ENROLLMENT PAPERWORK

ACADEMIC YEAR

2018-2019

PLEASE FILL OUT ENTIRELY AND RETURN ALL FORMS

In this packet you will find:

(1) Application for Enrollment

(2) Previous School Information

(3) Authorization for Student Pick Up

(4) Emergency Contacts

(5) Prescription Medication (filled out by a physician if they are taking prescriptions)

(6) Over the Counter Medication Permission Form

(7) Walking Field Trips

(8) Home Language Survey (2 pages)

(9) Student Internet and Technology Agreement

(10) Special Education Information

(11) Consent to Photograph, Film or Videotape a student for non-profit use

(12) Food Allergies, Disability or Special dietary needs

(13) Cafeteria a La Carte and Extras Preferences

(14) Transportation

NORTHERN RUSH COUNTY SCHOOLS

MAYS COMMUNITY ACADEMY

APPLICATION FOR STUDENT ENROLLMENT (GRADES K – 6)

STUDENT INFORMATION

Last Name: _____ First: _____ Middle: _____

Nickname or Other: _____ Gender: MALE ☐ FEMALE ☐

Address: _____ City: _____ State: _____ Zip: _____

Main Phone: _____ Alt. Phone: _____ Email: _____

Date of Birth: _____ Age: _____ ***Kindergarten students must be 5 years old by August 1.***

Are you submitting an application for more than one student? Yes ☐ No ☐

If yes, please provide the following information:

Sibling 1: _____ Grade: _____ Sibling 3: _____ Grade: _____

Sibling 2: _____ Grade: _____ Sibling 4: _____ Grade: _____

FAMILY INFORMATION

FATHER

Name: _____

Address: _____

City/State/Zip: _____

Main Phone: _____

Alt. Phone: _____

Email: _____

MOTHER

Name: _____

Address: _____

City/State/Zip: _____

Main Phone: _____

Alt. Phone: _____

Email: _____

GUARDIAN(S): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Main Phone: _____ Alt. Phone: _____ Email: _____

PREVIOUS SCHOOL INFORMATION

School Name (most recent): _____

Address: _____

Phone: _____

Grades Attended: _____

School Name (most recent): _____

Address: _____

Phone: _____

Grades Attended: _____

School Name (most recent): _____

Address: _____

Phone: _____

Grades Attended: _____

School Name (most recent): _____

Address: _____

Phone: _____

Grades Attended: _____

MAYS COMMUNITY ACADEMY

AUTHORIZATION FOR STUDENT PICK UP

Child(ren)'s Name _____

_____

_____

Please complete all that apply:

1. The following individuals are authorized to pick up my child(ren).

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

2. My child may walk home immediately after school

_____whenever he/she wishes
_____only when I send a note each time
_____only when I call the office each time

3. My child may ride a bike immediately after school

_____whenever he/she wishes
_____only when I send a note each time
_____only when I call the office each time

_____ _____
Signature Date

MAYS COMMUNITY ACADEMY

Student Emergency Contact Information

Child's Name

Date of Birth

M F
Sex

Parent's/Guardian's Name

Home Phone

Work Phone

Address

E-mail

Parent's/Guardian's Name

Home Phone

Work Phone

Address

E-mail

Alternative Emergency Contacts

Primary Emergency Contact

Home Phone

Work Phone

Address

E-mail

Secondary Emergency Contact

Home Phone

Work Phone

Address

E-mail

NORTHERN RUSH COUNTY SCHOOLS

MAYS COMMUNITY ACADEMY

AUTHORIZATION TO DISPENSE PRESCRIBED MEDICATION DURING SCHOOL HOURS

TO BE COMPLETED BY PHYSICIAN

The personnel at Mays Community Academy are hereby notified that _____, a student at MCA, is under my care and that said school personnel are hereby requested to give the said student medication as listed below, in accordance with the directions listed below. The undersigned physician further acknowledges that the legal custodian of said student has been informed as to the need for said medication and the directions for its use.

Diagnosis for which medication is given: _____

Name of medication: _____

Dosage: _____Form: _____ Time to be given: _____

If medication is to be given "when needed," describe indications:

_____

How soon can it be repeated? _____

Is child authorized to carry "when needed" medications on his or per person? YES ___ NO ____

List significant side effects: _____

Length of time this medication is recommended: _____

Other information:

_____

Signature of Primary Care Provider _____

Date: _____ Phone Number _____

OVER THE COUNTER MEDICATIONS (OTC)

Examples: Tylenol, cough drops, ect.

