

Nineveh-Hensley-Jackson United School Corporation
802 S. Indian Creek Drive
Trafalgar, IN 46181
(317) 878-2100 (Phone)
(317) 878-2109 (FAX)

RELEASE OF INFORMATION FORM

For the purpose of providing the most appropriate instruction and assistance in school. I do hereby give permission for a mutual exchange of psychoeducational evaluation, psychosocial evaluations, and medical evaluations concerning:

NAME OF STUDENT: _____ BIRTHDATE: _____

SCHOOL WHERE ENROLLED: _____ GRADE: _____

Between the _____ and the following: _____

(Hospital, Clinic, Physician, Institution, Association of School)

(address of above)

Name of Contact Person: _____ Phone No: _____

(Signature of person giving consent and relationship)

Address: _____ Phone No: _____

Date Signed: _____

_____ Release all information

_____ Release the checked information

_____ 1 General identifying data (Name, Address, Birthdate, Grade Level Completed,
Grades, Class Standing, Attendance Record)

_____ 2 Standardized Achievement and Aptitude Test Scores

_____ 3 Personality and Interest Scores

_____ 4 Teacher Ratings

_____ 5 Record of Extra-Curricular Activities

_____ 6 Individualized Education Programs

_____ 7. Psychological Reports

_____ 8 Medical Reports



Special Services, Johnson County and Surrounding Schools

Release of Information Consent Form

For the purpose of providing the appropriate instruction and assistance in school, I do hereby give permission for release of the confidential information identified below concerning:

Name of Student: _____ Birthdate: _____

School Where Enrolled: _____

Purpose of Disclosure: _____

Information is to be released FROM:		(Please ✓)
Special Services, Johnson County Schools 500 Earlywood Drive Franklin, IN 46131 (317) 736-8495	Person/Agency Address Phone	_____ _____ _____
Attn: _____		

Information is to be released TO:		(Please ✓)
Special Services, Johnson County Schools 500 Earlywood Drive Franklin, IN 46131 (317) 736-8495	Person/Agency Address Phone	_____ _____ _____
Attn: _____		

Confidential information to be released:			(Please ✓)
Psychological Testing	History and Physical Examination	Discharge Summary	
Psychoeducational Testing	Medical Consultations/Records	Discharge Instruction	
Psychosocial Assessment	Education Transitional Summary	Recovery Plan	
Psychiatric Reports	Health Records	Acknowledgement of patient admission and diagnosis	
Educational Assessment	Speech and Hearing Reports	Verbal exchange of information to review status of treatment and/or refer for service	
Individualized Education Plan/Case Conference Committee Report	Intellectual and Academic Information		
	Individual Transition Plan		
	Standard Educational Records		
Other (Please Specify:)			

I understand that this consent is valid from the date signed and that it is subject to revocation at any time except to the extent that any Special Services employee has already taken action in reliance with this authorization.

Consent Valid From: _____ to _____

Parent/Guardian Signature: _____ Date Signed: _____

~OR~

Student Signature: _____ Date Signed: _____

(If 18 or older)

Action Taken: _____	Date Records Were Released _____	Date Records Were Requested _____
---------------------	----------------------------------	-----------------------------------

