

ATTENTION: Please complete/correct the information
John Simatovich Elementary School

Form Completed by: _____
Date: _____

Last Name _____
First Name _____
Middle Name _____
Nick Name _____
Phone _____

DOB _____
Address _____
City/State _____

Email (student) _____

911 Address _____
City/State _____
County _____ Township _____

Race American Indian or Alaskan Native Hispanic
 Black not of Hispanic Origin White not of Hispanic Origin
 Asian or Pacific Islander Multiracial

Cell Phone (student) _____
Grade _____
Gender Male Female

Guardian Information

Guardian Father Foster Parent Grandparent Mother Other Parents Court papers on file at school

Email _____

Text Messaging Address _____

Responsible for Book Fees _____

Father

Last Name _____

First Name _____

Address _____

Cell Phone _____

Phone _____

Mother

Last Name _____

First Name _____

Address _____

Cell Phone _____

Phone _____

Guardian (if other than parent)

Last Name _____

First Name _____

Address _____

Cell Phone _____

Phone _____

Emergency Contact Information

Last Name	First Name	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Physician Information

Physician _____ Phone _____ Health Concerns _____

Sibling Information

Name	Grade	Name	Grade
_____	_____	_____	_____

Student has received special education services or has an Individualized Education Plan (IEP) Yes No
Specify _____

John Simatovich Elementary School

Emergency Health Plan Information

Student Name: _____ Birth Date: _____

Home Address: _____ Home Phone Number: _____

	Mother	Father	Step Mother	Step Father
Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
Phone	_____	_____	_____	_____
Cell Phone	_____	_____	_____	_____
Work Place	_____	_____	_____	_____
Work #	_____	_____	_____	_____
Resides With	_____	_____	_____	_____

WHEN PARENTS CANNOT BE LOCATED, WHOM SHOULD WE CONTACT LOCALLY?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

To best serve your child in case if an accident or sudden illness, it is necessary that we maintain a current and up to date health record. This information may be shared on a "need to know" basis with the appropriate school personal.

Allergies _____ Ear Infection _____ Bee Sting Allergy _____

Motion Sickness _____ Asthma _____ Physical Handicap _____

Diabetes _____ Congenital Defects _____ Epilepsy _____

Eczema skin Condition _____ Seizures _____ Menstrual Problems _____

Heart Condition _____ Kidney/Bladder _____ Arthritis _____

Vision Impairment _____ Glasses _____ Contacts _____

Hearing Impairment _____ Hearing Aid _____ Does your child take medication? _____

If yes, list medication and dosage: _____

Reason for medication: _____

MEDICAL INFORMATION TO BE SHARED WITH TEACHERS AND STAFF : _____

NO MEDICATIONS WILL BE GIVEN WITHOUT WRITTEN CONSENT. School personnel are not allowed to accept verbal consent or instruction.

IF A DOCTOR'S CARE IS NECESSARY, MAY WE CALL YOUR DOCTOR? _____

Name of Physician: _____ Phone: _____

IN CASE OF SERIOUS INJURY OR ILLNESS, THE AFORE MENTIONED STUDENT MAY BE TREATED BY LOCAL EMERGENCY PERSONAL.

Parent /Guardian Signature: _____ Date: _____

UNION TOWNSHIP SCHOOL CORPORATION

MR. JOHN HUNTER, Ed. S.
SUPERINTENDENT

MR. MICHAEL STEPHENS, Ed. S.
ASSISTANT SUPERINTENDENT

599 W 300 N, SUITE A
VALPARAISO, IN 46385
PHONE: (219) 759-2531 • FAX: (219) 759-3250
"WHAT'S BEST FOR KIDS"

I, _____, give Union Township School Corporation,
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
Birthdate
Address
Immunization information

I understand that the information in the registry may be used to verify that my child has
received proper immunizations and to inform me or my child of my child's immunization
status or that 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

Grade Level

School

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"WHAT'S BEST FOR KIDS"

Residency Affirmation - NEW STUDENT(S)

This form must be completed in the presence of a Union Township School Corporation staff member when enrolling a NEW student. (Note: Students who reside in the same household and attend the same school may have their names entered on one form.) The parent(s) and/or legal guardian(s), or emancipated student, must provide acceptable documentation of "legal residence" within the boundaries of the Union Township School Corporation. In addition, an emancipated student must provide proof of emancipation.

