on his/her health insurance plan at his/her place of employment.

In addition, the individual agrees to random home visits by the School City of Whiting Attendance Officer to verify the student's residence with the individual.

The School City of Whiting will investigate any information it receives concerning any student's attempts to circumvent the state's legal residency requirements. If the School City of Whiting determines that the student does not live within the school boundaries, or lives within the school boundaries under a living arrangement with someone other than parents, primarily established for the reason of attending school in the Whiting school system, expulsion proceedings will be initiated. In addition, tuition will be charged for the period of time that the student attended the Whiting schools.

**I acknowledge that I have read this document and fully agree to abide by this policy.**

---

*Signature of Parent/Guardian*

---

*Date*

**Names(s) of Student(s)**

**School**



**School City of Whiting Enrollment Procedure  
(Form 1)**

**Affidavit from Landlord**

*(To be completed by landlord – the person renting out the place of residence)*

I, \_\_\_\_\_ swear/affirm under penalty of perjury that the  
*(Landlord of Property)*

student(s) named \_\_\_\_\_  
*(names of student(s))*

and the custodial parent \_\_\_\_\_,  
*(custodial parent name)*

are residing in property of which I am the landlord. This property is located at:

\_\_\_\_\_, \_\_\_\_\_, Indiana.  
*(street address of property) (city)*

These individuals moved in to the property on: \_\_\_\_\_  
*(month)*

\_\_\_\_\_ 20\_\_\_\_\_. I may be reached at: ( ) \_\_\_\_\_  
*(date) (year) phone number)*

between the hours of \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
*(Landlord's Signature)*

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
*(date) (month)*

of \_\_\_\_\_, \_\_\_\_\_, Resident of Lake  
*(year) (Notary Public Signature)*

County. My Commission Expires on: \_\_\_\_\_

My phone number is: \_\_\_\_\_

**School City of Whiting Enrollment Procedure  
(Form 2)**

**Affidavit Supporting Residence**

*(To be completed by the individual with whom the student and custodian are living)*

I, \_\_\_\_\_ swear/affirm under penalty of perjury that the  
*(Head of Household's Name)*  
student(s) named \_\_\_\_\_  
*(names of student(s))*

and the custodial parent \_\_\_\_\_,  
*(custodial parent name)*

are residing at my house, located at: \_\_\_\_\_,  
*(street address of property)* *(city)*  
Indiana.

These individuals moved in with me on: \_\_\_\_\_  
*(month)*

\_\_\_\_\_ 20\_\_\_\_\_. I may be reached at: (\_\_\_\_\_) \_\_\_\_\_  
*(date)* *(year)* *phone number)*

I am \_\_\_\_ I am not \_\_\_\_ related to the student. If related, how: \_\_\_\_\_

The primary purpose of the student residing with me is *not* to attend school in the School City of Whiting.

\_\_\_\_\_

\_\_\_\_\_  
*(Head of Household's Signature)*

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
*(date)* *(month)*

of \_\_\_\_\_, Resident of Lake  
*(year)* *(Notary Public Signature)*

County. My Commission Expires on: \_\_\_\_\_

My phone number is: \_\_\_\_\_

**School City of Whiting Enrollment Procedure  
(Form 2A)**

**Affidavit from Landlord**

*(To be completed by landlord – the person renting out the place of residence)*

I, \_\_\_\_\_ swear/affirm under penalty of perjury that the  
*(Landlord of Property)*

student(s) named \_\_\_\_\_  
*(names of student(s))*

and the custodial parent \_\_\_\_\_,  
*(custodial parent name)*

are residing with my tenant in property of which I am the landlord. This  
property is located at:

\_\_\_\_\_, \_\_\_\_\_, Indiana.  
*(street address of property) (city)*

These individuals moved in to the property on: \_\_\_\_\_  
*(month)*

\_\_\_\_\_ 20\_\_\_\_\_. I may be reached at: (\_\_\_\_\_) \_\_\_\_\_  
*(date) (year) phone number)*

between the hours of \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
*(Landlord's Printed Name) (Landlord's Signature)*

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
*(date) (month)*

of \_\_\_\_\_, \_\_\_\_\_, Resident of Lake  
*(year) (Notary Public Signature)*

County. My Commission Expires on: \_\_\_\_\_

My phone number is: \_\_\_\_\_



**School City of Whiting  
Student Enrollment Information**

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Middle

Grade: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Number of years attending school in the United States: \_\_\_\_\_

\*\*\*\*\*

Has child ever attended an Indiana School? Yes/No

Name of Indiana school: \_\_\_\_\_

Name of previous school: \_\_\_\_\_

Address of previous school: \_\_\_\_\_

Grade at previous school: \_\_\_\_\_

Principal's name: \_\_\_\_\_

\*\*\*\*\*

Has child ever attended a Whiting Public School? (check below)

Nathan Hale \_\_\_\_\_ Whiting Middle \_\_\_\_\_ Whiting High \_\_\_\_\_

If school records are not received, the enrollment process will be delayed.

Date transferred from previous school: \_\_\_\_\_

***Please provide all school records/transcripts within 10 days***

Does the student have an Individual Education Plan (IEP)? Yes/No

***Please provide all school records/documentation within 10 days***

Has the student been identified as High Ability? Yes/No

Does the student receive any special services? Yes/No

If Yes, what services does the child receive? \_\_\_\_\_

Was child expelled from previous school? Yes/No

Has child ever been retained? Yes/No

If yes, what grade was child retained in? \_\_\_\_\_



# 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: \_\_\_\_\_





# Departamento de Educación de Indiana

Dra. Katie Jenner, Secretaria de Educación

## Home Language Survey (HLS) Spanish Version

### Encuesta del Idioma en el Hogar

El Decreto de los Derechos Civiles de 1964, Título VI, Cumplimiento de Normas para Minorías en Lenguaje, requiere a los distritos escolares y escuelas semi-autónomas que determinen el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer instrucción útil a todos los estudiantes de acuerdo con Plyler v. Doe, 457 U.S. 202 (1982).