Cc: Student File

STUDENT DEMOGRAPHIC INFORMATION				OFFICE USE ONLY	
Name of Person completing form: _____			Today's Date: _____		
STUDENT'S FULL LEGAL NAME (as it appears on birth certificate or other legal name change document)					
Last Name: _____		First Name: _____		Middle Name: _____	
				Suffix: _____ <small>e.g.: Jr., II, III, etc.</small>	
Gender: M or IF		Birth Date: ____/____/____ <small>Month Day Year</small>		Social Security #: _____	
				Nickname: _____	
STUDENT'S PRIMARY HOUSEHOLD INFORMATION					
Physical Address: _____				IN () - _____	
<small>Number</small>		<small>Street</small>		<small>City</small>	
				<small>State</small> <small>Zip Code</small> <small>Home Phone</small>	
Mailing Address: _____				IN _____	
<small>(if different)</small>				<small>(Home Phone is required - can be cell phone)</small>	
<small>Number</small>		<small>Street</small>		<small>City</small>	
				<small>State</small> <small>Zip Code</small>	
#1 PARENT/LEGAL GUARDIAN IN HOUSEHOLD			#2 PARENT/LEGAL GUARDIAN IN HOUSEHOLD (if applicable) OR SPOUSE of #1 living in Student's Household (if applicable)		
Emergency Contact #1			Emergency Contact #2 if Legal Guardian or #3 if Stepparent		
Legal Last Name				Legal Last Name	
Legal First Name				Legal First Name	
Legal Middle Name				Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.				Suffix e.g.: Jr., II, III, etc.	
Gender		M or F		Gender	
				M or F	
Birth Date (mm/dd/yyyy)		____/____/____		Birth Date (mm/dd/yyyy)	
				____/____/____	
Social Security #				Social Security #	
Nickname				Nickname	
Relationship to Student <i>Mother, Father, Grandparent, Foster, etc</i>				Relationship to Student <i>Mother, Father, Grandparent, Foster, Stepmother, Stepfather, etc</i>	
Cell Phone #		() - _____ Private		Cell Phone	
				() - _____ Private	
Other Cell or Other		() - Ext. _____ Private		Other Cell or Other	
				() - Ext. _____ Private	
Email		Private		Email	
				Private	
Work Phone		() - Ext. _____ Private		Work Phone	
				() - Ext. _____ Private	
Pager		() - Code _____ Private		Pager	
				() - Code _____ Private	
OTHER ADULT HOUSEHOLD MEMBER (if applicable)			OTHER ADULT HOUSEHOLD MEMBER (if applicable)		
If an Emergency Contact (circle one) 5 or 6 or 7 or 8			If an Emergency Contact (circle one) 5 or 6 or 7 or 8		
Legal Last Name				Legal Last Name	
Legal First Name				Legal First Name	
Legal Middle Name				Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.				Suffix e.g.: Jr., II, III, etc.	
Gender		M or F		Gender	
				M or F	
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc.</i>				Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc.</i>	
If an Emergency Contact include phone info			If an Emergency Contact include phone info		
Cell Phone #		() - _____ Private		Cell Phone	
				() - _____ Private	
Other Cell or Other		() - Ext. _____ Private		Other Cell or Other	
				() - Ext. _____ Private	
Work Phone		() - Ext. _____ Private		Work Phone	
				() - Ext. _____ Private	

Nineveh-Hensley-Jackson United School Corporation (4255)

STUDENT NON-HOUSEHOLD INFORMATION <i>(if applicable)</i>							
Physical Address: _____							IN
Number	Street	Apt/Lot	City	State	Zip Code		
NON-HOUSEHOLD PARENT/LEGAL GUARDIAN				SPOUSE OF NON-HOUSEHOLD PARENT/LEGAL GUARDIAN <i>(if applicable)</i>			
Emergency Contact #2 if Legal Guardian or #3 if Non-Guardian*				Emergency Contact #4 Non-Household Stepparent			
Legal Last Name				Legal Last Name			
Legal First Name				Legal First Name			
Legal Middle Name				Legal Middle Name			
Suffix e.g.: Jr., II, III, etc.				Suffix e.g.: Jr., II, III, etc.			
Gender	M or F			Gender	M or F		
Birth Date (mm/dd/yyyy)	____/____/____			Birth Date (mm/dd/yyyy)	____/____/____		
Social Security #							
Nickname				Nickname			
Relationship to Student <i>Mother, Father</i>				Relationship to Student <i>Stepmother, Stepfather</i>			
Home Phone	() -	<input type="checkbox"/> Private					
Cell Phone	() -	Ext. _____	<input type="checkbox"/> Private	Cell Phone	() -	Ext. _____	<input type="checkbox"/> Private
Email			<input type="checkbox"/> Private	Email			<input type="checkbox"/> Private
Other Phone	() -	Ext. _____	<input type="checkbox"/> Private	Other Phone	() -	Ext. _____	<input type="checkbox"/> Private
Work Phone	() -	Ext. _____	<input type="checkbox"/> Private	Work Phone	() -	Ext. _____	<input type="checkbox"/> Private
ADDITIONAL EMERGENCY CONTACTS FOR THE STUDENT							
EMERGENCY CONTACT NOT LISTED PREVIOUSLY - Optional				EMERGENCY CONTACT NOT LISTED PREVIOUSLY - Optional			
Contact # (circle one)	5 or 6 or 7 or 8			Contact # (circle one)	5 or 6 or 7 or 8		
Legal Last Name				Legal Last Name			
Legal First Name				Legal First Name			
Legal Middle Name				Legal Middle Name			
Suffix e.g.: Jr., II, III, etc.				Suffix e.g.: Jr., II, III, etc.			
Gender	M or F			Gender	M or F		
Relationship to Student <i>Sibling, Grandparent, Family Friend, Sitter, etc.</i>				Relationship to Student <i>Sibling, Grandparent, Family Friend, Sitter, etc.</i>			
Cell Phone	() -	<input type="checkbox"/> Private		Cell Phone	() -	<input type="checkbox"/> Private	
Other Cell or Other	() -	Ext. _____	<input type="checkbox"/> Private	Other Cell or Other	() -	Ext. _____	<input type="checkbox"/> Private
EMERGENCY CONTACT NOT LISTED PREVIOUSLY - Optional				EMERGENCY CONTACT NOT LISTED PREVIOUSLY - Optional			
Contact # (circle one)	5 or 6 or 7 or 8			Contact # (circle one)	5 or 6 or 7 or 8		
Legal Last Name				Legal Last Name			
Legal First Name				Legal First Name			
Legal Middle Name				Legal Middle Name			
Suffix e.g.: Jr., II, III, etc.				Suffix e.g.: Jr., II, III, etc.			
Gender	M or F			Gender	M or F		
Relationship to Student <i>Sibling, Grandparent, Family Friend, Sitter, etc.</i>				Relationship to Student <i>Sibling, Grandparent, Family Friend, Sitter, etc.</i>			
Cell Phone	() -	<input type="checkbox"/> Private		Cell Phone	() -	<input type="checkbox"/> Private	
Other Cell or Other	() -	Ext. _____	<input type="checkbox"/> Private	Other Cell or Other	() -	Ext. _____	<input type="checkbox"/> Private

