

# NEW STUDENT TRANSFER PACKET

2020 – 2021



# Nineveh-Hensley-Jackson United School Corporation

802 S Indian Creek Drive Trafalgar, IN 46181

P: 317.878.2100 F: 317.878.2109

www.indiancreekschools.com

## Indian Creek Schools

### NINEVEH – HENSLEY – JACKSON UNITED SCHOOL CORPORATION

#### INFORMATION REGARDING OPEN ENROLLMENT

2020 – 2021

#### GENERAL INFORMATION

Students may transfer into the Nineveh-Hensley-Jackson United School Corporation from Kindergarten through grade 12 under the conditions as stated below.

An application is to be completed for:

- students living outside Nineveh-Hensley-Jackson United School Corporation applying for admission.
- students moving from the Nineveh-Hensley-Jackson United School Corporation applying for continued enrollment.

To be a resident, one must reside in Nineveh, Hensley, or Jackson townships. Application for tuition/enrollment must be renewed each year.

Nineveh – Hensley – Jackson United School Corporation will accept applications for open enrollment/transfer students for the 2020 – 2021 academic year up to the following date:

**February 15, 2021**

**Nineveh-Hensley-Jackson United School Corporation (NHJUSC) will enroll students who reside outside of its corporation's boundaries under the following conditions as described in Indiana Code 20-26-11-32.**

- 1) The school corporation will review requests for all students, whose parents and/or guardians have submitted the proper documents and application materials, until the capacity of a given grade level in the corporation has been met. If the number of requests to transfer into NHJUSC exceeds the capacity established for NHJUSC, then each timely request must be given an equal chance to be accepted, with the exception that a student described in paragraphs numbered 2 and 3 below shall be given priority. A public meeting will be conducted as soon as possible to determine, by a random drawing, which students will be admitted as transfer students to each school building and each grade level of NHJUSC.



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Grade level capacities are as follows:

Kindergarten	<b>180</b>	GRADE 7	<b>180</b>
GRADE 1	<b>180</b>	GRADE 8	<b>180</b>
GRADE 2	<b>180</b>	GRADE 9	<b>180</b>
GRADE 3	<b>180</b>	GRADE 10	<b>180</b>
GRADE 4	<b>180</b>	GRADE 11	<b>180</b>
GRADE 5	<b>180</b>	GRADE 12	<b>180</b>
GRADE 6	<b>180</b>	Pre-School	<b>10</b>

- 2) Except as provided in paragraphs numbered 3 and 4 below, NHJUSC may not deny a request for a student to transfer into NHJUSC if the student requesting to transfer:
  - a. has a brother or sister who is already attending Nineveh-Hensley-Jackson USC; or
  - b. has a parent who is an employee of Nineveh-Hensley-Jackson USC.
- 3) NHJUSC limits the number of new transfers to each grade level in order to ensure that a student as described below will be accepted as a transfer student:
  - a. A student who attends NHJUSC as a transfer student during a school year may continue to attend NHJUSC in subsequent school years;
  - b. A student requesting a transfer who is a member of a household in which any other member of the household is a student in NHJUSC; and
  - c. A student requesting a transfer who has a parent who is an employee of NHJUSC.



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## *Indian Creek Schools*

4) Notwithstanding paragraphs numbered 2 and 3 above, pursuant to State law, the Board may deny a student's application to transfer to the Corporation, discontinue enrollment of a transfer student currently attending, rescind approval of a student approved to attend in a subsequent year, or establish terms or conditions for enrollment or for continued enrollment in a subsequent school year, if:

A. during the preceding twelve (12) months, the student has been suspended or expelled for:

1. ten (10) or more school days;
2. possession of a firearm, deadly weapon, or a destructive device;
3. causing physical injury to a student, school employee or visitor to the school; or
4. a violation of the Corporation's drug or alcohol rules.

B. the student has had a history of unexcused absences, and the Board believes that, based upon the location of the student's residence, attendance would be a problem for the student if the student is enrolled in the Corporation.

For purposes of computing the number of days of suspension of the student requesting enrollment, student discipline received from a teacher pursuant to I.C. 20-33-8-25(b)(7) and I.C. 20-26-11-32(j) shall be included in the calculation of the number of school days that a student has been suspended.

5) The parents of a student for whom a request to transfer is made are responsible for providing NHJUSC with records or other information necessary for NHJUSC to determine whether the request to transfer may be denied based upon paragraphs numbered 2, 3, and 4 above.