El propósito de esta encuesta es determinar el idioma principal de su hijo/a en el hogar. Esta encuesta (HLS) tiene que darse a todos los estudiantes en el distrito escolar/escuela semi-autónoma. Esta encuesta (HLS) es administrada una vez, durante la matrícula inicial en Indiana, y permanece en el archivo acumulativo del estudiante.

Por favor tenga en cuenta que las respuestas a la encuesta corresponden solamente a su hijo/a. Si en alguna de las tres preguntas escritas abajo, usted identifica un idioma diferente al inglés, la escuela administrará el examen WIDA Screener para determinar si su hijo/a calificará para el programa de desarrollo del idioma inglés.

**Por favor responda las siguientes preguntas acerca del idioma(s) hablado por su estudiante:**

1. ¿Cuál es el idioma o el dialecto nativo de su **hijo/hija**? \_\_\_\_\_
2. ¿Cuál es el idioma(s) más hablado por su **hijo/hija**? \_\_\_\_\_
3. ¿Cuál idioma(s) habla su **hijo/hija** en casa? \_\_\_\_\_

**Nombre del Estudiante:** \_\_\_\_\_ **Grado:** \_\_\_\_\_

**Nombre del Padre, Madre o Guardián:** \_\_\_\_\_

**Firma del Padre, Madre o Guardián:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

Al firmar aquí, usted certifica que las respuestas a las tres preguntas mencionadas arriba corresponden a su hijo/a. Usted entiende que si se ha identificado un idioma diferente al inglés, su hijo/a tendrá un examen para determinar si él o ella califica para el programa de desarrollo del idioma inglés, para ayudarlo/a a que sea fluente en inglés. Si entra en el programa de desarrollo del idioma inglés, su hijo/a, tendrá derecho a servicios que lo ayudarán a aprender el idioma inglés y tendrá un examen cada año para determinar su nivel de inglés.

#### **For School Use Only / Para Uso de la Escuela Únicamente:**

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: \_\_\_\_\_



The U.S Department of Education requires all states to collect information on the race and ethnicity of public school students and staff. The federal government has developed a new way to report ethnicity and race that includes these new categories. The changes are intended to provide a more accurate picture of the nation's ethnic and racial diversity. Please complete both parts of the form below:

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

Grade \_\_\_\_\_

Parent Completing Form \_\_\_\_\_ Date \_\_\_\_\_

<b>Race and Ethnicity: (Note: Both Part 1 and Part 2 of the question must be answered.)</b>	
<b>Part 1: Ethnicity</b>	<p>Is this individual Hispanic/Latino? <i>(Choose only one)</i></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? <i>(Choose one or more)</i></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>

*The Federal Guidance requires the use of observer identification at both the elementary and secondary school level, as a last resort, if racial and ethnic data are not self-identified by the student or by the student's parent/guardian.*

Observer identification conducted by: \_\_\_\_\_ Date \_\_\_\_\_

**WHITING HIGH SCHOOL  
STUDENT INFORMATION  
2023-2024 SCHOOL YEAR**

**GRADE** \_\_\_\_\_

NAME _____				SEX _____	
(Last)		(First)		(Middle)	
ADDRESS _____					
House/Apt. #		Street	City	State	Zip
HOME PHONE _____		BIRTHDATE _____		S.S.# _____	

Father's Name _____		Cell Phone # _____	
E-mail Address _____			
Employer _____		Work Phone # _____ Ext. _____	
Mother's Name _____		Cell Phone # _____	
E-mail Address _____			
Employer _____		Work phone # _____ Ext. _____	

**EMERGENCY CONTACT INFORMATION**

Name _____	Relationship to student _____	Phone _____
		Cell Phone _____
Name _____	Relationship to student _____	Phone _____
		Cell Phone _____

**STUDENT LIVES WITH (check one):**

- ☐ Parents
- ☐ Mother
- ☐ Father
- ☐ Mother & Stepfather
- ☐ Father & Stepmother
- ☐ Grandparent(s)
- ☐ Guardian

**ETHNICITY (check one):**

- ☐ 1) No, not Hispanic/Latino
- ☐ 2) Yes, Hispanic/Latino  
(Cuban, Mexican, Puerto Rican  
South or Central American, or  
other Spanish culture or origin,  
regardless of race.)

**RACE (check one):**

- ☐ 1) American Indian or Alaska Native
- ☐ 2) Asian
- ☐ 3) Black or African American
- ☐ 4) Native Hawaiian or Other Pacific  
Islander
- ☐ 5) White

<b><u>SIBLINGS:</u></b> (Attending School City of Whiting)							
<b>Name (First/Last)</b>		<b>Grade</b>		<b>Name (First/Last)</b>		<b>Grade</b>	
_____		_____		_____		_____	
_____		_____		_____		_____	

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_



### **Internet School Acceptable Use Policy**

The School City of Whiting is pleased to provide our community with access to the Internet, a worldwide electronic highway. Accessibility to the Internet is available to school staff members in all of The School City of Whiting schools. Students may also access the Internet at school by committing to The School City of Whiting's Acceptable Use Policy (AUP).

The Internet provides a connection for our staff and students to thousands of computers in places such as museums, NASA, schools, and libraries throughout the world. A wide variety of information is available through accessing the Internet. However, with these benefits also comes the availability of material that may be considered inappropriate to children and not of any educational value. The School City of Whiting will take reasonable precautions to restrict students from these controversial areas.

