

SCHOOL TOWN OF HIGHLAND

NEW STUDENT ENROLLMENT CRITERIA

In order for a new student to enroll in School Town of Highland, we need the following from the custodial parent or legal guardian:

- ☐ Student's original Birth Certificate
- ☐ Student's original Social Security Card
- ☐ Student's Immunization Record from physician
- ☐ Signed Court custody papers if applicable
- ☐ Signed Court Visitation restriction papers if applicable

The Student must be a bona fide resident of Highland living with a custodial parent or legal guardian who has documented legal custody. The following proofs of residency in the town of Highland must be provided by the custodial parent or legal guardian:

- ◆ Two of the following in the custodial parent or legal guardian's name showing the current Highland address:

- ☐ NIPSCO bill/receipt of new service
- ☐ Home telephone bill/receipt of new service
- ☐ Water bill/receipt of new service
- ☐ Cable bill/receipt of new service

- ◆ Two of the following in the custodial parent or legal guardian's name showing the current Highland address:

- ☐ Driver's license and vehicle registration
- ☐ Government issued identification card with address
- ☐ Recent paycheck or unemployment check receipt with address

- ◆ One of the following in the custodial parent or legal guardian's name showing the current Highland address:

- ☐ Rent/lease contract signed by all parties and dated
- ☐ Mortgage papers signed by all parties and dated

- ◆ If the student and custodial parent or legal guardian are not renting or purchasing their residence, we will accept, from the owner of the residence, a notarized statement which states that the custodial parent or legal guardian and the student are living full-time at that residence. The, we will need at least 3 of the following proofs of residency from the homeowner and a valid driver's license for the custodial parent or legal guardian with the Highland address:

- ☐ NIPSCO bill
- ☐ Telephone bill
- ☐ Water bill
- ☐ Cable bill

- ◆ We require a valid driver's license of the custodial parent or legal guardian with the Highland address for every new registration.

Student's Name

ID Number

Principal's Signature

Date

For all incoming 9th grade students please include a 7th & 8th grade report card.

For all incoming new 10th-12th grade students please include a transcript from your prior school.

HIGHLAND HIGH SCHOOL
STUDENT REGISTRATION FORM

NAME: _____ DATE ENROLLED: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE: () _____

MOTHER'S CELL: () _____ FATHER'S CELL: () _____

GRADE: _____ SCHOOL YEAR: _____

BIRTHDATE: _____ BIRTHPLACE: _____
(MO.) (DAY) (YR.) (CITY, STATE)

PRESENT AGE: _____ SEX: _____ M _____ F _____ ETHNIC ORIGIN: _____

SOCIAL SECURITY #: _____ - _____ - _____ LANGUAGE SPOKEN AT HOME _____

E-MAIL ADDRESS: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

ADDRESS: _____ ADDRESS: _____

FATHER'S PLACE OF EMPLOYMENT: _____ PHONE: _____

MOTHER'S PLACE OF EMPLOYMENT: _____ PHONE: _____

GUARDIAN'S NAME (if other than parent): _____ RELATIONSHIP: _____

NAMES OF BROTHERS/SISTERS (with birth date): 1) _____ DOB _____

2) _____ DOB _____ 3) _____ DOB _____

PARENTS ARE: MARRIED () SEPARATED () DIVORCED () DECEASED () OTHER: _____

(IF SEPARATED OR DIVORCED WHO HAS CUSTODY NOW?): _____

EMERGENCY NUMBER IF PARENTS CANNOT BE REACHED: RELATIONSHIP TO STUDENT: _____

NAME: _____ PHONE # () _____

PREVIOUS SCHOOL ATTENDED: (NAME): _____

SCHOOL ADDRESS: _____

HAS STUDENT EVER ATTENDED A HIGHLAND SCHOOL BEFORE? (If yes, when? and where?) _____

IS STUDENT CURRENTLY ENROLLED IN A SPECIAL EDUCATION PROGRAM? _____

DO NOT WRITE IN SPACE BELOW. (FOR OFFICE USE ONLY)

BIRTH CERTIFICATE PROVIDED: _____

CUSTODY PAPERS PROVIDED (if applicable): _____ CAUSE #: _____

RESIDENCY IDENTIFICATION PROVIDED:

_____ **driver's license/vehicle registration**
_____ voter's registration card
_____ NIPSCo bill

_____ water bill (receipt)
_____ telephone bill
_____ mortgage papers, lease, rent receipt

DATE RECORDS SENT FOR: _____ DATE RECEIVED: _____ HEALTH: _____

Highland High School
Guidance Services
9135 Erie Street
Highland, IN 46322
Office: 219-922-5613 Fax: 219-922-2265

PERMISSION TO SEND RECORDS AND TEST INFORMATION

TO:

SUBJECT: Student Records

STUDENT NAME: _____ BIRTHDATE: _____

The student listed above has enrolled in our school. Please provide the following information:

_____ Accumulative academic records

_____ Withdrawal Grades

_____ Test Scores

_____ Medical/Health Records

_____ Psychological Education Data(Psychological report, educational evaluations, IEP, etc.....)

_____ ELL Form

I hereby give permission for the records and test information of the above named student to be released to the following school.

Highland High School/Guidance Services
9135 Erie Street
Highland, IN 46322
Fax: 219-922-2265

PARENT/GUARDIAN SIGNATURE

DATE



DEPARTMENT OF EDUCATION

Dr. Jennifer McCormick
Superintendent of Public Instruction

Working Together for Student Success

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 W-APT or 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:** _____

School Town of Highland
Student Race & Ethnicity Information

Student's Last Name

Student's First Name

Part 1: Ethnicity	Is this individual Hispanic/Latino? <i>(Choose only one)</i> <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
Part 2: Race	What is the individual's race? <i>(Choose one or more)</i> <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. <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. <input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. <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. <input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent Signature

Date

School

Teacher

Additional comments, if needed:



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

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)

SCHOOL TOWN OF HIGHLAND

HEALTH SERVICES

HEALTH INFORMATION SHEET

The information obtained on this document is considered confidential. This information will be shared with school personnel and emergency services on a need-to-know basis to serve safety and educational needs.

****If needed, please feel free to contact the school nurse for a confidential conference.****

Student Name: _____ **D.O.B.** _____ **Grade:** _____

Current Medical Conditions:

- ☐ Asthma
- ☐ Seizures
- ☐ Diabetes
- ☐ Food Allergies
- ☐ Other Allergies

Medical History:

Health Conditions	Yes	No	Comments: If yes, please list diagnosis and treatment.
Skin Conditions	Yes	No	
Neurological Conditions/ Seizures	Yes	No	
Gastrointestinal Conditions	Yes	No	
Anxiety/Depression	Yes	No	
ADD/ADHD	Yes	No	
Diabetes Type 1 _____ Type 2 _____	Yes	No	
Headaches/Migraines	Yes	No	
Heart Conditions	Yes	No	
Asthma	Yes	No	
Allergies	Yes	No	
Vision/Hearing Conditions	Yes	No	Glasses/Contacts: YES or NO Hearing Aides YES or NO
Surgeries/ Hospitalizations	Yes	No	
Other Health Conditions	Yes	No	

PLEASE SEE REVERSE SIDE

Please use this area below to list any other health needs or concerns that you feel we need to be aware of.

Medications:

1. Is your child currently taking medications at home? YES or NO

a. Please list home medications:

2. Will your student take medications at school? YES or NO

a. Please list medications taken at school:

****Please note that students taking medications at school must submit a Medication Authorization form which is completed by their doctor. ****

Emergency Contact Information:

Parent Name: _____

Phone Number: _____

Address: _____

Person to contact if your child becomes ill at school:

1) _____ Phone _____

2) _____ Phone _____

3) _____ Phone _____

Medical Provider Information:

My child has a PRIMARY DOCTOR YES or NO

If yes, please provide the healthcare provider's name and phone number.

Name: _____ Phone Number: _____

☐ I give permission for my child's school nurse or designee to communicate with the doctor listed above regarding my student's health.

Parent/Guardian Signature _____ Date: _____

CHILDREN AND HOOSIERS IMMUNIZATION REGISTRY PROGRAM

THE SCHOOL TOWN OF HIGHLAND PARTICIPATES IN



C.H.I.R.P is the free and innovative online system that stores and updates immunization records of both children and adults in Indiana. It is confidential and free.

BENEFITS OF USING C.H.I.R.P.

*Providers can determine when a patient is due or overdue for immunizations.

*Providers can print official cards for day care, school, camp, or employment.

*Providers reduce under or over vaccinations.