OTHER HOUSEHOLD MEMBER (if applicable)		OTHER HOUSEHOLD MEMBER (if applicable)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.		Suffix e.g.: Jr., II, III, etc.	
Gender	M or F	Gender	M or F
Birth Date (if child)	____ / ____ / ____	Birth Date (if child)	____ / ____ / ____
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>		Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>	
OTHER HOUSEHOLD MEMBER (if applicable)		OTHER HOUSEHOLD MEMBER (if applicable)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.		Suffix e.g.: Jr., II, III, etc.	
Gender	M or F	Gender	M or F
Birth Date (if child)	____ / ____ / ____	Birth Date (if child)	____ / ____ / ____
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>		Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>	
OTHER HOUSEHOLD MEMBER (if applicable)		OTHER HOUSEHOLD MEMBER (if applicable)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.		Suffix e.g.: Jr., II, III, etc.	
Gender	M or F	Gender	M or F
Birth Date (if child)	____ / ____ / ____	Birth Date (if child)	____ / ____ / ____
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>		Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>	
OTHER HOUSEHOLD MEMBER (if applicable)		OTHER HOUSEHOLD MEMBER (if applicable)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.		Suffix e.g.: Jr., II, III, etc.	
Gender	M or F	Gender	M or F
Birth Date (if child)	____ / ____ / ____	Birth Date (if child)	____ / ____ / ____
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>		Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>	
OTHER HOUSEHOLD MEMBER (if applicable)		OTHER HOUSEHOLD MEMBER (if applicable)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.		Suffix e.g.: Jr., II, III, etc.	
Gender	M or F	Gender	M or F
Birth Date (if child)	____ / ____ / ____	Birth Date (if child)	____ / ____ / ____
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>		Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>	
OTHER HOUSEHOLD MEMBER (if applicable)		OTHER HOUSEHOLD MEMBER (if applicable)	
Legal Last Name		Legal Last Name	
Legal First Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Suffix e.g.: Jr., II, III, etc.		Suffix e.g.: Jr., II, III, etc.	
Gender	M or F	Gender	M or F
Birth Date (if child)	____ / ____ / ____	Birth Date (if child)	____ / ____ / ____
Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>		Relationship to Student <i>Sibling, Grandparent, Mother/Father's Friend, etc</i>	

