

GRADE

9

SCHOOL CITY OF WHITING

1500 CENTER STREET

WHITING, INDIANA 46394

(219) 659-0656 • (219) 473-4008 FAX

Cynthia A. Scroggins, Ed.S.
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BOARD OF SCHOOL TRUSTEES

Nicole Davenport, President
Amanda Perkins, Vice President
Christine Striatak, Secretary
Cecilia Peterson, Trustee
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Dear Parents/Guardians of Non-Resident Students:

February 1, 2022

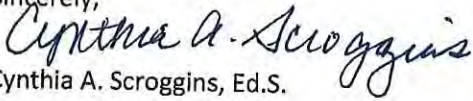
Thank you for your interest in the School City of Whiting. Enrollment packets are available for pick up from **February 1, 2022 to March 25, 2022**. Take note of the following information pertaining to your child's eligibility for enrollment:

- 1. Application Pick Up** – Enrollment Packet Applications need to be picked up at the Administration Building located at 1500 Center Street, Door A from **Tuesday, February 1, 2022 to Friday, March 25, 2022**.
- 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, 2022 and March 25, 2022, hours 8:00-4:00 p.m.** **Friday, March 25, 2022 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 28, 2022**, 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 25, 2022 regular school board meeting at 6:00 PM. The meeting will be livestreamed and can be viewed on our YouTube page, please check our website prior to the meeting for instructions.**

You will be notified by mail of the status of your child's application following the April 25th 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

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

2022 – 2023 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 2022-2023.

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 _____

**2022-2023 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 25, 2022 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: _____ Receipt #: _____
(Name of School Treasurer)

SCHOOL CITY OF WHITING

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Amanda Perkins, Vice President
Christine Stribiak, Secretary
Cecilia Peterson, Trustee
Stephanie Madison, Trustee

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 2022/2023 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.

Sincerely,

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

SCHOOL CITY OF WHITING ENROLLMENT PACKET 2022-2023 School Year

Adopted by
The Board of School Trustees

October 10, 2000
(Revised January 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: Cary McKay, Principal
Whiting High School: James Polite, Principal

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.

_____	_____
<i>Signature of Parent/Guardian</i>	<i>Date</i>
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 _____

Date transferred from previous school: _____

Does the student have an I.E.P.? Yes _____ No _____

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? _____



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, 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 LAS Links placement test 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: _____

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: _____



Home Language Survey (HLS) Spanish Version

El Título VI, del Acta de los Derechos Civiles de 1964 Procedimientos y Cumplimiento del Lenguaje de Minorías, contiene requisitos legales que guían a las escuelas para determinar el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer instrucción significativa a todos los estudiantes como se requiere por Plyler v. Doe, 457 U.S. 202 (1982).

Esta encuesta del idioma que se habla en casa (HLS) establece el idioma principal de su hijo/a. Tiene que darse esta encuesta (HLS) a todos los estudiantes en el distrito escolar / escuela semi-autónoma. Esta encuesta (HLS) es administrada una vez, durante la matrícula inicial, y se queda en el archivo escolar acumulativo del estudiante.

Las respuestas de la encuesta son relacionadas con su hijo/a. Si se ha identificado que el idioma no es inglés a cualquiera de las tres preguntas, la escuela administrará la Prueba del Desarrollo del Inglés (LAS Links) para determinar si su hijo/a calificará para el programa de Desarrollo del idioma Inglés.

Respuesta las preguntas acerca del idioma(s) de su estudiante por favor:

1. ¿Cual es el idioma o el dialecto nativo de su **hijo/hija**?

2. ¿Cual idioma(s) es hablado más por su **hijo/hija**?

3. ¿Cual idioma habla su **hijo/hija** en casa con más frecuencia?

Nombre Legal del Estudiante: _____

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 son relacionadas con su hijo/a. Usted entiende que si se ha identificado que el idioma no es ingles, 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. Todos los estudiantes en el programa de Desarrollo del idioma Inglés tienen el derecho a servicios que lo ayudaran a aprender el idioma Inglés y tendrá un examen cada año para determinar el nivel de Inglés.

