

WHEELER HIGH SCHOOL



2023-24 REGISTRATION PACKET

(FOR RETURNING WHS STUDENTS AND INCOMING FRESHMEN THAT ATTENDED UTMS)

ON-LINE REGISTRATION Opens July 17th thru July 21st

STEP ONE: ON-LINE REGISTRATION (HARMONY ACCOUNT)

To register for the 2023-24 school year everyone must log into your parent account on Harmony, click Registration then complete all requested information by clicking on each form. Note: you must open and complete each form and hit the submit button at the end of the form to complete the registration process. You will see a green check mark for each form completed.

Under demographics:

- Please use caps & lower case for Names and Addresses. (Ex; John Doe, Main St)
- Verify email, use comma to separate if you have more than one.
- Texting (used for snow days etc.) see attached form for format. (Example: 2191234567@vtext.com for Verizon, use comma to add more than one cell number, add the student's cell, so they can also get notices. If your carrier is not listed just search SMS address for your cell carrier.

STEP TWO: HARD COPY FORMS THAT NEED PRINTED, COMPLETED AND SIGNED.

Please print the following forms, complete, sign and send into school with the student (first week of school) or scan to mcurtis@union.k12.in.us. Note: *Mandatory* forms for all students, *Conditional* forms are needed if they pertain to your student.

Mandatory forms are:

- Emergency Health Plan Form
- CHIRP Consent Form

Conditional forms are (complete if they pertain to your student):

- Drug Testing Form (mandatory for student participating in Sports, Clubs/ECA, or driving to school)
- Parking Pass - No charge this year but a mandatory pass will still be required for all students driving to school.
- Medication Consent (for students that have prescription or over-the-counter medication administered by the School Nurse).

For the Free and Reduced Application (to complete on-line go to:

<https://www.in.gov/doe/nutrition/free-and-reduced-information>

2023-24 UTSC Calendar (attached for your records)

STEP THREE: Pay Classroom fees on Harmony or send in a check payable to Wheeler High School (please note in memo: the student's name & class fees).

WHEELER HIGH SCHOOL
EMERGENCY HEALTH PLAN

Student's Name

School

DOB

HEALTH CONCERNS:

Please check any of the following conditions that pertain to this student:

- | | | |
|---|---|---|
| <input type="checkbox"/> Glasses/Contact | <input type="checkbox"/> Vision/Hearing | <input type="checkbox"/> Seasonal Allergies |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Migraines/Frequent Headaches | <input type="checkbox"/> Arthritis/Bone |
| <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Stomach/Bowel issues | <input type="checkbox"/> Congenital Defects |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Physical Handicap: _____ | |

The following conditions must have an **Emergency Plan Form** signed by a physician and on file with the school Nurse. See the school nurse for this form and if you have any questions.

- Allergies:** ☐ Food (Type) _____ ☐ Medication (Type) _____ ☐ Bee Sting
☐ Carries Epipen ☐ Epipen – kept in the Nurse's office
☐ Asthma ☐ Carries Inhaler ☐ Inhaler – kept in the Nurse's office
☐ Diabetes ☐ Seizures (Type) _____

MEDICATIONS: _____

Any health concerns (not listed above): _____

In case of serious illness/injury, I give permission for the above named student to be treated at the nearest emergency room.

Parent/Guardian Signature

Printed Name of Parent or Guardian

Date

My child has my ***permission to take acetaminophen*** (Tylenol-like) at school. I am authorizing this ONE TIME dose to be given to my child:

- ☐ 1(one) tablet acetaminophen 325mg ☐ 2 (two) tablets acetaminophen 325mg.

Parent/Guardian Signature

Printed Name of Parent or Guardian

Date

UNION TOWNSHIP SCHOOL CORPORATION

CHILDREN AND HOOSIERS IMMUNIZATION REGISTRY PROGRAM CONSENT (CHIRP)

I; _____, give Union Township Schools permission to release the following
Parent/Guardian

information concerning my child; _____ to the Indiana State Department
Student's Name

of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

I GIVE PERMISSION FOR THE FOLLOWING INFORMATION TO BE RELEASED:

- **IMMUNIZATION DATA**
- **IDENTIFYING INFORMATION SUCH AS; NAME, DATE OF BIRTH AND ADDRESS.**
- **LIST ANY ADDITIONAL INFORMATION:** _____

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.