STUDENT RECORDS AND ADDITIONAL STUDENT INFORMATION

Previous School _____	Address _____	
City, State _____	Zip Code _____	() Telephone _____
Has the student ever attended NHJ Schools? Yes No		If yes, school and year(s)
Is the student currently under suspension or expulsion?	Yes	No
Did the student withdraw from previous school due to possible expulsion?	Yes	No
Does the student have any special learning needs?	Yes	No
Does the student have an IEP? (Individual Education Plan)	Yes	No
Has the student ever been enrolled in a special needs program?	Yes	No

<u>FOR HIGH SCHOOL STUDENTS ONLY:</u>		
ISTEP+/ECA for Graduation:		
Has student successfully completed the ISTEP+ GQE/ECA test for Language Arts?	Yes	No
Has student successfully completed the ISTEP+ GQE/ECA test for Math?	Yes	No
Is Athletic Transfer Required?	Yes	No
If yes, what sport(s)? _____		
Is student emancipated?	Yes	No



NINEVEH-HENSLEY-JACKSON UNITED SCHOOL CORPORATION

Indian Creek Schools

Student's Legal Name (*please print*)

Grade

Name of Parent/Guardian completing this form (*please print*)

Date

Ethnicity and Race:

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

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

Ethnicity

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

Race

- 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.

The federal government has developed these new categories in order to provide a more accurate picture of the nation's ethnic and racial diversity. This will enable individuals to be identified in ethnic and racial classifications and in more than one racial category. In the past, forms allowed individuals to be identified in only one racial category.

The new ethnicity and race categories data will be used in the same manner as such information is currently used. For example, the federal government uses race and ethnic data in reporting and analyzing test results, such as ISTEP+ and the End of Course Assessments. These new categories will replace all existing categories for use in state and federal data collections.

Information regarding the collection of race and ethnic data is available on the U.S. Department of Education website: <http://www.ed.gov/policy/rschstat/guid/raceethnicity/index.html>.



NINEVEH-HENSLEY-JACKSON UNITED SCHOOL CORPORATION

Indian Creek Schools

Indiana Department of Education
 Office of English Language Learning and Migrant Education
 www.doe.state.in.us/englishlanguagelearning

HOME LANGUAGE SURVEY

Student's Name _____ Date _____

Date of Birth _____ Grade _____ School Year _____

To be completed by parents upon student enrollment to determine student's status as language minority.

1. What is the native language of the student?

2. What is the predominant language of the student?

3. What language is most often spoken by the student at home?

The purpose of this form is to identify students in need of English language development services. Based on the results of this survey, students will be tested for their level of English proficiency and provided services as needed. If a language other than English is indicated for any of the questions, the student is considered to be a language minority student. Once this determination has been made, the following must occur:

- English proficiency assessment, upon enrollment and annually thereafter, to assess level (1-5) of English proficiency and measure growth annually.

IDOE NOTE: Efforts should be made to translate this form into the predominant language of the parent.



NINEVEH-HENSLEY-JACKSON UNITED SCHOOL CORPORATION

Indian Creek Schools

Dear Parent/Guardian,

As part of your child's physical education program, Indian Creek Intermediate School is preparing to participate in the Presidential Youth Fitness Program (PYFP). This national program provides educators with the tools necessary to help students adopt an active lifestyle and improve their health and overall well-being.

Through implementation of this new program, students will participate in FITNESSGRAM®, a comprehensive health-related fitness assessment for youth designed to assess aerobic capacity, muscular strength and endurance, flexibility, and body composition. They can also earn recognition for their efforts. This process will help your child learn how to set goals, interpret fitness assessment results, and learn what they can do to improve their physical well-being over the course of the school year.

FITNESSGRAM is the assessment of the PYFP because it

1. **uses criterion-referenced standards.** This means that a student can compare his/her scores with standards that have been identified for good health. This system prevents students from being compared to other students participating in the assessment.
2. **assesses the current fitness level of students and promotes individual goal setting** to allow students to take ownership of their health.
3. **does not assess skill or athletic ability.**

All students enrolled in physical education regardless of age, gender, or ability will participate in this process. Students are encouraged to be aware of their own health-related fitness and to take responsibility for it by setting personal fitness goals. When students focus on maintaining or improving their fitness level, a positive lifelong impact can be achieved.

You will receive a copy of your child's FITNESSGRAM report. Indian Creek Intermediate School believes that by providing you and your child this health-related information, you can guide and support your child in his/her efforts to lead a healthy, active lifestyle. A healthy student is better prepared to learn and perform in all aspects of life.