### **School City of Whiting's Internet Philosophy**

The School City of Whiting provides Internet access at school for the purpose of connecting students and educators with thousands of educational resources from all over the world. We believe the educational benefits, through proper use of the Internet, have unlimited potential for a positive impact in the lives of our students and educators. Our goal is for students to be better prepared for the information-based world of tomorrow through opportunities of today.

### **Internet: School Policy**

1. Students must have a signed Acceptable Use Policy (AUP) agreement on file before using the Internet at school.
2. Parents must sign the AUP agreement to indicate parental permission for student use of the Internet at school.
3. Students with signed agreements may use the Internet in the classroom only under the supervision of a school staff member.
4. Students will use the Internet for academic activities as determined by the supervising school staff member.
5. The school district reserves the right to monitor a student's use of the Internet.
6. The school reserves the right to limit a student's time on the Internet in recognition that other students have the same right to the computer equipment.
7. Students shall not use an ID or password of other users or misrepresent other users on the Internet.
8. Students are prohibited from accessing another person's materials, information, or files without implied or direct permission of that person.
9. Students are not permitted to respond to unsolicited on-line contact from individuals through the Internet.
10. Students must gain approval from a school staff member before downloading a file.
11. Students must assume information on the Internet is protected by copyright laws. Students will properly cite quotations, references, and sources.
12. Students must not use the computer to hurt others. Hate mail, harassment, discriminatory remarks, and other antisocial behaviors are prohibited.
13. Students are not permitted to subscribe to a listserve of any kind.
14. Students' use of the Internet Chat Channel is prohibited.



15. Students are prohibited from transmitting obscene or inappropriate language.
16. Students are not permitted to use the Internet e-mail capabilities unless under direct supervision of a school staff member.
17. The use of the Internet to access, upload, download, distribute, or process pornographic material, inappropriate text files, or files dangerous to oneself or the computer network is prohibited.
18. Students are not permitted to share personal information such as addresses, phone numbers, credit card numbers, etc.
19. Students are not permitted to reveal personal addresses, phone numbers of other students, friends, parents, school staff members, etc.
20. Students are prohibited from vandalizing, damaging, or disabling the property of another person or organization.
21. Students are not permitted to connect to bulletin board systems through the Internet.
22. Students are not permitted to make purchases of any kind through the Internet.
23. The school reserves the right to deny students' access to the Internet and will do so if this policy or any laws pertaining to on-line communication are violated.
24. The School City of Whiting is not responsible for negative consequences that may transpire from student abuse of the Acceptable Use Policy.

### **Internet Acceptable Use Policy Agreement**

1. Students must have a signed AUP agreement on file before using the Internet at school.
2. Parents must sign the AUP agreement to indicate parental permission for student use of the Internet at school.
3. Students with signed agreements may use the Internet in the classroom only under the supervision of a school staff member.

**We have read, understand, and agree to abide by The School City of Whiting Acceptable Use Policy and guidelines.**

---

Student Signature

---

Parent/Guardian Signature

---

Date

**Note: This form must be signed and returned before your child will be allowed to access the Internet.**

**School City of Whiting**  
**Random Drug Testing Consent Form**

**All Enrolled Students Must Have a Consent Form on File**

I have received a copy and have read/understand the "School City of Whiting Extracurricular Activities Student Random Drug Testing Policy." I desire that \_\_\_\_\_ participate in this program, and in the extracurricular program of School City of Whiting, and hereby, voluntarily agree to be subject to its terms for the upcoming school year. I accept the method of obtaining urine specimens and oral swabs, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens or mouth swab samples that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. 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.

*I understand that by signing this form I will be in the School City of Whiting Drug Testing Pool for the duration of my enrollment at The School City of Whiting.*

Date: \_\_\_\_\_, 20\_\_\_\_

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

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

I, \_\_\_\_\_, have decided **NOT** to participate in any extracurricular activities sponsored by The School City of Whiting. In order for me to participate in any extracurricular activity program at a later date, I understand that I will be required to sign the above Consent Form and enter the random drug testing candidate pool for the duration of my enrollment at The School City of Whiting.

Date: \_\_\_\_\_, 20\_\_\_\_

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

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

**School City of Whiting**  
**Forma de Consentimiento de Actividades Extraescolares**

**Todos los Estudiantes Inscritos Deben Tener Una Forma Archivada**

Yo e recibido una copia y e leído/comprendido la "Polisa de Pruebas de Drogas al Azar Para Actividades Extraescolares del Distrito Escolar de Whiting." Yo deseo que \_\_\_\_\_ participe en este programa, y el programa extraescolar del distrito escolar, y por la presente, voluntariamente acepto ser sujeto a sus terminos para el proximo año. Acepto el metodo de obtener muestras de orina y hisopos bocales, examinacion, y analisis de tales muestras, y todos los otros aspectos del programa. Estoy de acuerdo a proveer muestras de orina o saliva bocal que puedan ser requeridas de vez en cuando.

Ademas doy mi consentimiento para que las muestras, examenes, y resultados sean divulgados a quien corresponda segun el programa. Este consentimiento es dado en conformidad con todos los Estatutos de Privacidad del Estado y Nacionales, y es una renuncia de los derechos de no divulgar records o resultados de tales examenes solo al grado de divulgar para este programa.