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: _____

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 _____

Race and Ethnicity: <i>(Note: Both Part 1 and Part 2 of the question must be answered.)</i>	
Part 1: Ethnicity	<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 <i>(A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)</i></p>
Part 2: Race	<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
2022-2023 SCHOOL YEAR**

GRADE _____

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

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

SIBLINGS: (Attending School City of Whiting)

Name (First/Last)	Grade	Name (First/Last)	Grade
_____	_____	_____	_____
_____	_____	_____	_____

PARENT/GUARDIAN SIGNATURE _____ **Date** _____

SCHOOL CITY OF WHITING

NETWORK AND INTERNET ACCESS AGREEMENT FOR STUDENTS

AGREEMENT

This agreement is entered into this _____ day of _____ between _____, hereinafter referred to as Student, and the School City of Whiting _____, hereinafter referred to as Corporation. The purpose of this agreement is to provide Network (Electronic Mail and Electronic Bulletin Board) and Internet access, hereinafter referred to as Network, for educational purposes to the student. As such, this access will (1) assist in the collaboration and exchange of information, (2) facilitate personal growth in the use of technology, and (3) enhance information gathering and communication skills.

The intent of this contract is to ensure that Students will comply with all Network and Internet acceptable use policies approved by the Corporation.

In exchange for the use of the Network resources either at school or away from school, I understand and agree to the following:

- A. The use of the Network is a privilege which may be revoked by the Corporation at any time and for any reason. Appropriate reasons for revoking privileges include, but are not limited to, the altering of system software, the placing of unauthorized information, computer viruses, or harmful programs on or through the computer system in either public or private files or messages. The Corporation reserves the right to remove files, limit or deny access, and refer the student for other disciplinary actions.
- B. The Corporation reserves all rights to any material stored in files which are generally accessible to others and will remove any material which the Corporation, at its sole discretion, believes may be unlawful, obscene, pornographic, abusive, or otherwise objectionable. Students will not use their Corporation-approved computer account/access to obtain, view, download, or otherwise gain access to, distribute, or transmit such materials.
- C. All information services and features contained on Corporation or Network resources are intended for the private use of its registered users and any use of these resources for commercial-for-profit or other unauthorized purposes (i.e. advertisements, political lobbying), in any form, is expressly forbidden.
- D. The Corporation and/or Network resources are intended for the exclusive use by their registered users. The Student is responsible for the use of his/her account/password and/or access privilege. Any problems which arise from the use of a Student's account are the responsibility of the account holder. Use of an account by someone other than the registered account holder or accessing another person's account without permission is forbidden and may be grounds for loss of access privileges.

- E. Any misuse of the account will result in suspension of the account privileges and/or other disciplinary action determined by the Corporation. Misuse shall include, but not be limited to:
1. intentionally seeking information on, obtaining copies of, or modifying files, other data, or passwords belonging to other users;
 2. misrepresenting other users on the Network;
 3. disrupting the operation of the Network through abuse of or vandalizing, damaging, or disabling the hardware or software;
 4. malicious use of the Network through hate mail, harassment, profanity, vulgar statements, or discriminatory remarks;
 5. interfering with others use of the Network;
 6. extensive use for noncurriculum-related communication
 7. illegal installation of copyrighted software;
 8. unauthorized down-sizing, copying, or use of licensed or copyrighted software or plagiarizing materials;
 9. allowing anyone to use an account other than the account holder.
- F. The use of Corporation and/or Network resources are for the purpose of (in order of priority):
1. Support of the academic program
 2. Telecommunications
 3. General Information
 4. Recreational
- G. The Corporation and/or Network does not warrant that the functions of the system will meet any specific requirements the user may have, or that it will be error free or uninterrupted; nor shall it be liable for any direct or indirect, incidental, or consequential damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the system.
- H. The Student will diligently delete old mail messages on a daily basis from the personal mail directory to avoid excessive use of the electronic mail disk space.
- I. The Corporation and/or Network will periodically make determinations on whether specific uses of the Network are consistent with the acceptable-use practice. The Corporation and/or Network reserves the right to log Internet use and to monitor electronic mail space utilization by users.
- J. The Student may transfer files from information services and electronic bulletin board services. For each file received through a file transfer, the Student agrees to check the file with a virus-detection program before opening the file for use. Should the Student transfer a file, shareware, or software which infects the Network with a virus and causes damage, the student will be liable for any and all repair costs to make the Network once again fully operational and may be subject to other disciplinary measures as determined by the Corporation.
- K. The Student may not transfer file, shareware, or software from information services and electronic bulletin boards without the permission of the _____ (Corporation Network Director). The Student will be liable to pay the cost or fee of any file, shareware, or software transferred, whether intentional or accidental, without such permission.
- L. The Student may only log on and use the Network under the immediate supervision of a staff member and only with his/her authorized account number.

