

Student's Name _____ Teacher _____

School Dismissal on a Normal School Day

In the morning, my child will:

_____ Walk to School
_____ Be Driven to School
_____ Ride the Bus Bus # _____
Address _____

In the afternoon, my child will:

_____ Walk Home
_____ Picked Up
_____ Ride the Bus Bus # _____
Address _____

School Dismissal on an Emergency School Day

These dismissals are when an emergency happens during the day, and school closes early. You will be notified by an automated telephone call if this happens. Please give us the following information:

Where will your child go? _____
How will he/she get there? _____

Holidays

North Side Elementary School celebrates the following holidays at school: Veteran's Day, Halloween, Thanksgiving, Christmas, Valentines, Easter, and Birthdays. **Please check below if you do NOT want your child to participate in holiday celebrations.** Please notify the school, per the attendance policy as stated in the North Side Handbook, if you plan to pick up your child from school during these celebrations because of an objection.

_____ No, my child may **not** participate in holiday celebrations

Field Trips

My signature indicates that I give permission for my child to participate in field trips as part of his/her education at North Side Elementary School. I understand that I will receive (at least one week ahead of time) notification of every field trip. I also understand that I can still revoke permission for a specific field trip, if needed. In order to revoke permission, I need to let the teacher know in writing that permission has been denied for a specific field trip.

Parent/Guardian Signature

Date

Randolph Eastern Emergency Medical Form

Student's Name: _____ Sex: M F Grade/Teacher: _____

Date of Birth: _____ Home Address: _____

Student lives with (please check): Both Parents Mother Father Other

If other, please explain _____

Mother's name/phone (day/cell): _____

Father's name/phone (day/cell): _____

Other contact person name/phone: _____

Hospital Preferred: _____

MEDICAL Does your child have a doctor? Y N Physician's name: _____

MEDICAL HISTORY I have been told by a Physician/Healthcare Professional that my child has the following condition(s). Check if apply and please provide the school with the necessary medical physician documentation.

<input type="checkbox"/> Asthma <input type="checkbox"/> Exercised Induced Asthma <input type="checkbox"/> Inhaler required at school <input type="checkbox"/> Self-carry inhaler (requires Dr.'s order)	<input type="checkbox"/> Heart Disease <input type="checkbox"/> Murmur <input type="checkbox"/> as infant <input type="checkbox"/> currently <input type="checkbox"/> Heart Problem with restrictions: _____
<input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> On ADD/ADHD Medications <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Other: _____	<input type="checkbox"/> Seizures <input type="checkbox"/> From Fever <input type="checkbox"/> Epilepsy Date of last seizure: _____
<input type="checkbox"/> Bladder/Kidney concerns: _____ <input type="checkbox"/> Encopresis <input type="checkbox"/> Crohn's disease	<input type="checkbox"/> Frequent Headaches(nonspecific) <input type="checkbox"/> Migraine (requiring medication)
<input type="checkbox"/> Blood/Clotting <input type="checkbox"/> Hemophilia <input type="checkbox"/> Sickle Cell	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> OCD <input type="checkbox"/> Other: _____
<input type="checkbox"/> Deafness <input type="checkbox"/> Hearing aids <input type="checkbox"/> Blindness <input type="checkbox"/> Glasses _____	<p style="text-align: center;">ALLERGIES (CHECK ALL THAT APPLY)</p> <input type="checkbox"/> Bee sting <input type="checkbox"/> Wasp sting <input type="checkbox"/> Other insect sting <input type="checkbox"/> Local (swelling at sting site only) <input type="checkbox"/> Epipen/Hospital <input type="checkbox"/> Seasonal (requiring medication) <input type="checkbox"/> Hay Fever <input type="checkbox"/> Animals (List animals: _____) <input type="checkbox"/> Latex (not life-threatening) <input type="checkbox"/> Latex (requires Epi Pen) <input type="checkbox"/> Food (requires epipen) list food: _____ <input type="checkbox"/> Medication allergy, please list: _____ <input type="checkbox"/> Other Health Condition: _____
<input type="checkbox"/> Diabetes type I <input type="checkbox"/> Diabetes type II	
<input type="checkbox"/> Diet Restrictions: _____ <input type="checkbox"/> Obesity <input type="checkbox"/> Underweight <input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia <input type="checkbox"/> Food Intolerance <input type="checkbox"/> Gluten/Celiac <input type="checkbox"/> Lactose Intolerant: Please list _____	
<input type="checkbox"/> Head Injury <input type="checkbox"/> Concussion Date: _____	
<input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> other musculoskeletal	
<input type="checkbox"/> Chromosomal/Hereditary disorder: _____	

To ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate school staff on a need to know basis. I agree to alert the school nurse and my child's teacher, in writing, of any change in medications and/or health status of my child. I agree that the school nurse may consult with my child's physician about the above medical condition(s). If I am unavailable to be reached in order to obtain authorization directly, I do hereby grant the school principal, school nurse, or other appointed designee the authority to act for me and to provide consents and authorization for the delivery of emergency medical care and transport.

Parent/Guardian Signature: _____ **Date:** _____

Student Name _____

North Side Elementary Signature Page

Student Handbook / Athletic Handbook

I understand that the North Side Elementary School Student and UCJSHS Athletic Handbook is provided on the corporation website (www.resc.k12.in.us). My child and I agree to read the handbook, to become familiar with and to follow all school rules and policies. I understand that I may request a copy of the handbook from my school if I do not have internet access, but I understand that it is my responsibility, to become familiar with the content. Failure to sign this form does not exempt your child from school practices or policies found in the student handbook.

Parent Signature

Student Signature

Date

Media Release

North Side Elementary School would like to spread the news of what is happening in our corporation. This will be done via several different types of media. These include, but are not limited to, articles and photographs, in a school or district newsletter, video of a student program shown in school or on KISS TV, an article in a local newspaper, school sponsored social media, or posts on our RESC website. Pictures or videotape maybe of a large group of students or individual students singled out for achievement. I hereby grant permission and agree with the media release consent for the Randolph Eastern School Corporation. I understand that I need to complete a separate form for non – consent.

Parent Signature

Date

RESC Acceptable Use Policy For Technology (AUP)

Rules and regulations are necessary in order to offer technology opportunities to the students. In order to use technology resources, I agree to abide by the Acceptable Use Policy Guidelines as stated online at (www.resc.k12.in.us). I understand that I may request a copy of the policy from my school if I do not have internet access, but I understand that it is my responsibility, to become familiar with the content.

Parent Signature

Student Signature

Date

Transportation

I understand that the bus rules are found in the student handbook on the school website at (www.resc.k12.in.us) My child and I agree to read those rules. I understand that violations of the rules will result in disciplinary consequences that can include suspension from the bus transportation.

Parent Signature

Student Signature

Date

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 a GED).


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. How long have you lived in this city/school district? _____
2. Within the last **3 years**, has your child(ren) moved from one school district to another within the United States, with a parent, relative or guardian so that person could look for seasonal or temporary work in agriculture? **YES** ___ **NO** ____ If you answered **NO**, 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"/> Detassel corn
<input type="checkbox"/> Tobacco farm
<input type="checkbox"/> Poultry and/or egg farm
<input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant
<input type="checkbox"/> Aquaculture/fish hatcheries | <input type="checkbox"/> Canning vegetables or fruits
<input type="checkbox"/> Sod farm
<input type="checkbox"/> Planting, pruning or cutting trees
<input type="checkbox"/> Dairy farm
<input type="checkbox"/> Flora culture/gladiola farm
<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 educación y servicios suplementarios a niños que califican a través de fondos nacionales. El propósito de MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen el GED)

ENCUESTA DE TRABAJO

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

Nombre del Estudiante: _____ Nombres de los Padres: _____
 Dirección: _____ Ciudad: _____ Teléfono: (____) _____
 Fecha: _____ Firma de los Padres: _____

1. ¿Cuanto tiempo han vivido en esta ciudad/distrito escolar? _____
2. Durante los **últimos tres años**, ¿Se han mudado sus hijos o han cambiado de distrito escolar dentro de los Estados Unidos, solos, con un padre o pariente, para que esa persona pudiera buscar trabajo temporal o de temporada en algo relacionado con la agricultura?
SI _____ **NO** _____ Sí contestó **NO**, favor de parar aquí. 

Sí contestó **SI**, favor de continuar.

3. ¿Cuando 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 la cual 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, menos de 22 años de edad, que viven con usted.

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