The term "legal residence" means the primary and principal place of habitation of the parent(s)/guardian(s), or emancipated student, meaning that residence where the parent(s)/guardian(s), or emancipated student in question eat their meals and sleep on a regular basis, receive their mail, and, if applicable, where the parent(s)/guardian(s) or emancipated student, are registered to vote. According to Indiana Code, "legal residence" "...means a permanent and principal habitation that an individual uses for a home for a fixed or indefinite period, at which the individual remains when not called elsewhere for work, studies, recreation, or other temporary or special purpose."

Student's Name(s) _____

School _____ Grade Level(s) _____

Parent's Name (Please Print) _____

Guardian's Name (Please Print) _____

The "Legal Residence" for the above named student(s) is:

(Street Number and Street) (City) (State) (Zip Code)

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature(s) Date

Source Document(s): _____

(Ex. mortgage paperwork, lease agreement, current utility bill, vehicle registration, drivers license, EOB from health insurance, etc.) To be completed by school personnel and must have the current address on it.

School Corporation Personnel - Signature

NOTICE: READ CAREFULLY: Knowingly falsifying this document is a violation of Indiana Code (I.C. 35-44-2), which is a Class D Felony. Falsifying this document will result in the affiant being billed and prosecuted in court, if necessary, for all back tuition, which may be due. Providing inaccurate and/or false information will result in immediate exclusion or withdrawal of your child/children from the Union Township School Corporation.

Parent/Guardian/Student Signature Page

According to Indiana Code 20-33-8-12 The governing body of a school corporation must give general publicity to the discipline rules within a school where the discipline rules apply by actions such as: A) making a copy of the discipline rules available to students and students' parents; or B) delivering a copy of the discipline rules to students or the parents of students.

I acknowledge that I have been offered a copy of the Union Township Elementary School Handbook, containing the school corporation's disciplinary policy and I understand that the information included in this handbook is in compliance with the Union Township Board of Education Policies and Indiana State Law.

Student Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Internet User Contract

I have read the Internet Use Agreement for Union Township School Corporation. I understand that this access is designed for educational purposes. I recognize that it is impossible for the Union Township School Corporation to restrict and prevent access to controversial materials and I will not hold the School District responsible for materials acquired on the Internet. I understand that there is information on the network that I otherwise might not want to have available to this student. Further, I accept full responsibility for my student's action on the network in school as well as at other locations.

Student's Signature: _____ Date: _____

Parent/ Guardian's Signature: _____ Date: _____

*If student is under 18 years

Privileges

The use of the information system is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Each person who has access to the Internet or an account will participate in an orientation or training course with Union Township School personnel.

I further understand that any violation of the Acceptable Use Policy and/or this Internet Use Agreement may jeopardize my access privileges and certain such violations may constitute criminal offenses. Should I commit a violation, my access privileges may be suspended or revoked; disciplinary action, including my being dropped from a class, may result. School personnel will determine inappropriate use as defined in this policy agreement.

I have read and understand this provision.

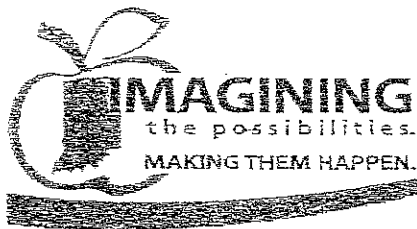
Student's Signature: _____ Date: _____

Parent/ Guardians Signature: _____ Date: _____

*If student is under 18 years

Student Name _____

Teacher: _____



Indiana Department of Education

Glenda Ritz, NBCT
Indiana Superintendent of Public Instruction

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"/> 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. _____	_____