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, 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. 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 "Póliza 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 términos para el próximo año. Acepto el método de obtener muestras de orina, pruebas y análisis de dichas muestras, y todos los demás aspectos del programa. Estoy de acuerdo en cooperar en el suministro de muestras de orina que pueden ser requeridas de vez en cuando.

Además, doy mi consentimiento para que las muestras, exámenes, y resultados sean divulgados a quien corresponda según 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 exámenes 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 exámenes de drogas para el resto de mis días como estudiante en una escuela de Whiting.

Fecha: _____, 20____

Firma del Estudiante

Firma del Padre O Tutor Legal



Confidential

Military Children in Education

2020-21 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 KG-12th grade, is claimed as a dependent by an Active Duty member of the Armed Forces of the United States; or the student and an Active Duty member(s) are of the same household whether or not the active duty member(s) claims the student as a dependent.

"Active Duty" means: full-time duty status in the active uniformed service of the United States.

2. Is the above named student connected to a Guard or Reserve military family: _____ Yes _____ No

Meaning a school-aged child, enrolled or in the process of enrolling in KG-12th grade, who is claimed as a dependent by a member of the National Guard or Reserve; or the student and National Guard or Reserve member(s) are of the same household whether or not the National Guard or Reserve member(s) claims the student as a dependent.

"National Guard or Reserve" means: members of the Reserve Component as defined in 10 U.S.C. Section 10101. Includes Army National Guard of US, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard of US, Air Force Reserve or Coast Guard Reserve.

ONLY for Students of an ADULT High School (IC 20-24-1-2.3)

Is the above named student an active member of the Armed Forces of the United States _____ Yes _____ No

OR

Is the above named student a member of the National Guard or Reserve _____ Yes _____ No

Signature: _____ Date: _____

This form shall be handled by schools in a confidential manner in accordance with IDOE Guidance (IC 20-19-3-9.4)

Confidencial**La educación de los niños conectados con las fuerzas armadas****Año escolar 2020-2021**

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)

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).

WORK SURVEY


Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone: (____) _____

Date: _____ Parent Signature: _____

1. Within the last **3 years**, have your children moved for any reason? **YES** ___ **NO** ___
2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? **YES** ___ **NO** ___

If you answered **NO** to either of these questions, please stop. 

If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____ Year _____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- | | |
|---|---|
| <input type="checkbox"/> Plant or harvest vegetables or fruits | <input type="checkbox"/> Canning vegetables or fruits |
| <input type="checkbox"/> Detassel corn | <input type="checkbox"/> Sod farm |
| <input type="checkbox"/> Tobacco farm | <input type="checkbox"/> Planting, pruning or cutting trees |
| <input type="checkbox"/> Poultry and/or egg farm | <input type="checkbox"/> Dairy farm |
| <input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant | <input type="checkbox"/> Flora culture/gladiola farm |
| <input type="checkbox"/> Aquaculture/fish hatcheries | <input type="checkbox"/> Green house or plant nursery |

Please list the names of all of the children in the household under 22 years of age.

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

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.

- | | |
|---|--|
| <input type="checkbox"/> Matadero de patos, pavos, pollos, cerdos o vacas | <input type="checkbox"/> Enlatar o congelar verduras o frutas en la bodega |
| <input type="checkbox"/> La espiga (maíz) | <input type="checkbox"/> Trabajar en la siembra o cosecha de césped |
| <input type="checkbox"/> Cultivar tabaco | <input type="checkbox"/> Plantar, emparejar o cortar árboles |
| <input type="checkbox"/> Pollería o granja de huevos | <input type="checkbox"/> Granja de vacas lecheras |
| <input type="checkbox"/> Plantar o cosechar verduras o frutas | <input type="checkbox"/> Cultivar y cosechar flores |
| <input type="checkbox"/> Trabajar en un criadero de peces | <input type="checkbox"/> 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.	