_____ Parent/Guardian Signature	_____ Printed Name of Parent or Guardian	_____ Date
_____ Address	() _____ Telephone Number	
_____ Child's Name	_____ School	_____ DOB

UNION TOWNSHIP SCHOOL CORPORATION

WHEELER HIGH SCHOOL

UNION TOWNSHIP MIDDLE SCHOOL

RANDOM DRUG TESTING CONSENT FORM

I have received and have read and understand Union Township School Board Policy 5530.01. I desire that _____ participate in this program, and in the covered programs of the Union Township School Corporation, and hereby, voluntarily agree to be subject to its terms for the entire middle school (6-8) or high school (9-12) career.

I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens 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. The results of the drug testing will be released only to appropriate staff members as designated in the administrative guidelines unless further permission is obtained.

Date _____

Student Signature

Parent/Guardian Signature

I plan to participate in the following covered program(s) (Please check all that apply)

Sports _____ Clubs _____ Driving _____

.....

I, _____, have decided NOT to participate in any covered ACTIVITIES sponsored by the school corporation for this school year. In order for me to participate in one(1) or more of the covered programs at a later date I understand that I must submit to joining the testing pool, and sign a new consent form before participating.

Student Signature

Date

Parent/Guardian Signature

Date

Wheeler High School
Application for Student Parking

For office use only:

Permit No: _____

Fee: _____

Directions: Please fill in all blank spaces on the application. Both **you and your parents must sign** below.

Student's Name: _____ Home Phone: _____

Address: _____

Parent(s) Name: _____ Parent Work Phone: _____

Make of Car: _____ License Plate No: _____

Color of Car: _____

NOTE: Applicant's statement: I have read, understand and hereby agree to comply with the rules and regulations as set forth in the handbook. Furthermore, I give my written consent to school officials and local law enforcement agencies to conduct a search of the vehicle I have registered above.

Applicant's Signature: _____

NOTE: Parent's permission: I/We give our permission for our son/daughter to operate a motor vehicle and drive to Wheeler High School. I/We understand that if our son/daughter violates any of the rules and regulations as set by the Wheeler High School administration the vehicle may be towed or driving privileges may be revoked. I/We further agree that by signing this permission form I/we are giving permission to school officials and officials of local law enforcement agencies to conduct a search of the vehicle I/we have registered above.

Parent(s) Signature: _____

**** FORM MUST BE COMPLETELY FILLED OUT ****

UNION TOWNSHIP SCHOOL CORPORATION MEDICATION GUIDELINES

In order to protect the health and welfare of the students and school staff alike, Indiana law requires that parents/guardians consent, in writing, to the administration of both prescription and over-the counter medications. Please read this policy carefully regarding medication administration during school hours.

PRESCRIPTION MEDICATION may only be given to students provided the following is on file at school:

- A written order from the physician OR the prescription bottle labeled with: student's name, name of the medication, dose, frequency, and time.
- **Written authorization from the parent/guardian and reason for medication.**
- The dose, time, and frequency of a prescribed medication may only be changed with a physician order or a new updated prescription label on the bottle.

OVER-THE-COUNTER MEDICATION may only be given to students provided the following is on file:

- Written authorization by the parent and the reason the medication is to be given.
- **Dose, frequency, and time** for which the parent is providing written authorization.
- Over-the counter medications will not be administered in any manner inconsistent with the instructions on the label.

THE SCHOOL **DOES NOT** SUPPLY MEDICATION. MEDICATION MUST BE BROUGHT IN BY A PARENT/GUARDIAN IN AN UNOPENED ORIGINAL CONTAINER (FOR OVER-THE-COUNTER MEDICATION). ALL MEDICATION MUST BE DISPENSED IN THE NURSE'S OFFICE AND WILL BE KEPT IN A LOCKED CABINET.

STUDENTS MUST NOT CARRY MEDICATION IN THEIR PURSES, BACKPACKS, OR POCKETS. MEDICATIONS MUST BE **PICKED UP** AT THE END OF THE YEAR BY A PARENT/GUARDIAN.

THOSE STUDENTS WITH ASTHMA OR LIFE THREATENING ALLERGIES MAY CARRY THEIR OWN EMERGENCY MEDICATIONS, BUT MUST HAVE WRITTEN AUTHORIZATION FROM A PHYSICIAN AND PARENT/GUARDIAN WITH THE STUDENT'S NAME, MEDICATION NAME, DOSE, AND THE INTENT TO CARRY THE MEDICATION. A PHYSICIAN AND PARENT/GUARDIAN MUST CERTIFY THE STUDENT IS CAPABLE OF SAFELY SELF-ADMINISTERING THE MEDICATION IF NECESSARY.

EMERGENCY STOCK MEDICATIONS MAY BE ADMINISTERED TO A STUDENT IF THE STUDENT IS DEMONSTRATING THE SIGNS/SYMPTOMS OF A LIFE-THREATENING EMERGENCY, THE STUDENT DOES NOT HAVE EMERGENCY MEDICATION AT THE SCHOOL, OR THE STUDENT'S PRESCRIPTION IS NOT AVAILABLE.