Please make sure that your child is appropriately dressed on fitness assessment day. This includes the proper footwear, such as tennis shoes and socks.

If you have any questions about our participation in the PYFP or the FITNESSGRAM assessment, specifically, feel free to contact me, Sarah Zachery at 878-2160 or szachery@nhj.k12.in.us.

Sincerely,
Sarah Zachery
ICIS Physical Education Teacher



NINEVEH-HENSLEY-JACKSON UNITED SCHOOL CORPORATION

Indian Creek Schools

We would like to take this time to welcome you and your child to the 2019 - 2020 Indian Creek Physical Education Program. It will be a new and exciting program for your child, and also for us.

PHYSICAL EDUCATION DRESS:

All Students should dress comfortably – shorts, pants, sweats, and t-shirts (must follow dress code). Tennis shoes are a **MUST!**

PHYSICAL EDUCATION EXCUSES:

If your child should be excused from physical education please send us a written excuse. A parent note is good for three (3) consecutive days of school; then a doctor’s note is required.

PHYSICAL EDUCATION MEDICAL RECORD

The attached form should be returned as soon as possible. This form is to inform the physical education teacher of any physical impairment, which would prevent your child from participation in all physical education activities.

If there are any further questions, please feel free to contact Mrs. Zachery at 878-2160 or Mrs. Dena Stropes at 878-2150. Thank you for your cooperation.



Sincerely,
Mrs. Sarah Zachery
Mrs. Dena Stropes
Indian Creek Schools Physical Education Dept.



INSURANCE INFORMATION:

_____ We have private insurance to cover accidents and injuries to above named child, and agree to release from liability all other parties, including the School Corporation, Faculty and Administration.

_____ We do not have insurance of any kind to cover the above named child; I therefore assume complete responsibility and agree to release from liability all other parties, including the School Corporation, Faculty and Administration.

Student’s Name _____ Age _____ Grade _____

Teacher _____ Parent’s Name _____

Address _____ Phone # _____

Please list below any reasons that would excuse your child from any physical activities.

MUST BE SIGNED!

_____ Parent’s signature



**BLANKET PERMISSION
FOR 2019-2020 FIELD TRIPS**

Each year, various field trips are included as part of the curriculum. Each field trip will be approved by the principal. Students will be adequately chaperoned at all times. Parents will be notified several days in advance so plans may be made for the outing. Please sign the following field trip permission form and return it to your child's teacher. For any trip that a parent **does not** feel comfortable with, please contact the teacher.

My child _____ has permission to attend each class-sponsored field trip in the 2019 - 2020 school year.

Parent Signature Date

Your Attention Please!!!

We would like to remind you that students should not be dropped off at school prior to 7:50 a.m.

JUST IN CASE

Please take time now to make a plan with your child so he/she knows where to go and what to do in the event of an early dismissal of school. **Keep in mind it is not possible to tie up phone lines with last minute calls from students.** Your child needs to know what is expected of him or her. Please remind your child periodically what they are to do when an early dismissal occurs. Please fill out the form below and return it to your child's teacher.

Please check one option or fill out specific instructions.

Child's Name _____ Teacher _____ Room # _____

Emergency phone # _____

_____ My child is to go home in the normal manner should the schools close early.

_____ My child is to ride Bus # _____ to his/her _____'s house.

_____ My child is to: _____

Parent Signature Date



NINEVEH-HENSLEY-JACKSON UNITED SCHOOL CORPORATION

Indian Creek Schools

Name and Picture Permission Slip

Pictures are taken of Nineveh-Hensley-Jackson United School Corporation's students throughout the course of the school year. These pictures have the potential to appear in the local newspapers, corporation newsletters, school newsletters, on the school web page or displayed in the school building. Occasionally, classes will also be videotaped during school activities. These videotapes may be used for educational or public relations purposes. In order for your child's name to appear in print, we must have your written permission.

Please check the appropriate space below and return your child's teacher.

Yes, my child's name and/or picture can be used in the various means listed above.

No, my child's name and/or picture cannot be used as listed above.