I give the School Town of Highland nurses permission to register my child's immunization records onto the State Department of Health's Children and Hoosiers Immunization Registry Program. (C.H.I.R.P.)

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me of my child's immunization status or that an immunization is due according to the recommended immunization schedules.

The information that may be needed is the student's name, date of birth, address, phone number, and parent's name.

I understand that my child's information will be available to the immunization registry of another state, a healthcare provider, a local health department, an elementary or secondary school that is attended by the individual, a child care center and the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning. 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/Guardian

Child's Name

Indiana 2021-2022 Required and Recommended School Immunizations

Grade	Required			Recommended
Pre-K	3 Hepatitis B 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio	1 Varicella (Chickenpox) 1 MMR (Measles, Mumps & Rubella) 2 Hepatitis A		Annual influenza
K-5th grade	3 Hepatitis B 5 DTaP 4 Polio	2 Varicella 2 MMR 2 Hepatitis A		Annual influenza
6th-11th grade	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	2 MMR 2 Hepatitis A 1 MCV4 (Meningococcal) 1 Tdap (Tetanus, Diphtheria & Pertussis)		Annual influenza 2/3 HPV (Human papillomavirus)
12th grade	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	2 MMR 2 Hepatitis A 2 MCV4 1 Tdap		Annual influenza 2/3 HPV 2 MenB (Meningococcal)

HepB: The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP: 4 doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

Polio*: 3 doses of Polio are acceptable for all grade levels if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.

*For all students, the final dose must be administered on or after the 4th birthday and be administered at least 6 months after the previous dose.

Varicella: Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 12th grade. Parent report of disease history is not acceptable.

Tdap: There is no minimum interval from the last Td dose.

MCV4: Individuals who receive dose 1 on or after the 16th birthday only need 1 dose of MCV4.

Hepatitis A: The minimum interval between 1st and 2nd dose is 6 calendar months. 2 doses are required for all grades.



Indiana State
Department of Health
Immunization Division

Indiana State Department of Health,
Immunization Division

(800) 701-0704



School Town of Highland

Athletic Department

Office: Highland High School • 9135 Erie Street • Highland, IN 46322 • (219) 922-5611 • Fax (219) 922-5636

Ryan Harrington, Director of Athletics
Kathy Mahler, Secretary

John Zack, Principal

Dear New Freshman / New Incoming Student (2022-23 school year):

March 2022

On behalf of the Highland High School Athletic Department, welcome to Highland High School. We would encourage you to become involved in our multi-faceted sports program. You will find the athletic programs at Highland High School to be competitive and supported by the entire sports community. Please visit our athletic department website at: www.highland.k12.in.us/o/hhs/page/hhs-athletics.

There are three seasons of sports competition, beginning with the Fall sports season which officially begins Mon., August 1 (Fri., July 29 for girls golf), followed by the Winter and Spring seasons. Please peruse the following requirements and information to facilitate your participation as a future Trojan athlete.

All Sports General Instruction:

1. Obtain a pre-participation physical evaluation form from the athletic director's office, your coach, or online at www.highland.k12.in.us/o/hhs/page/hhs-athleticsathletics (**physical form is located down the left-hand side of the website page**). This form is required by the Indiana High School Athletic Association and is the **ONLY** form that we are allowed to accept. Have a doctor and parents/guardian complete and SIGN the form (no signature stamps will be accepted).
2. Please complete the "Consent and Release Certificate" (last page of the physical form) including the insurance information. If you do not have insurance, an Insurance Waiver (available in the Athletic Office) is needed for your student to participate in conditioning, practices and/or games.
3. **When all four (4) pages are completed, return the form to the athletic office.**

Athletes **MUST** have a completed physical form on file in the Athletic Office **before** they can participate in tryouts and/or conditioning. Physicals **MUST** be completed **AFTER** April 1, 2022, to be valid for the summer (beginning June 1, 2022) and the entire 2022-23 school year. It may be difficult to obtain an appointment with a family doctor. Contact your doctor as soon as possible to avoid problems in starting your athletic career at Highland High School.

4. If you are in grades 10, 11 or 12 and TRANSFERRING into Highland HS from another school, please call our office at 219-922-5611 to make an appointment to begin the IHSAA transfer process.
5. **SPORT REGISTRATION PROCESS:** ****A parent/guardian** **MUST** set up an account and register their son/daughter by sport season (Summer conditioning, Fall, Winter, Spring) by using this link: <http://hello.familyid.com>. Summer conditioning dates and times along with tryout dates will be sent via email through Family ID.