*Comprendo que al firmar este formulario formare parte de la Lista del Distrito Escolar de Whiting por el resto del tiempo en el cual este inscrito/matriculado en una escuela del Distrito Escolar de Whiting.*

Fecha: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Firma de Estudiante

\_\_\_\_\_  
Firma del Padre o Tutor Legal

Yo, \_\_\_\_\_, e decidido **NO** participar en cualquier actividad extraescolar patrocinada por el Distrito Escolar de Whiting. A fin de participar en cualquier programa extraescolar en el future, comprendo que es obligatorio firmar el acuerdo de arriba y entrar a la lista de candidatos para los examenes de drogas para el resto de mis dias como estudiante en una escuela de Whiting.

Fecha: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Firma del Estudiante

\_\_\_\_\_  
Firma del Padre o Tutor Legal





# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

**\*Confidential\***

Military Children in Education

2022-23 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 K-12, 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 K-12, 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 Indiana Department of Education Guidance (IC 20-19-3-9.4)***



## Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

### **\*Confidencial\***

La educación de los niños conectados con las fuerzas armadas

Año escolar 2022-2023

**Propósito:** Esta encuesta es el resultado de un programa del Departamento de Defensa bajo la regla de Indiana 20-19-3-9.4. Por identificar los hijos conectados con las fuerzas armadas de manera confidencial y proveer la información de su asistencia y sus resultados académicos, los estados pueden ayudar las escuelas y los distritos escolares por proveerles acceso a la información que pueda afectar a las decisiones y las reglas para servir mejor a esta población estudiantil única. Esta información también ayudará al Departamento de Defensa desarrollar de mejor manera las reglas para la educación de los niños conectados con las fuerzas armadas.

**Escuela:** \_\_\_\_\_ **Grado escolar del estudiante:** \_\_\_\_\_

**Nombre legal entero del estudiante:** \_\_\_\_\_

*Favor de escribir de manera precisa y clara.*

**Favor de responder a la pregunta que mejor corresponde a la situación del estudiante. Es posible contestar las dos con "sí".**

**1. ¿Está conectado el niño nombrado arriba con una familia militar del servicio activo? ☐ Sí ☐ No**

Significa que un miembro del servicio activo de las fuerzas armadas estadounidense sostiene como su dependiente a, o vive en la casa con un niño de edad escolar que está matriculado o está en el proceso de matricularse en los grados de K-12.

"Servicio Activo" significa el estado de servicio del tiempo completo en el servicio uniformado activo de los Estados Unidos.

**2. ¿Está conectado el niño nombrado arriba con una familia militar de La Reserva o La Guardia Nacional? ☐ Sí ☐ No**

Significa que un miembro de La Reserva o La Guardia Nacional estadounidense sostiene como su dependiente a o vive en una casa con un niño de edad escolar que está matriculado o está en el proceso de matricularse en los grados de K-12.

"La Reserva o La Guardia Nacional" significa los miembros de La Reserva que se define en la regla estadounidense (10 U.S.C. Sección 10101). Incluye La Guardia Nacional del ejército, La Reserva del ejército, La Reserva de la armada, La Reserva de la infantería de marina, La Guardia Nacional del aire, La Reserva de la fuerza aérea, o La Reserva de los guardacostas.

**SOLO para los estudiantes de una escuela secundaria de adultos (IC 20-24-1-2.3)**

¿Es el estudiante nombrado arriba un miembro activo de las Fuerzas Armadas de los Estados Unidos? ☐ Sí ☐ No

¿Es el estudiante nombrado arriba un miembro de la Reserva o la Guardia Nacional de los Estados Unidos? ☐ Sí ☐ No

**Firma:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

***Hay que mantener este documento de manera confidencial según la regla del Departamento de Educación de Indiana (IC 20-19-3-9.4)***





# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

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 children in the household under 22 years of age.

Child's Name	Date of Birth (D.O.B.)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____





## Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

**El Programa de Educación Migrante (MEP) provee servicios educativos suplementarios a niños que califican a través de fondos nacionales. El propósito del MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen el GED/HSE).**

### ENCUESTA DE TRABAJO

Gracias por contestar las siguientes preguntas. Si su hijo/a es elegible para el Programa de Educación Migrante, podría recibir apoyo educativo adicional. La información es **completamente confidencial**.

Nombre del Estudiante: \_\_\_\_\_ Nombres de los Padres: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Teléfono: (\_\_\_\_) \_\_\_\_\_

Fecha: \_\_\_\_\_ Firma de los Padres: \_\_\_\_\_

1. ¿Durante los **últimos 3 años**, se ha mudado su(s) hijo(s) por cualquier razón? **SÍ** \_\_\_\_\_ **NO** \_\_\_\_\_
2. ¿Se ha mudado alguien de su familia dentro de los Estados Unidos para buscar trabajo temporal o de temporada en algo relacionado con la agricultura? **SÍ** \_\_\_\_\_ **NO** \_\_\_\_\_

Si contestó **NO** a cualquiera de las dos preguntas, favor de parar aquí.



Si contestó **SÍ**, favor de continuar.

3. ¿Cuándo fue la última vez que usted o un miembro de su familia se mudó para trabajar en la agricultura? Mes \_\_\_\_\_ Año \_\_\_\_\_
4. Por favor marque en la parte abajo la actividad agrícola en que usted buscó trabajo o trabajó.

\_\_\_\_ Matadero de patos, pavos, pollos, cerdos o vacas

\_\_\_\_ La espiga (maíz)

\_\_\_\_ Cultivar tabaco

\_\_\_\_ Pollería o granja de huevos

\_\_\_\_ Plantar o cosechar verduras o frutas

\_\_\_\_ Trabajar en un criadero de peces

\_\_\_\_ Enlatar o congelar verduras o frutas en la bodega

\_\_\_\_ Trabajar en la siembra o cosecha de césped

\_\_\_\_ Plantar, emparejar o cortar árboles

\_\_\_\_ Granja de vacas lecheras

\_\_\_\_ Cultivar y cosechar flores

\_\_\_\_ Trabajar en la cría de plantas

Por favor escribe los nombres de todos los niños, menores de 22 años de edad, que viven con Usted.