6) Bus transportation may be provided for transfer students if: (1) the bus has space and (2) if the location of the residence for pickup and delivery is located within the NHJUSC school corporation and along a current bus route. Routes will be determined by residences of the NHJUSC school corporation students and is subject to change. Routes will be reviewed annually.



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## *Indian Creek Schools*

**2020-2021**

### **NHJ NON-RESIDENT TRANSFER STUDENT PACKET**

#### **Parent/Guardian Check List**

**Submit all required documentation listed below to the office of the school you wish to attend OR the Superintendent's Office:**

- A completed and signed Application for Transfer of Non-Resident Student form; (one per child)
- A one-page letter written by the student applying to Indian Creek Middle School (grades 6-8) or Indian Creek High School (grades 9-12) explaining why they are requesting a transfer; or a one-page letter written by the parents or legal guardians of Elementary School (grades PK-2) or Intermediate School (grades 3-5) students explaining why they are requesting a transfer.
- A copy of your child's current grades or most recent report card if applying after the end of a semester. Current high school students applying for a transfer should submit a transcript with the school's official seal. If current grades are not available, current ISTEP+/ILEARN scores or ECA grades may be substituted;
- A copy of your child's attendance record;
- A copy of your child's complete discipline record, including all information about any suspensions or expulsions;
- A copy of your child's current vaccination record;
- A list of current extra curricular activities;
- A completed Home Language Survey
- A completed Race/Ethnicity Form
- If applicable, a copy of current IEP or 504 plan;
- And other documents, like high ability placement or LAS tests, which will assist in the best educational placement for your child.



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## Indian Creek Schools

### APPLICATION FOR TRANSFER OF NEW NON-RESIDENT STUDENT

**PLEASE PRINT**

Today's Date: \_\_\_\_\_

Are you the custodial parent or legal guardian?  Yes  No

If not, please explain:

\_\_\_\_\_

Name of Petitioner: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*First Middle Last*

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Custodial Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(if different from petitioner) First Middle Last*

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### STUDENT INFORMATION

Full Legal Name of Transfer Student \_\_\_\_\_ Transfer Grade Level \_\_\_\_\_ Transfer School Year \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Physical Address: \_\_\_\_\_  
*Street City State Zip*

Student's Mailing Address: \_\_\_\_\_  
*(if different from physical) Street City State Zip*

County of Residence: \_\_\_\_\_ Township of Residence: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Student's School of Residence: \_\_\_\_\_

Student's Current School: \_\_\_\_\_ Enrollment Dates: \_\_\_\_\_  
*(if different from school of residence) Beginning Ending*

**If enrollment dates above are less than one grading period, provide prior schools name and enrollment dates.**

Student's Prior School Name: \_\_\_\_\_ Enrollment Dates: \_\_\_\_\_  
*Beginning Ending*

Name/Grade of siblings attending NHJ: \_\_\_\_\_ Name/Grade of siblings requesting transfer to NHJ: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Indian Creek Schools

### TRANSPORTATION AGREEMENT

If application is accepted, I agree to provide transportation to and from school. I understand that my child must arrive on time and must be picked up immediately following dismissal or at the conclusion of a school sponsored activity in which the my child participates.

**ALL INFORMATION MUST BE COMPLETED AND REQUIRED DOCUMENTS MUST ACCOMPANY THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

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#### ***For Office Use Only***

- Completed & Signed Application
- Letter
- Grades & Report Card or Transcript with Seal
- Attendance Record
- Discipline Record
- Vaccination Record
- Extra Curricular Activities
- Home Language Survey
- Race/Ethnicity Form
- If applicable, IEP or 504 Plan
- Optional/Other Document(s) attached: \_\_\_\_\_

Date Completed Application & All Documents Received: \_\_\_\_\_

Received By: \_\_\_\_\_

#### ***For Personnel Use Only***

Date Application Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Interview Administrator: \_\_\_\_\_

I, \_\_\_\_\_, recommend  acceptance /  denial of application.

If denied, reason: \_\_\_\_\_

Date Parent Notified: \_\_\_\_\_ Notified By: \_\_\_\_\_

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

**Nineveh-Hensley-Jackson United School Corporation**

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.





(Please print) Student's Legal Name

Grade

(Please print) Name of Parent/Guardian completing this form

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>.

**Indian Creek Schools  
Student Health Record**

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

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: \_\_\_\_\_



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## 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 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.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Child's Full Legal Name