Student's Full Name

Parent Signature

Date

**Indian Creek Schools
Student Health Record**

Student Name _____	Date of Birth _____	Grade _____
Parent/Guardian _____	Student <input type="checkbox"/> Male <input type="checkbox"/> Female	
To my knowledge, my child does <u>not</u> have a health problem <input type="checkbox"/>		
Allergies (physician note required) <input type="checkbox"/> Medication _____ <input type="checkbox"/> Food – list _____	<input type="checkbox"/> Bee Stings – describe reaction _____ <input type="checkbox"/> Other Allergy _____	
What medication, if any, is needed at school to treat the above allergy?		
Has your child ever had a severe “anaphylactic” reaction requiring emergency care?		
Past Health Problem/Illness - _____		
Current Health Problem/Illness – _____		
Daily Medication (at home and/or at school:)		
NOTE: TAKE MEDICATIONS TO THE OFFICE OR CLINIC TO INSURE STUDENT SAFETY. Medications taken at school (prescription or over-the-counter) <u>must have a signed medication permit on file with the school.</u> A doctor's note must be on file for a student to carry medication with them.		
Physician's Name _____	Phone Number _____	
My child has had chickenpox disease – yes - no – circle one. Date of chickenpox disease _____.		
Medical care needed at school (<i>describe in detail</i>) 		
Special Attention <i>Health concerns such as diabetes, seizures, asthma and/or severe allergic reactions will need additional health care plans. Please contact your school nurse as soon as possible to complete this information.</i>		
Specific Concerns (describe)		
Hearing _____	Vision _____	
Speech _____	Movement _____	

To ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate school staff. I agree that the school nurse may consult with my child’s family physician about the above medical condition (s). I agree to alert the school nurse of any change in medications and/or health status of my child. I will furnish the school with a current telephone number and address in case of an emergency.

Signature of Parent/Guardian: _____ Date: _____



NINEVEH-HENSLEY-JACKSON UNITED SCHOOL CORPORATION

Indian Creek Schools

I give Indian Creek Schools/Nineveh-Hensley-Jackson 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, IMMUNIZATION DATA, DATE OF BIRTH, AND SCHOOL WHERE CHILD IS ENROLLED

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 an 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, 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.

Parent/Legal Guardian Signature

Date

Printed Name of Parent/Legal Guardian

()

Telephone Number

Address

City

Zip

Child's Full Legal Name

Grade Level

 Student Name

Date

Grad Yr

NETWORK AND INTERNET STUDENT ACCEPTABLE USE POLICY AND PARENT PERMISSION FORM

PARENTS AND STUDENTS: PLEASE READ THE FOLLOWING CAREFULLY.

Students should sign at the bottom of the form to acknowledge understanding of Acceptable Use Policies at Indian Creek Schools. Parents should sign at the bottom to approve use of the INTERNET and acknowledge understanding of the policies.

Welcome to the Indian Creek Information Network (NETWORK). The technology and information system at Indian Creek Schools are provided as a privilege to all members of our educational community for the purpose of enhancing learning, improving communication and increasing productivity. The NETWORK provides access to local educational software, access to research information, access to productivity software, access to local library catalogs, access to the INTERNET, and access to the electronic storage to save the information you create. All access to the INTERNET is supervised by Indian Creek teachers and staff and protected by filters to ensure safe use of these outside resources. Parents must approve INTERNET use for their children. The use of this NETWORK is important to your success as a student. However, remember that it is a privilege. Your continued use of this NETWORK is dependent on following the guidelines below:

MISSION

The use of the district computer network (NETWORK) and district provided internet access (INTERNET) by students, staff, and community of the Nineveh-Hensley-Jackson United School Corporation is to promote educational excellence by facilitating resource sharing, access to information, and communication.

ACCEPTABLE USE

The purpose of the INTERNET use by Nineveh-Hensley-Jackson United School Corporation (NHJ) students, staff, and community is to assist in the exchange of information for the purposes of education and research. The INTERNET must be used in a positive manner to benefit children, family, education, business, and the community. NHJ does not accept responsibility for a user's participation in activities involving money. Acceptable use of the INTERNET includes:

- Connecting into other organization's networks or computing resources must comply with the rules appropriate for that network or the host network.
- Transmitting of any material in violation of federal or state regulations is prohibited. This includes, but is not limited to the plagiarizing of materials, infringement upon copyrighted material, threatening or obscene material, or material protected by trade secrets.
- Using INTERNET resources to access, upload, download, or distribute pornographic, obscene, or sexually explicit material is strictly prohibited.
- Using the INTERNET requires supervision by NHJ professional staff.
- NHJ does not accept responsibility for a user's participation in activities involving money.