Nombre del niño(a)	Fecha de nacimiento
1.	
2.	
3.	
4.	
5.	

# APPENDIX A

## School City of Whiting McKinney-Vento Residency Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

The McKinney-Vento Homeless Assistance Act defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes children who "are temporarily sharing the housing of other persons due to the loss of housing or economic hardship."

☐ Does not apply; student is not homeless

Please check one of the following statements if your family is experiencing temporary homelessness:

☐ Living in a shelter, including transitional housing shelters. Please provide name of shelter and address \_\_\_\_\_

☐ Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation--Please provide information regarding area in which student is living: \_\_\_\_\_

☐ Living in hotels/motels for lack of other suitable housing – Please list name and address of hotel/motel: \_\_\_\_\_

☐ Doubled-up; temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where student is living:

o Address: \_\_\_\_\_

Please answer the following if you checked one of the four boxes above:

How long do you expect to be at this address? \_\_\_\_\_

Are you seeking permanent housing? \_\_\_\_\_ Date student moved to this address: \_\_\_\_\_

Is a parent living in the home with the student? \_\_\_\_\_

If no, with whom is student living? \_\_\_\_\_ Relationship: \_\_\_\_\_

A McKinney-Vento Liaison representing the district may be in contact with for clarification or bus transportation.

We have read the information provided & indicated our living circumstances above specific to the McKinney-Vento Act:

\_\_\_\_\_  
Parent/Guardian/Unaccompanied Youth Signature

\_\_\_\_\_  
Date

Office Use Only: \_\_\_\_\_ Does Qualify under McKinney-Vento Act \_\_\_\_\_ Does NOT Qualify

\_\_\_\_\_  
McKinney-Vento Liaison/Appointee Signature

\_\_\_\_\_  
Date





# Whiting High School

1751 Oliver Street  
Whiting, IN 46394

Travis Anderson, Principal  
Arthur Young, Dean of Students  
Sarah Daniels, School Counselor  
Cissy Bendinelli, Athletic Director

Tel (219) 659-0255

Fax (219) 473-1341

*Athletics* Tel (219) 659-1404

Fax (219) 473-4033

## RECORDS REQUEST

**Name of School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please send transcripts of the records listed below for named student. Also, please send any other information pertinent to the educational needs of the students:**

- Academic records
- Health records
- Test results (e.g., ISTEP, ECA)
- Individual Education Plan (IEP)
- Attendance and/or Behavioral Discipline
- Birth Certificate verification
- Indiana State Test Number (STN)
- Home Language Survey
- Other meaningful data

\_\_\_\_\_  
**Student's Name (Please Print)**

\_\_\_\_\_  
**Current Grade**

\_\_\_\_\_  
**Date**

**NOTE:** It is not necessary for parents to sign a release when records are being passed from school to school. See Federal Register June 17, 1976, Part II H.E.W. Privacy Rights to Parents & Students, Vol. 41, No. 118-24673.



**SCHOOL CITY OF WHITING**  
**Office of Health Services**  
**(219) 473-4019 or (219) 473-4029**

School Year Entered \_\_\_\_/\_\_\_\_

I will need to obtain your child's health record from his/her previous school. Please provide the necessary information below:

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

Name & address of previous school:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

I, \_\_\_\_\_ give my permission to forward the  
(parent and/or guardian's name)  
above named student's health records to:

School City of Whiting  
C/O School Nurse  
1751 Oliver Street  
Whiting, IN 46394

Or please fax a copy of health records to the fax number circled below:

Nathan Hale Elementary School	(219) 473-1343
Whiting Middle School	(219) 473-4017
Whiting High School	(219) 473-1341

Thank you for your help and cooperation with this matter.

Sincerely,  
Amy Segura, R.N.  
School Nurse  
School City of Whiting

Health records requested:  
Date: \_\_\_\_\_  
By: \_\_\_\_\_  
Received: \_\_\_\_\_

School City of Whiting

I, \_\_\_\_\_, give the School City of Whiting, permission to release the following information concerning my child \_\_\_\_\_ to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Name, Demographic Information, and Immunization Data

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

I hereby consent to the release of such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

(     )  
\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
/     /  
\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

**SCHOOL CITY OF WHITING**  
**PHYSICAL FORM**  
**SCHOOL YEAR**  
**2023-2024**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_

\*\*\*\*\*

T.B. Test: (If at risk) Type \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_ Date Read \_\_\_\_\_

Chest X-ray \_\_\_\_\_ Treatment \_\_\_\_\_

Sickle Cell Anemia Test (if needed) \_\_\_\_\_

Urinalysis \_\_\_\_\_

Hemoglobin \_\_\_\_\_

\*\*\*\*\*

**IMMUNIZATIONS:** (Must show Month/Day/Year)

DTaP/DTP/DT	_____	_____	_____	_____	_____
TDaP	_____	_____	_____	_____	_____
TD	_____	_____	_____	_____	_____
Polio (IPV)	_____	_____	_____	_____	_____
Measles	_____	_____	_____	_____	_____
Rubella	_____	_____	_____	_____	_____
Mumps	_____	_____	_____	_____	_____
Hepatitis A	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____
Meningococcal	_____	_____	_____	_____	_____

3<sup>rd</sup> Dose at 6 mo. or after 6 mo. of age.