PRESCRIPTION MEDICATION AUTHORIZATION

All prescription medication will be administered in compliance with Indiana Law and Union Township School Corporation policies.

A written order (a current prescription label is considered a doctor's order) and written authorization of the parent will be required before any prescribed medication may be administered.

All prescription medication must be in the original prescription container and contain the following information:

- o Student name
- o Medication name
- o Dose to be given
- o Time to be given

PARENT AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICATION

School _____ Grade _____

Student Name _____ Date of Birth _____

Medication Name _____ Dose _____

Frequency/Time of day _____

Reason medication will be given _____

Parent Authorization:

I authorize the designee of the above school to administer this prescription medication as ordered above. **Note:** In the event there is not a school nurse available, a trained secretary or staff member may administer this medication.

I will assume the responsibility for safe delivery of the medication to school.

I will notify the school nurse immediately if there is any change in the physician order for this medication. I will pick up any discontinued medication.

Parent/Guardian Signature

Date

Unused medications must be picked up by the last day of school. Medications may only be released to parent/guardian or a person over 18 with written consent. Medications may be released to high school students only with written parent/guardian consent.

3/24/23

OVER-THE-COUNTER MEDICATIONS CONSENT

All medication dispensed by school personnel will be administered in compliance with Indiana State Law and Union Township School Corporation guidelines.

All non-prescription (over-the-counter) medications to be given at school MUST meet the following criteria:

- Send medicine in the original manufacturer's container. The school does not provide over-the-counter medications.
- The authorization below must contain the following information:
 - Name of the student
 - Name of the medication
 - Dose (exact) to be given (e.g. number of tablets)
 - Frequency (how often can medication be given during school day)
 - Reason medication is to be given

AUTHORIZATION TO ADMINISTER MEDICATION

School _____

Student Name _____ Date of Birth _____ Grade _____

Medication Name _____ Dose _____

Frequency (how often medication can be given) _____

Reason medication will be given _____

Parent Authorization:

I authorize the designee of the above school to administer this medication as requested above.

Note: In the event there is not a school nurse available, a trained secretary or staff member may administer the medication.

Parent/Guardian Signature

Date

Medications must be picked up by the last day of the year. Medications may only be released to parent/guardian or a person over the age of 18 with written consent. Medications may be released to high school students only with written parent/guardian consent.

Union Township School Corporation

2023-2024 School Year Calendar

AUGUST

S	M	T	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER

S	M	T	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER

S	M	T	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER

S	M	T	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER

S	M	T	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JANUARY

S	M	T	W	Th	F	Sa
						6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

2023 August

14	First Teacher Day ES/MS
15	Teacher Organization Day All
16	First Student Day ES/MS/HS

September

4	No School-Labor Day
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October

9	Prof Dev Day
20	End of first grading period ES (46 days)
24	Elem Conferences- Elearning Elem Only
26-27	No School- Fall Break

November

7-9	WHS Final Exams
9	End of 1 st Trimester HS (58 days)
10	No Students HS Only
	Teacher Records Day
	End of 1 st Trimester MS (59 days)
22-24	No School-Thanksgiving Break

December

22	End of second grading period ES (40 days)
	End of first semester ES (86 days)
25-Jan 5	No School-Christmas Vacation

2024 January

8	School resumes
15	MLK Snow Make-Up Day

February

21-23	WHS Final Exams
23	End of 2 nd Trimester HS (59 days)
26	Teacher Record Day/ No students WHS only- WHS teachers full day
23	End of 2 nd Trimester MS (59 days)
16 & 19	President's Weekend *Snow Makeup

March

15	End of third grading period (47 days)
25-29	No School-Spring Break

April

1	*Snow Make Up Day
2	School Resumes

May

27	Memorial Day
	Last Student Day ES/MS
30	End of fourth grading period (47 days)
	End of second semester (92 days)
	End of 3 rd Trimester MS (62 days)
30-June 3	WHS Final Exams
31	Last Teacher Day ES/MS

June

3	Last Student Day WHS Only
	End of 3 rd Trimester HS (63 days)
4	Last Teacher Day WHS Only
	Graduation will be announced 2/29/2024

FEBRUARY

S	M	T	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

MARCH

S	M	T	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL

S	M	T	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY

S	M	T	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE

S	M	T	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Level	Grading Period	Progress Report	Report Card
MS/HS	1 st		
MS/HS	2 nd		
MS/HS	3 rd		
Elem	1 st		
Elem	2 nd		
Elem	3 rd		
Elem	4 th		