

Union Township School Corporation

RESIDENCY VERIFICATION INFORMATION

Parents/Guardians of students enrolled in the Union Township School Corporation must:

1. Provide an original birth certificate so that a copy can be made and filed in student records.
2. Provide immunization records.
3. Copy of current Driver's License.
4. Provide Proof of Residence which will consist of two (2) or more of the following:
 - a. Proof of home ownership.
 - b. Two recent utility bills showing name and address.
 - c. Copy of a lease or rental agreement signed by the landlord.
 - d. Notarized "Affidavit Supporting Residence" Form from you and the person in whose house you are residing (obtain from Central Office).
 - e. Driver's License showing Union Township address.
 - f. Completion of the DOE Form II of Custodial Statement and Agreement Third Party Custody.
 - g. Change of address verification from US Post Office.

**THIS INFORMATION MUST BE SUBMITTED
AT THE TIME OF REGISTRATION**

ATTENTION: Please complete/correct the information
Union Township Middle School

Form Completed by: _____

Date: _____

Last Name _____
First _____
Middle _____
Date of Birth _____
Home Phone _____

Grade _____
Gender Male Female
Address _____
PO Box Address _____
City/State _____

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) _____
Email (student) _____

GUARDIAN INFORMATION

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

Email addresses for school communication _____

Cell Carrier Names & Cell #'s for text alerts _____

Father

Last Name _____
First Name _____
Address _____

Cell Phone _____
Home Phone _____

Father Employer

Employer _____
Address _____

Work Phone _____ Ext. _____

Mother

Last Name _____
First Name _____
Address _____

Cell Phone _____
Home Phone _____

Mother Employer

Employer _____
Address _____

Work Phone _____ Ext. _____

Guardian (if other than parent)

Last Name _____
First Name _____
Address _____

Cell Phone _____
Home Phone _____

Guardian Employer

Employer _____
Address _____

Work Phone _____ Ext. _____

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 _____

UNION TOWNSHIP MIDDLE SCHOOL
SPECIAL EDUCATION QUESTIONNAIRE

Student's Name: _____

Date: _____

Transferring from: _____

1. Is your son/daughter presently part of a Special Education program?

YES

NO

2. Has your student ever been part of a Special Education program?

YES

NO

3. If you answered "Yes" to either of the two previous questions, can you provide us with a current IEP?

YES

NO

4. Has your son/daughter ever received any Special Services?

YES

NO

a. If "yes," please list the kid(s) of services: _____

b. If your son/daughter has an IEP, what Special Education facility has the records?

Name of the Special Education facility: _____

City: _____ State _____

5. Who has custody of the student?

Mother

Father

Other: _____

6. Are there any health concerns? Yes / No

If "yes," list: _____

EMERGENCY HEALTH INFORMATION

Student Name: _____ Grade: _____

Home Address: _____ Phone: _____

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

Name: _____ Relationship: _____ Phone: _____ (H)
_____ (C)

Name: _____ Relationship: _____ Phone: _____ (H)
_____ (C)

To best serve your child in case of an accident or sudden illness, it is necessary that we maintain a current and up-to-date health record.

Allergies: _____ Eczema Skin Condition: _____ Seizures: _____

Arthritis: _____ Heart Condition: _____ Hearing Impairment: _____

Asthma: _____ Kidney/Bladder: _____ Hearing Aid: _____

Bee Sting Allergy: _____ Menstrual Problems: _____ Vision Impairment: _____

Congenital defects: _____ Physical Handicap: _____ Contacts: _____

Diabetes: _____ Other medical: _____

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 instructions.

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

Name of Physician: _____ Phone: _____

IN CASE OF SERIOUS INJURY OR ILLNESS, I GIVE MY PERMISSION FOR THE ABOVE NAMED STUDENT TO BE TREATED BY LOCAL EMERGENCY PERSONNEL.

Parent /Guardian Signature: _____ Date: _____

Union Township School Corporation

Mr. John Hunter, ED. S.
Superintendent

Mr. Jack Birmingham, ED. S.
Assistant Superintendent

599 W 300 N, Suite A
Valparaiso, IN 46385
Phone:(219) 759-2531 ~ Fax: (219) 759-3250
www.union.k12.in.us
"Every Student, Every Day"

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

Board of Trustees

Robert Gilliana Jr., President

Stacey Buehler, Vice President

Julie Giorgi, Secretary

Michael Simatovich, Deputy Secretary

Bob Tichy, Member



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.



Dr. Jennifer McCormick
Superintendent of Public Instruction

DEPARTMENT OF EDUCATION

Working Together for Student Success

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. | |

PHYSICAL EDUCATION UNIFORM SIZE FORM

STUDENT NAME _____

GRADE _____

(Shirts and shorts are in adult sizes unless noted otherwise)

SHIRTS

SHORTS

Youth Lg _____

X-Small _____

Small _____

Small _____

Medium _____

Medium _____

Large _____

Large _____

X-Large _____

X-Large _____

UNION TOWNSHIP MIDDLE SCHOOL
599W 300N
VALPARAISO IN 46385
Phone: 219-759-2561
Fax: 219-759-4359

Jerry Lasky
Principal

Annmarie Sims
Counselor

CONSENT TO RELEASE INFORMATION

Transferred from:

School _____

Address _____

Phone _____ **Fax** _____

_____ has entered our school as a student in the _____ grade.
Student Name

Please send us the following information as soon as possible:

- Academic/cumulative records (i.e. grades, standardized testing results, teacher reports, attendance, discipline, etc.)**
- Medical/health records**
- Birth Certificate**
- Psychological/educational records (i.e. IEP, evaluative and placement)**
- Social/emotional records (i.e. psychiatric, counselor, etc.)**

Signature of Parent/Guardian

CHROMEBOOK ACCIDENTAL DAMAGE PROTECTION POLICY

Please choose an option below to enroll your student's Chromebook in the Accidental Damage Protection program or to waive coverage. If you waive coverage you will be responsible for all damage and any repairs to maintain working order of your student's Chromebook.

Yes, I wish to protect my child's Chromebook at a cost of \$19.75 for a one (1) year period.

Initials

No, I choose to opt out of Accidental Damage Protection coverage

Initials

(By choosing not to enroll in Accidental Damage Protection program I am responsible for all damage and repairs, including hardware failure, to ensure working order of my child's Chromebook. If Chromebook needs to be replaced I will be responsible for the replacement of the Chromebook and Management License. Current Chromebook replacement cost including management license is \$211.69. Price and models may change over time.)

I understand that **chargers** are not covered under the Accidental Damage Protection program. Therefore, any damage, nonfunctioning, or lost **chargers** will be my responsibility to replace. Furthermore Accidental Damage Protection program does not cover lost or stolen Chromebooks and it is my responsibility to replace lost or stolen Chromebooks with like model including management licensing.

Student's Name (Printed) _____

Parent or Guardian (Printed) _____

Parent or Guardian Signature _____

Date: _____

Union Township School Corporation

Mr. John Hunter, ED. S.
Superintendent

Mr. Jack Birmingham, ED. S.
Assistant Superintendent

599 W 300 N, Suite A
Valparaiso, IN 46385
Phone:(219) 759-2531 ~ Fax: (219) 759-3250
www.union.k12.in.us

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.

Approved – Board of School Trustees – 3.???.2011

Board of Trustees

Robert Gilliana Jr., President

Stacey Buehler, Vice President

Julie Giorgi, Secretary

Michael Simatovich, Deputy Secretary

Bob Tichy, Member