< OR > Had chicken pox disease at age \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(Dr.'s signature for verification of chicken pox disease)

}

**Covid-19 Vaccine**

\*\*\*\*\*

(Please check if Normal or Abnormal. If abnormal describe below)

	Normal	Abnormal		Normal	Abnormal
Physical Development	_____	_____	Throat	_____	_____
Nutritional	_____	_____	Lungs	_____	_____
Skin	_____	_____	Heart	_____	_____
Hair and Scalp	_____	_____	Abdomen	_____	_____
Eyes and Vision	_____	_____	Extremities	_____	_____
Ears and Hearing	_____	_____	Orthopedic	_____	_____
Nose	_____	_____	Scoliosis	_____	_____

Describe any abnormal findings or any instructions for student's specific needs \_\_\_\_\_

**PHYSICAL FITNESS EVALUATION:** (Please check one of these recommendations)

- I recommend the regular school P.E. program (includes running, basketball, tennis, etc.): \_\_\_\_\_
- \*I recommend modified P.E. activity (includes ping-pong, shuffleboard, throwing, etc.): \_\_\_\_\_  
Specify degree and reason \_\_\_\_\_
- \*I recommend exclusion from Physical Education: \_\_\_\_\_  
(REASON MUST BE GIVEN) \_\_\_\_\_

\*Recommendation for modified activity or exclusion is effective for the current school year only, unless specified below.

Comments and Recommendations \_\_\_\_\_

Physician's Signature \_\_\_\_\_  
 Physician's Name (please print) \_\_\_\_\_

Date \_\_\_\_\_



**SCHOOL CITY OF WHITING**  
**MEDICAL HISTORY/EMERGENCY AUTHORIZATION**  
**SCHOOL YEAR**  
**2023-2024**

Student's Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Date of Birth \_\_\_\_\_ Teacher \_\_\_\_\_ Gr. \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
Parents/Guardian's Names \_\_\_\_\_ Guardian's Phone No. \_\_\_\_\_  
Father's Work No. \_\_\_\_\_ Mother Work No. \_\_\_\_\_  
Father's Cell No. \_\_\_\_\_ Mother's Cell No. \_\_\_\_\_  
Name of previous school \_\_\_\_\_ Phone Number \_\_\_\_\_

**PERSONS TO CONTACT IN AN EMERGENCY IF THE PARENT/GUARDIAN IS NOT AVAILABLE:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Allergies** \_\_\_ No known Allergies \_\_\_ food \_\_\_ medication \_\_\_ insect \_\_\_ other \_\_\_\_\_

Type of reaction \_\_\_\_\_

Medication for reaction \_\_\_\_\_

\*for severe reactions requiring an epi pen we need an action plan completed by a physician\*

**Asthma** \_\_\_ activity induced \_\_\_ allergy induced \_\_\_ anxiety induced \_\_\_ other \_\_\_\_\_

\_\_\_ student should stay inside if the temperature is below \_\_\_\_\_

Medication \_\_\_\_\_ as needed \_\_\_ prior to exercise

\*We need an asthma control plan completed yearly by a physician\*

**ADD/ADHD** Medication \_\_\_\_\_ doctor \_\_\_\_\_

**Diabetes** \_\_\_ Type 1 \_\_\_ Type 2 Controlled by \_\_\_ diet only \_\_\_ diet and oral medication \_\_\_ insulin

\*A diabetes plan must be completed by a physician yearly and updated as needed\*

**Vision** \_\_\_ Glasses \_\_\_ Contacts \_\_\_ No problems **Hearing** \_\_\_ Wears aids \_\_\_ No Problem

Please check any Conditions that pertain to your student:

___ Seizures _____	___ Urinary/kidney problems _____
___ Lung Problems _____	___ Blood Disorders _____
___ Headaches _____	___ Gastrointestinal problems _____
___ Skin conditions _____	___ Other _____

Please list all daily medication with dosage, time given, and reason for medication.

Please list any other information the school nurse should be aware of:

This Information will be on file in the school nurse's office. All student health information is considered confidential and shared with teachers and administration if the health condition may impact classroom achievement or to maintain the health and well-being of the students. Information is shared on a "need to know" basis.

**In the event of an emergency, your child will be taken to the nearest hospital for treatment.**

1. I give Emergency Personnel permission to transport my child to an Emergency Room for treatment in my absence.
2. I grant permission for the school to release all medical information which they have to the Emergency Room personnel.
3. I also grant my permission for the staff at the Emergency Room to treat my child.

**PARENT/GUARDIAN SIGNATURE REQUIRED:**

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SCHOOL CITY OF WHITING SCHOOLS

Health Services (219) 659-0738

INDIANA PUBLIC LAW NO. 140-1986 states that a screening be administered to all KINDERGARTEN students to determine defects in visual acuity, ocular health, and a binocular coordination. The above must be done by a LICENSED EYE HEALTH CARE PROFESSIONAL.

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

SCREENED WITHOUT GLASSES:

- |    |               |            |            |          |            |
|----|---------------|------------|------------|----------|------------|
| 1. | VISUAL ACUITY | NEAR       | RT _____   | LT _____ | BOTH _____ |
|    |               | FAR        | RT _____   | LT _____ | BOTH _____ |
| 1. | COVER TEST    | PASS _____ | FAIL _____ |          |            |
| 3. | RETINOSCOPY   | PASS _____ | FAIL _____ |          |            |
| 4. | OCULAR HEALTH | PASS _____ | FAIL _____ |          |            |

CORRECTED VISUAL ACUITY:

- |  |      |          |          |            |
|--|------|----------|----------|------------|
|  | NEAR | RT _____ | LT _____ | BOTH _____ |
|  | FAR  | RT _____ | LT _____ | BOTH _____ |
1. GLASSES NOT INDICATED \_\_\_\_\_ NEW GLASSES PRESCRIBED \_\_\_\_\_
2. IF CORRECTIVE LENSES ARE PRESCRIBED, THEY ARE FOR
- A. Constant Wear \_\_\_\_\_ B. Desk Work Only \_\_\_\_\_
3. SPECIAL COMMENTS AND RECOMMENDATIONS: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