Sincerely,

Ryan Harrington, Athletic Director

Where Students Come First

HIGHLAND HIGH SCHOOL SPORTS PROGRAMS

<u>Sport</u>	<u>Season</u>	<u>Head Coach</u>	<u>Email</u>
Football	Fall	Pete Koulianos	pkoulian@highland.k12.in.us
Boys XC	Fall	Cristian Zendejas	czendeja@highland.k12.in.us
Girls XC	Fall	Andrea Cunningham	acunning@highland.k12.in.us
Girls Golf	Fall	Dan Richardson	drichard@highland.k12.in.us
Boys Soccer	Fall	Mark Tanis	MVTanis@uss.com
Girls Soccer	Fall	Courtney Condes	ccondes@highland.k12.in.us
Boys Tennis	Fall	Terry Steenson	tsteenso@highland.k12.in.us
Volleyball	Fall	Nikki VanDyke	nvandyke@highland.k12.in.us
Cheerleading Dance	Fall/Winter	Destinee Manyek	trojancheer.hhs@gmail.com
	Fall/Winter	Maycen Raycroft	hhssapphires@gmail.com
Boys Basketball	Winter	J.D. Fabian	jfabian@highland.k12.in.us
Girls Basketball	Winter	Darian Patton-Straughter	dstraugh@highland.k12.in.us
Boys/Girls Swim	Winter	Julie Whitney	jwhitney@highland.k12.in.us
Wrestling	Winter	Chris Kirincic	ckirinci@highland.k12.in.us
Baseball	Spring	John Bogner	jbogner@highland.k12.in.us
Boys Golf	Spring	Dan Richardson	drichard@highland.k12.in.us
Softball	Spring	Kristina Sides	ksides@highland.k12.in.us
Girls Tennis	Spring	Terry Steenson	tsteenso@highland.k12.in.us
Boys Track	Spring	Matt Bliss	mbliss@highland.k12.in.us
Girls Track	Spring	Andrea Cunningham	acunning@highland.k12.in.us
Trainer		Patrick Ohaver	pohaver@highland.k12.in.us

- **Physicals – MUST be dated after April 1, 2022 (to participate after June 1, 2022 and is good for the entire 2022-23 school year)**

- ## Calendar

- | | |
|---|------------------|
| -- Last Day of School | Thursday, May 26 |
| -- Conditioning for Sports <u>may begin as early as</u> | Tuesday, May 31 |
| -- Annual Athletic Dept. Golf Outing | Friday, June 24 |
| -- Moratorium Week | Monday, July 4-9 |
| -- Official Start of Fall Practices | Monday, August 1 |

- Ryan Harrington, Athletic Director 219-922-5611 rharrington@highland.k12.in.us

School Town of Highland

2022-23 School Year Calendar

AUGUST

S	M	T	W	T	F	S
	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	T	F	S
				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	T	F	S
						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	T	F	S
		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	T	F	S
				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	T	F	S
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				

1st Semester = 90 Days
2nd Semester = 90 Days

August

- 9 New Teacher In-service
- 10 Prof. Develop/Work Day
- 11 First Student Day

September

- 5 Labor Day (No School)

October

- 7 End of 1st 9 weeks
- 21-24 Fall Recess

November

- 8 Election Day/eLearning Day
- 23-25 Thanksgiving Break (No School)

December

- 22 End of 1st Semester
- 23-30 Winter Recess (No School)

January

- 2-6 Winter Recess (No School)
- 9 Classes Resume
- 16 Martin Luther King Day (No School)

February

- 17-20 Presidents' Day (No School)

March

- 10 End of 3rd 9 weeks
- 27-31 Spring Break

April

- 7-10 April Break

May

- 26 End of 2nd Semester
- 26 Final Day for Teachers & Students
- 29 Memorial Day

FEBRUARY

S	M	T	W	T	F	S
			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				

MARCH

S	M	T	W	T	F	S
			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	T	F	S
						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	T	F	S
	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	T	F	S
				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	

JULY

S	M	T	W	T	F	S
						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					



Note: Each Wednesday will be an Early Release Day

Key

- = First/Last Day of School
- = No School
- = Prof. Develop (No School)
- = End of 9 Weeks