

NEW STUDENT TRANSFER PACKET

2019 – 2020



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

2019 – 2020

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 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 must be renewed each year.

Nineveh – Hensley – Jackson United School Corporation will accept applications for open enrollment/transfer students for the 2019 – 2020 academic year up to the following date:

MARCH 1, 2020

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	180	GRADE 7	180
GRADE 1	180	GRADE 8	180
GRADE 2	180	GRADE 9	180
GRADE 3	180	GRADE 10	180
GRADE 4	180	GRADE 11	180
GRADE 5	180	GRADE 12	180
GRADE 6	180	Pre-School	10

- 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.
- 4) Notwithstanding paragraphs numbered 2 and 3 above, NHJUSC will deny a request for a student to transfer to NHJUSC if the student has been suspended (as defined in Indiana Code 20-33-8-7) or expelled (as defined in Indiana Code 20-33-8-3) during the twelve (12) months preceding the student's request to transfer under this section:
 - a. for ten (10) or more days;
 - b. for a violation of possession of firearms, deadly weapons, and/or destructive devices under Indiana Code 20-33-8-16;
 - c. for causing physical injury to a student, a school employee, or a visitor to the school; or



Nineveh-Hensley-Jackson United School Corporation

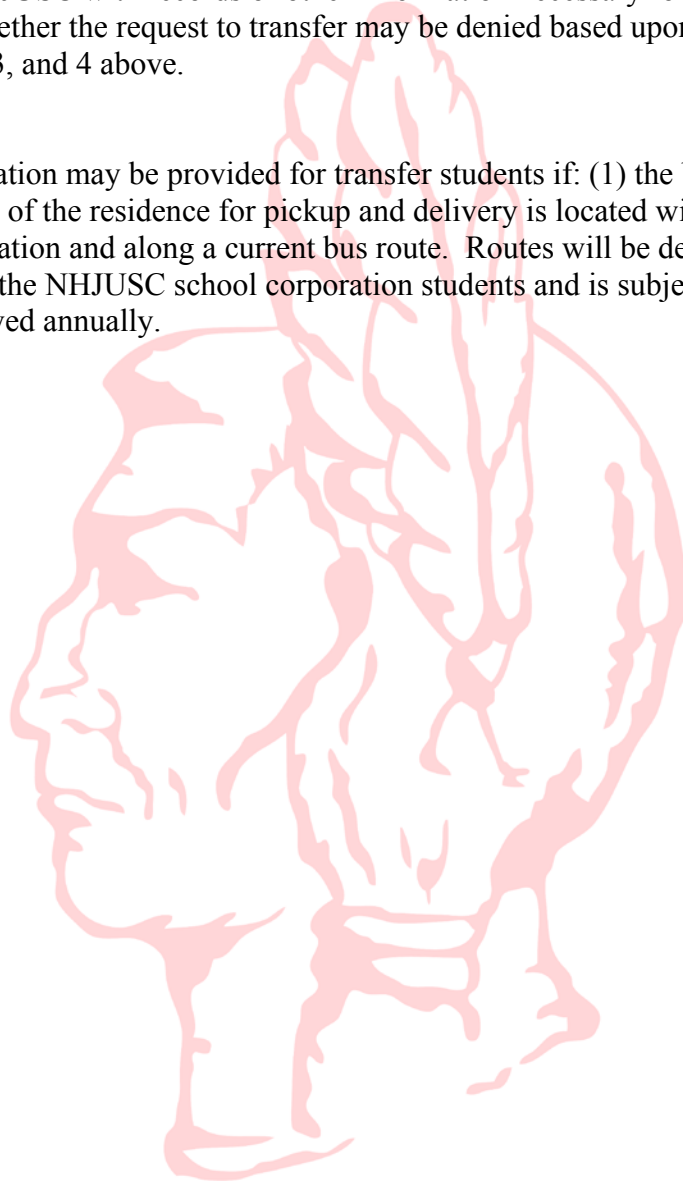
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- d. for a violation of the school corporation's drug or alcohol rules. □
- 5) The parents of a student for whom a request to transfer is made are responsible for providing NHJUSC with records or other information necessary for NHJUSC to determine 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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2019-2020

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+ 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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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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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

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	
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"/> Bee Stings – describe reaction _____	
<input type="checkbox"/> Food – list _____	<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: _____



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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