DATE: \_\_\_\_\_

DOCTOR'S SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RETURN REPORT TO SCHOOL NURSE...THANK YOU

**SCHOOL CITY OF WHITING  
DENTAL EXAMINATION FORM**

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

I have examined \_\_\_\_\_ on \_\_\_\_\_  
(Student's Name) (Date)

Dental correction necessary \_\_\_\_\_

Dentist's correction completed \_\_\_\_\_

Mouth in good condition \_\_\_\_\_

Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_

Dentist's Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_



**School City of Whiting  
Office of Health Services**

School Year: \_\_\_\_\_

School: NH WMS WHS

Grade: \_\_\_\_\_

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

The Nurse's Office has a supply of the following over the counter medications. Please select your option below if you give permission for your child to receive any of the following medications, if needed, during the school day. **A new signed consent is necessary each school year for medication to be given, even if you would like to be notified before administering. No signature = No medication.** Nurse will make a courtesy call once, and then medication will not be administered without documented consent.

**(Yes/No)** Tums

\_\_\_\_ 1 tablet \_\_\_\_ 2 tablets

**(Yes/No)** Acetaminophen (non-aspirin)

\_\_\_\_ 325mg (Regular Strength) \_\_\_\_ 1 tablet \_\_\_\_ 2 tablets  
\_\_\_\_ 500mg (Extra Strength) \_\_\_\_ 1 tablet \_\_\_\_ 2 tablets

**(Yes/No)** Redness Relieving Eye Drops

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

\_\_\_\_\_  
Signature

*\*If you'd like to have any **additional medication** available at school for your child, please contact the school nurse for the non-prescription and/or prescription medication forms.*

**Ciudad escolar de Whiting**  
**Oficina de Servicios de Salud**

Año escolar: \_\_\_\_\_

Escuela: NH WMS WHS

Calificación: \_\_\_\_\_

El nombre del estudiante: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

La enfermería tiene un suministro de los siguientes medicamentos de venta libre. Seleccione su opción a continuación si da permiso para que su hijo reciba cualquiera de los siguientes medicamentos, si es necesario, durante el día escolar. **Es necesario un nuevo consentimiento firmado cada año escolar para que se le administre el medicamento, incluso si desea que se le notifique antes de administrarlo. Sin firma = Sin medicación.** La enfermera hará una llamada de cortesía una vez y luego no se administrará el medicamento sin un consentimiento documentado.

**(Sí / No)** Tums

\_\_\_\_ 1 tableta \_\_\_\_ 2 tabletas

**(Sí / No)** Acetaminofén (sin aspirina)

\_\_\_\_ 325 mg (concentración normal) \_\_\_\_ 1 tableta \_\_\_\_ 2 tabletas

\_\_\_\_ 500 mg (fuerza extra) \_\_\_\_ 1 tableta \_\_\_\_ 2 tabletas

**(Sí / No)** Gotas para los ojos para aliviar el enrojecimiento

\_\_\_\_\_  
Nombre del Padre de Familia / Guardian

\_\_\_\_\_  
Firma

\* Si desea tener algún **medicamento adicional** disponible en la escuela para su hijo, comuníquese con la enfermera de la escuela para obtener los formularios de medicamentos sin receta y / o con receta.

**School City of Whiting**  
**Authorization to Administer Non-Prescription Medication**  
**Requested by Parent/Guardian**

School Year: \_\_\_\_\_

Grade: \_\_\_\_\_

School: NH WMS WHS

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

**Parent's Authorization and Request:**

I authorize the designee of the above stated school to administer this non-prescription medication. I understand that the medication must be in its original container.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time: \_\_\_\_\_ Reason for giving: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

I understand that the above medication must be picked up by me on or before the last day of this school year, unless stated in writing I give permission to another person to pick up the medication.

**All remaining medication will be discarded in accordance with the school's policy.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



**School City of Whiting**  
**Authorization to Administer Prescription Medication**  
**Requested by Parent/Guardian**

School Year: \_\_\_\_\_

Grade: \_\_\_\_\_

School: NH WMS WHS

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

*Section 1 and/or 2 must be completed or medication cannot be administered.*

**Section 1: Physician's Statement**

\*If the medication is provided in the original pharmacy container, with the prescription label attached, this section is not necessary. If the medication is NOT so provided, this section must be filled out and signed by the prescribing physician.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time: \_\_\_\_\_ Reason for giving: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: Parent/Guardian's Request and Authorization**

\*This section must be filled out by the parent, along with either Section 1, and/or the original pharmacy container with prescription label or medication cannot be administered.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

I understand that the above medication must be picked up by me on or before the last day of this school year, unless stated in writing I give permission to another person to pick up the medication.

**All remaining medication will be discarded in accordance with the school's policy.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

I have received the following documents from the School City of Whiting:

1. Code of Conduct
2. Acceptable Use Policy
3. Photo Release
4. School Handbook

I, the undersigned, accept responsibility for discussing behavior expectations as well as discussing responsible and acceptable use of the Internet with my child. I look forward to partnering with the School City of Whiting to ensure my child has a safe learning environment.

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

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

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

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

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

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

**(Please print all students attending School City of Whiting)**

School City of Whiting

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

Date: \_\_\_\_\_

## **1:1 Policies and Procedures 2023-2024**

### **VISION**

Our vision is to provide opportunities for students to collaborate, to create, and to engage in their world while developing digitally responsible citizens, risk takers, and problem solvers of the future.