I, as parent or legal guardian of _____, request and direct the school personnel of Mays Community Academy to give said student medication(s) listed below:

CHECK EACH BOX THAT THE STUDENT MAY RECEIVE

--Name or Store Brand--

1- Tylenol ☐

2- Ibuprofen ☐

3- Cough Drops ☐

4- Throat Spray ☐

5- Benedryl ☐

6- Cortizone 10 (topical itch relief cream) ☐

_____

Parent/Guardian Printed Name

_____

Parent/Guardian Signature

MAYS COMMMUNITY ACADEMY

Permission for Walking Field Trips

I (We), as parent(s) or guardian(s), grant permission to the staff of Mays Community Academy to take my child with his/her class on walking field trips on the grounds of the school property and nearby property. I understand that all due care and caution will be taken by the school staff. I additionally understand that this permission will be good for the entire school year unless I withdraw permission in writing and send notice directly to the school office. I will hold the NRSC Board, MCA, its staff and volunteers, harmless in case of accident or injury.

Student's Name _____

Grade _____

Parent Signature _____

Parent Printed Name _____

Date _____

English

HOME LANGUAGE SURVEY

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name _____

1. Is a language other than English spoken in your home?

   Yes_____ No_____

   What language? _____

2. Does your child speak a language other than English?

   Yes_____ No_____

   What language? _____

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

_____ _____

Parent/Legal Guardian Signature Date

The U.S Department of Education requires all states to collect information on the race and ethnicity of public school students and staff. The federal government has developed a new way to report ethnicity and race that includes these new categories. The changes are intended to provide a more accurate picture of the nation's ethnic and racial diversity. Please complete both parts of the form below:

Student's Name _____

Grade _____

Parent Completing Form _____ Date _____

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.

The Federal Guidance requires the use of observer identification at both the elementary and secondary school level, as a last resort, if racial and ethnic data are not self-identified by the student or by the student's parent/guardian.

Observer identification conducted by: _____ Date _____

Northern Rush County Schools
Student Internet and Technology Responsible Use Agreement

Student Acknowledgement - I understand and will abide by the above Student Internet and Technology Responsible Use Agreement. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken.

_____

Student's Name (printed) Grade

_____

Student's Signature Date

Parent/Guardian Permission - As the parent or guardian of this student, I have read the above Student Internet and Technology Responsible Use Agreement and understand that my child will have access to the Internet through Northern Rush County School Corporation schools. I recognize that this access is designed for educational purposes and that Northern Rush County Schools has taken reasonable precautions to minimize access to non- educational material. However, I also realize it is difficult for the School District to control access to all unwanted materials and I do not hold Northern Rush County Schools responsible for any materials acquired on the network. I hereby give permission for Northern Rush County Schools to issue an Internet account to my child.

_____

Parent/Guardian's Name (printed)

_____

Parent/Guardian's Signature Date

Student Special Education Information

Mays Community Academy is fully committed to providing quality education to all students – including those with special needs. Please complete this page with care so that MCA staff can adequately provide for your child's educational needs.

Student's Name: _____ **Grade:** _____

My student has a current Individualized Education Plan (IEP) or 504 plan.

Please indicate which of these services your child receives. Please mark an X next to the blanks that apply to your child.

_____ speech & language
_____ occupational therapy
_____ physical therapy
_____ visually impaired
_____ deaf &/or hard of hearing
_____ self-contained classroom
_____ inclusionary setting
_____ resource room
_____ counseling
_____ adaptive physical education

It is extremely important that you let us know if your child has an IEP or 504 plan. Your signature indicates that you will submit a copy (if necessary) of the IEP or 504 plan before your child enters school. Please sign below to indicate that you understand this and have provided full and accurate information.

_____ _____
Parent Signature Date

My student does not have a current Individualized Education Plan (IEP) or 504 plan.

1. Has your child been involved with early intervention services (birth- 3)? _____ Yes _____ No
   If yes, what services were provided?
   _____ speech & language _____ occupational therapy _____ physical therapy
2. Has your child been screened for special education in another school? _____ Yes _____ No
3. Has your child ever received special education services? _____ Yes _____ No
   If yes, please indicate which of these services your child has received.
   Please mark an X next to the blanks that apply to your child.

   _____ speech & language
   _____ occupational therapy
   _____ physical therapy
   _____ visually impaired
   _____ deaf &/or hard of hearing
   _____ self-contained classroom
   _____ inclusionary setting
   _____ resource room
   _____ counseling
   _____ adaptive physical ed.