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

James Polite, Principal
Sarah Daniels, School Counselor
Kelly Greer, 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
2022-2023**

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 _____

3rd 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
}

Covid19 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 _____ Date _____

Physician's Name (please print) _____

**SCHOOL CITY OF WHITING
MEDICAL HISTORY/EMERGENCY AUTHORIZATION
SCHOOL YEAR
2022-2023**

Student's Name _____ M ___ F ___ Date of Birth _____ Teacher _____ Gr. _____
Address _____ Home Phone No. _____
Parents/Guardian's Names _____ Guardian's Phone No. _____
Primary language spoken: (father) _____ (mother) _____
Father's Work No. _____ Mother Work No. _____
Father's Cell No. _____ Mother's Cell No. _____

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 only if the health condition may impact classroom achievement or to maintain the health and well-being of the student. Information is only 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
HISTORIA MÉDICA / AUTORIZACIÓN DE EMERGENCIA
AÑO ESCOLAR
2022-2023

Nombre de Alumno _____ M ___ F___ Fecha de Nacimiento _____
Maestro/a _____ Grado: _____
Dirección _____ Num de teléfono _____
Nombres del Padre/Madre _____ Num de teléfono _____
Idioma Principal Hablado (padre) _____ Idioma Principal Hablado (madre) _____
Num. de tel. del trabajo del padre _____ Num. de tel. del trabajo de la madre _____
Num. de celular del padre _____ Num. de celular de la madre _____
Nombre de la escuela anterior _____ Num. de teléfono _____

2 PERSONAS DE CONTACTO EN CASO DE EMERGENCIA SI EL PADRE NO ESTA DISPONIBLE:

Nombre _____ Relación _____ Num. de tel _____
Nombre _____ Relación _____ Num. de tel _____
Nombre del Medico _____ Num. de tel _____
Nombre del Dentista _____ Num. de tel _____

Que alergias tiene: ___ sin alergias conocidas ___ comida ___ medicina ___ insecto ___ otro: _____
describe la reacción _____
medicamento utilizado para la reacción _____

para reacciones severas que requieren un epipen necesitamos un plan de acción completado por un médico

Asma: ___ inducido por la actividad ___ inducido por la ansiedad ___ otra razón: _____
___ el estudiante debe permanecer dentro si la temperatura está por debajo: _____
___ medicamento: _____ según sea necesario ___ antes del ejercicio

necesitamos un plan de control del asma completado anualmente por un médico

TDA/TDAH (Trastorno por Déficit de la Atención o Trastorno por Déficit de la Atención con Hiperactividad)

medicamento _____ médico _____

Diabetes: ___ Typo 1 ___ Typo 2

Controlado por ___ solamente la dieta ___ la dieta y medicina oral ___ insulina

** Un plan de diabetes debe ser completado por un médico anualmente y actualizado según sea necesario **

Vision: ___ lleva lentes ___ lentes de contacto ___ no hay problema

Audicion: ___ lleva un audifono ___ no hay problema

Por favor indique cualquier condición que pertenezca a su hijo/a:

___ convulsiones _____ problemas urinarios o renales _____
___ problemas pulmonares _____ trastornos de la sangre _____
___ dolores de cabeza _____ problemas gastrointestinales _____
___ condiciones de la piel _____ otro problema no indicado _____

Por favor nombre todos los medicamentos diarios con la dosis, el tiempo dado, y la razón por la medicación. _____

Por favor indique cualquier otra información que la enfermera debe tener en cuenta: _____

Esta información estará archivada en la oficina de la enfermera de la escuela. La información de salud del estudiante se considera confidencial y se comparte con los maestros y la administración sólo si la condición de salud puede afectar el rendimiento del salón de clases o para mantener la salud y el bienestar del estudiante. La información sólo se comparte en una "necesidad de saber" base. **En caso de una emergencia, su hijo será llevado al hospital más cercano para tratamiento.**

1. Le doy permiso al personal de emergencia para transportar a mi hijo a una sala de emergencias para recibir tratamiento en mi ausencia.
2. Yo doy permiso para que la escuela divulgue toda la información médica que tienen al personal de la Sala de Emergencias.
3. También doy mi permiso para que el personal de la Sala de Emergencias trate a mi hijo.

SE REQUIERE LA FIRMA DEL PADRE:

X _____
Firma

Fecha

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.*

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: _____