PRIVILEGES

The use of the INTERNET is a privilege, not a right, and inappropriate use can result in a cancellation of those privileges. Individuals using INTERNET accounts must abide by the rules and regulations stated in this policy in order to receive the privilege of accessing the network.

The system administrators:

- Will deem what is appropriate use and their decision is final.
- Will require a student and parent signed Acceptable Use Policy (AUP) agreement form.
- May close an account at any time as required.
- May deny, revoke, or suspend a student's account.

ETIQUETTE

All communications and information accessible via the NETWORK should be assumed to be private property (which includes but is not limited to copyrighted material.) Users accessing the NETWORK are expected to abide by the generally accepted rules of network etiquette but are not limited to the following:

- Be polite.
- Use appropriate language.
- Illegal activities are strictly forbidden.
- Do not reveal your personal information such as address, phone numbers, credit card numbers, etc.

- Do not reveal the personal addresses or phone numbers of students, friends, colleagues, etc.
- Do not assume that e-mail is private. System operators have access to all e-mail files.
- Limit the storage of e-mail by routinely deleting previously read messages, Sent Items, and Trash.
- Do not use the network in such a way that you would disrupt the use of the network by other users.
- Be courteous to other users wanting to use the INTERNET.
- Do not tie up the INTERNET for non-academic activities when academic users are in need of the computer resources.

SERVICE

NHJ makes no warranties of any kind, whether expressed or implied, for the service it is providing. We will not be responsible for any damages the user suffers, including loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or user errors or omissions. Use of any information obtained is at your own risk. NHJ specifically denies any responsibility for the accuracy or quality of information obtained through its services.

SECURITY

Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem:

- Notify the system administrator or the school technology coordinator.
- Do not demonstrate the problem to other users.
- Do not use another individual's materials, information, or files without permission from that individual.
- Do not attempt to log on to the system as a system administrator or user privileges will be revoked.
- Being identified as a security risk may eliminate your access.

CONTROVERSIAL MATERIAL

Users may encounter controversial material and which may be considered offensive or inappropriate to some users, parents, teachers, or administrators. On a global network it is impossible to control effectively the content of data. NHJ shall not be held responsible for the content of any material found on the INTERNET. It is the user's responsibility not to initiate access to inappropriate material. NHJ abides by federal law by making a best-case attempt to filter student access to Adult/Pornographic material, and monitoring student usage. INTERNET usage is monitored and reports are made available upon request to School Administrators.

VANDALISM AND HARASSMENT

Vandalism or Harassment will result in appropriate discipline as determined by the School Administrator. Vandalism is defined as any malicious attempt to harm or destroy data of another user or another system or network. This includes, but is not limited to, the uploading or creation of computer viruses. Harassment is defined as the persistent annoyance of another user or the interference of another user's work. Harassment includes, but is not limited to the sending of unwanted emails, social media postings, etc.

REVISION OF POLICY

The above-mentioned policies are subject to revision as determined by the NHJ Director of Technology, the Superintendent, and the School Board. NHJ's INTERNET-related policies and procedures are available for review by all parents/guardians, school employees, and other community members at the office of the superintendent or the office of each building principal.

Failure to follow any of the above guidelines may result in any of the following consequences depending on the severity of the violation:

- A warning followed by clarification of the appropriate use guidelines.
- Loss of all access privileges to the NETWORK for not less than a week and not more than the student's career at Indian Creek.
- Notification of administrators and parents by phone or personal conference to jointly determine consequences.
- Referral to proper authorities for disciplinary and/or legal action.

I have read and agree to the Acceptable Use Policies for use of the NETWORK.

I give my child permission to use the NETWORK.

Student Signature

Parent Signature

Approved 6/2012

Parent/Guardian

Access to Infinite Campus Parent Portal

The Parent Portal allows parents and guardians the opportunity to access student grades, homework status, attendance, book rental, and lunch accounts. The portal also gives you the ability to pay book rental and add money to lunch accounts. Parents may have individual or joint access. When your account has been set up, your Login & Password will be emailed back to you as confirmation. The subject line will read "Portal Account Access."

Parent/Guardian Name _____

Parent/Guardian Email _____

Login: _____ Password: _____

Passwords must be at least 8 characters long and include at least 1 upper case letter, 1 lower case letter, and 1 number.

Names of children: _____