4. Does your child take medication (s) for any medical reason (ADHD, Diabetes, etc.)? _____ Yes _____No
   If yes, what medication (s) does your child take? _____
5. Do you think your child may have a special need? _____ Yes _____No

It is extremely important that you let us know if your child has an IEP or 504 plan. Your signature indicates that all information on this form is correct. Please sign below to indicate that you understand this and have provided full and accurate information.

_____ _____
Parent Signature Date

NORTHERN RUSH COUNTY SCHOOLS
MAYS COMMUNITY ACADEMY

PARENTAL CONSENT FORM

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE

Northern Rush County Schools (NRCS) dba Mays Community Academy (MCA) recognize the need to ensure the welfare and safety of our students taking part in any activity associated with our organization. I represent that I am the parent or legal guardian of the minor child listed below and hereby give my consent to the NRCS/MCA to take or use photographs, digital images, and our video/audio recordings of my child for use in news releases and/or educational materials as follows: printed publications or materials, posters, brochures, greeting cards, calendars, electronics publications, social media or Web sites. I understand that photos and videos may be used for Advertisements, educational or publicity purposes, marketing, leaflets, or any other use, such as for training. I, therefore, release the NRCS from any liability arising from use of my child's photos/images/videos by NRCS.

I agree that my child's first name may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of NRCS/MCA. I agree that NRCS/MCA may use, edit, or reproduce such photographs and videos or share them with others for any purposes related to NRCS/MCA.

I hereby waive, release and forever discharge the Northern Rush County Schools Inc., Mays Community Academy from any and all claims or liability arising from the use of my child's photograph for the above purposes. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. I represent that I am the parent or legal guardian of the minor listed below and that I have the full legal capacity and right to execute this release and grant the rights granted herein and that this consent is sought in my native language.

Additionally, as previously advised by NRCS/MCA, I understand that there are potential dangers associated with the posting of personally identifiable information on a Web site, since global access to the Internet does not allow for control of who may access such information. I further understand that if I wish to rescind this agreement, I may do so at any time by sending a notification letter to:

Northern Rush County Schools, Inc.
PO Box 188
Lewisville, IN 47352

The requested rescission will take effect upon NRCS's receipt of the notification letter.

Student Name: _____ Date of Birth: _____

Printed Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Food Allergies, Disability or Special Dietary Needs

Student Name: _____

___ My child does **NOT** have allergies and can have a regular diet.

___ My child **DOES** have allergies and can **NOT** have the following. I understand that I **MUST** have a doctor's note in my student's file stating my child's allergies.

My child **CANNOT** have:

___ Tree nuts

___ Peanuts

___ Fish or seafood

___ Red dye

___ Lactose intolerant (no dairy)

___ Lactose sensitive

Can NOT have:

___ Liquid milk

___ Ice cream

___ Yogurt

___ Cheese

___ Butter

___ Margarine

___ Milk cooked in foods

___ Other: Please list below

_____

_____

Please attach a doctor's note to this form. Without a doctor's note, we legally cannot substitute food. Thank you for your understanding.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

CAFETERIA A LA CARTE AND EXTRAS PREFERENCES

Many students ask if they can have extra food items, milk or desserts. You are welcome to put money on your child's account to cover these extra items. **Please keep in mind that students on free and reduced will need money in their account as these items are not covered. Only the standard meal and milk is provided at free/reduced rates.** Children with a negative account balance will not be allowed to charge extras to their account.

Student Name: _____

Grade: _____

___ YES, my child can purchase a la carte and extra items.

___ NO, my child may NOT purchase a la carte and extra items.

Parent/Guardian Name:

_____

Parent/Guardian Signature:

_____

Northern Rush County Schools Transportation

2018-2019

Student Name: _____ Grade: K 1 2 3 4 5 6 7

Mode of Transportation

School Bus	**Car**	**Walk**
___ Always	___ Always	___ Always
___ Some	___ Some	___ Some
___ Never	___ Never	___ Never

Home Address: _____

Parent(s)/Guardian(s) Name: _____ Phone: _____

Parent(s)/Guardian(s) Name: _____ Phone: _____

Please fill out the information below for your student's "Normal" (How they will usually be transported)

Pick up Address: _____

Drop off Address: _____

Special notes for above: _____

Please list other alternate addresses where your student may have to be picked up or dropped off **AND** the name or nickname of the person at the address (Grandma, Grandpa, Babysitter, etc)

Name	Nickname	Address	Phone