



UNION CENTER ELEMENTARY SCHOOL

272 N. 600 W. • Valparaiso, Indiana 46385 • (219) 759-2544

FAX: (219)759-6360

Student Record Request

Date: _____

Former School: _____

City & State: _____

Phone #: _____ Fax #: _____

The following student/students has/have enrolled in our school:

Name of Student

Name of Student

Grade

Birth Date

Grade

Birth Date

Please send transcripts and the following records checked below for the above student(s).

- Health Record
- Grades and Attendance
- Achievement and Test Scores
- Special Education Assessment
- Psychological Assessment

According to the final Regulations - Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll may receive student records without written permission.

ATTENTION: Please complete/correct the information
Union Center 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 _____

Cell Phone (student) _____

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

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 _____

Paternal Employer

Employer _____

Address _____

Work Phone _____ Ext. _____

Pager _____

Maternal Employer

Employer _____

Address _____

Work Phone _____ Ext. _____

Pager _____

Guardian Employer

Employer _____

Address _____

Work Phone _____ Ext. _____

Pager _____



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: _____

Student Name _____

Grade _____

Date of Birth _____

Country of Birth _____

Parent Signature _____

Districts must collect race and ethnicity information on students and staff using a *two part question*. The respondent must answer both questions.

Race and Ethnicity: (*Note: Both Part 1 and Part 2 of the question must be answered.*)

Part 1: Ethnicity Is this individual Hispanic/Latino? (*Choose only one*)

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race What is the individual's race? (*Choose one or more*)

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.

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.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

UNION CENTER 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

STUDENT NAME: _____

TEACHER: _____

CURRENT DATE: _____

SCHOOL YEAR: _____

UNION TOWNSHIP EMERGENCY DISMISSAL INSTRUCTIONS

If school should be dismissed unexpectedly due to an emergency, such as snow or power failure, I have instructed my child to:

_____ Go directly home by their usual means and if no one is home, go to the home of:

_____ at _____

_____ Get a bus pass from the office to get off the bus with _____

at _____

_____ Other: (This cannot include a phone call. We have email and texting options **if** power is available.)

Parent/Guardian Signature: _____

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: _____

E-Book Registration Form

E-Readers will be permitted under the following conditions.

1. Parents must complete the permission form for their child to bring the device to school.
 2. The device should be properly labeled with student's name.
 3. The student must keep the device in the office/safe place except for when they are reading.
 4. The student will not share the device with any other student.
 5. They do not access anything other than their books during reading time or throughout the day.
 6. Parents and students understand that the school will not be held responsible for any damages or loss of the device between home and school and during the school day.
 7. The student will remain responsible for the proper use and care of the device at all times.
 8. Any improper use will result in the device being confiscated and the parent will need to pick it up from school.
-

My child _____ has permission to bring a _____ (name of electronic reading device) to school. He/She understands that it will be stored in the office/safe place during the day except for reading times and that the following rules will apply or this privilege will be revoked.

1. Parents must complete the permission form for their child to bring the device to school.
2. The device should be properly labeled with student's name.
3. The student must keep the device in the office/safe place except for when they are reading.
4. The student will not share the device with any other student.
5. They do not access anything other than their books during reading time and throughout the day.
6. Parents and students understand that the school will not be held responsible for any damages or loss of the device between home and school and during the school day.
7. The student will remain responsible for the proper use and care of the device at all times.
8. Any improper use will result in the device being confiscated and the parent will need to pick it up from school.

I understand all of the rules and regulations that go along with this privilege and will ensure that my child will follow them appropriately.

Parent Signature: _____

Student Signature: _____

Date: _____

Cell Phone Registration Form

NAME _____ **GRADE** _____

CELL PHONE BRAND _____

CELL PHONE NUMBER _____

I understand the rules and guidelines of cell phone use in school as outlined in the Student Handbook, and I agree to comply with those rules. I also understand if I violate the cell phone usage rules, I may not be allowed to have a cell phone at school.

Student Signature

Date

Parent Signature

Date