We believe that when students have a personal device in hand that the learning experience will be enhanced as students become more active participants in their learning as opposed to passive recipients of their education. The Internet and all that is available permits for learning to occur anytime. Additionally, students learn valuable 21st Century skills (e.g. communication, collaboration, critical thinking, and creativity) that will be demanded of them when they enter the job market as young adults. Finally, children today are technology natives. Because they have grown up with a device of some sort, they truly prefer to learn, create, research, investigate, discuss, and collaborate while equipped with a device.

### **DEVICE INFORMATION**

Each student will have access to devices such as Chromebooks, iPads and laptops for the 2020-2021 school year.

- No food or drink should be next to the device.
- Cords, cables, and removable storage must be inserted carefully into the device.
- Heavy objects should never be placed on top of devices.
- Devices should only be used while they are on a flat and stable surface.

### **LOGGING ONTO A DEVICE**

- Students will only be able to login to their Chromebooks using their school issued username and password.
- Students should never share their account passwords with others, unless requested by an administrator.

### **SCW GOOGLE ACCOUNTS**

All SCW students are provided access to Google Apps for Education (GAFE) accounts. This allows access to Google Mail, Google Drive, Google Calendar and other web related apps. The accounts are maintained and monitored by SCW technology staff. Access to these tools can be restricted or removed from students by staff.

Google Mail service will be provided for students. Students should not send personal information; should not attempt to open files or follow links from unknown or untrusted origins; should use appropriate language; and should only communicate with other people as allowed.

### **DIGITAL CITIZENSHIP & 21ST CENTURY SKILLS**

SCW students should always use the Internet, network resources, and on-line sites in a courteous and respectful manner.

Students should recognize that among the valuable content on-line there is also information that is erroneous and inappropriate to use in an educational setting. Students should only use trusted sources when conducting research and other on-line activities.



SCW values these statements and is committed to providing students with opportunities to learn and be engaged on-line. Therefore, SCW teachers and staff will provide students with resources to help them make sound decisions regarding appropriate behavior and conduct on-line.

### **SOCIAL MEDIA/WEB 2.0 TOOLS**

Recognizing the benefits collaboration brings to education, SCW may provide users with access to websites or tools that allow communication, collaboration, sharing and messaging among users.

Users are expected to conduct themselves in an exemplary manner, using appropriate, safe and mindful language. Posts, chats, sharing and messaging may be monitored by staff. Users should be careful to never share personal information in on-line forum.

### **PRIVACY**

There is no expectation of privacy. Students should have no expectation of confidentiality or privacy with respect to any usage of a school-issued device, regardless of whether that use is for school-related purposes or not, other than as specifically provided by law. SCW may, without prior notice or consent, log, supervise, access, view, monitor, and record use of a student device at any time for any reason related to the operation of the district. Teachers, school administrators, and the Technology Department may run usage reports as deemed necessary. Working together as a team, we can ensure that all students remain safe and are using devices to leverage the best educational experience available.

### **APPROPRIATE USES & DIGITAL CITIZENSHIP**

School-issued devices should be used for educational purposes, and students are to adhere to the Acceptable Use Policy (AUP) and all of its corresponding administrative procedures at all times. We encourage you to study the International Society for Technology in Education Standards at: <https://www.iste.org/standards>

While working in a digital and collaborative environment, students should always conduct themselves as good digital citizens by adhering to the following:

1. Respect Yourself. I will show respect for myself through my actions. I will select online names that are appropriate. I will use caution with the information, images, and other media that I post online. I will carefully consider what personal information about my life, experiences, or relationships I post. I will not be obscene. I will act with integrity.
2. Protect Yourself. I will ensure that the information, images, and materials I post online will not put me at risk. I will not publish my personal details, contact details, or a schedule of my activities. I will report any attacks or inappropriate behavior directed at me while online. I will protect passwords, accounts, and resources
3. Respect Others. I will show respect to others. I will not use electronic mediums to antagonize, bully, harass, or stalk people. I will show respect for other people in my choice of websites: I will not visit sites that are degrading to others, pornographic, racist, or inappropriate. I will not enter other people's private spaces or areas.
4. Protect Others. I will protect others by reporting abuse and not forwarding inappropriate materials or communications. I will avoid unacceptable materials and conversations.
5. Respect Intellectual Property. I will request permission to use copyrighted or otherwise protected materials. I will suitably cite all use of websites, books, media, etc. I will acknowledge all primary sources. I will validate information. I will use and abide by the fair use rules.
6. Protect Intellectual Property. I will request to use the software and media others produce. I will purchase, license, and register all software or use available free and open source alternatives rather than pirating software. I will purchase my music and media and refrain from distributing these in a manner that violates their licenses.

### **INAPPROPRIATE CONTENT**

Inappropriate content on a student device will be handled on an individual basis. Based on the severity of the content, the consequences may change and/or be escalated. In all situations, notice/contact will be made home. Keeping the safety of the student in mind, notice will also be sent to all of the student's teachers to ensure all adults can be aware of possible harmful behaviors student is forming and help to re-direct these behaviors.

### **SECURITY**

Illegal use of a proxy and/or a breach of security will result in disciplinary consequences.

### **TERMS OF USE**

SCW reserves the right to deny, revoke, or suspend specific user privileges and/or take other disciplinary action, including suspensions or expulsion from school, for violations of this policy. Additionally, all handbook regulations apply to the use of the SCW network, Internet, and electronic resources.

SCW does not attempt to describe every possible prohibited activity. Students, parents, and school staff who have questions about whether a particular activity is prohibited are encouraged to contact a building administrator. These rules apply to all school computers, all school-provided electronic devices wherever used, all uses of school servers, and Internet access and networks regardless of how they are accessed.