

Phone: 317-462-4491

### J.B. Stephens Elementary

Fax: 317-467-6735

1331 N. Blue Rd.  
Greenfield, In 46140

Student	Grade	Birthday
Student	Grade	Birthday

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please send all school records, including testing, health information, Special Education records, and all other evaluations on the above named student(s) to:

J.B. Stephens Elementary

Attn: Pam Kellams  
(pkellams@gcsc.k12.in.us)

1331 N. Blue Rd.

Greenfield, IN 46140

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Principal

\_\_\_\_\_

\_\_\_\_\_  
New Address

\_\_\_\_\_  
New Phone Number

Student Name \_\_\_\_\_ ( ) Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Last First Middle Prefers to be called  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Number & Street Primary # \_\_\_\_\_

Child lives with: Father \_\_\_\_\_ Mother \_\_\_\_\_ Step-Parent \_\_\_\_\_ Grandparent \_\_\_\_\_ Other (List) \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Please check one of the following that most accurately describes the student's racial or ethnic background:

\_\_\_\_\_ Caucasian \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ African-American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Multiracial \_\_\_\_\_ Other \_\_\_\_\_

**CONTACT INFORMATION:** List in order, those persons to be called in case of an emergency, such as Mother, Father, Relatives, Caregiver, Friends, Neighbors:

1<sup>st</sup> Person to Call — Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

2<sup>nd</sup> Person to Call — Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

3<sup>rd</sup> Person to Call — Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**MEDICAL INFORMATION**

My child is ALLERGIC to: \*Bee Sting \_\_\_\_\_ \*Medication \_\_\_\_\_ \*Food \_\_\_\_\_ \*Other \_\_\_\_\_ \*If you check any item, give details below:

My child has a MEDICAL CONDITION: \*Asthma \_\_\_\_\_ \*Diabetes \_\_\_\_\_ \*Seizures \_\_\_\_\_ \*ADD/ADHD \_\_\_\_\_ \*Other \_\_\_\_\_ \*Give details below:

List any prescribed medications: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ Phone # \_\_\_\_\_ DENTIST'S NAME: \_\_\_\_\_ Phone # \_\_\_\_\_

HOSPITAL: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

**\*\*\*In case of an emergency, and I or a member of my family cannot be contacted, I give my permission for the school authorities to seek medical treatment for my child, and I assume responsibility for such emergency expenses.\*\*\***

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Greenfield-Central Community School Corporation  
CHIRP CONSENT**

I, \_\_\_\_\_ (parent/guardian name), give the  
Greenfield-Central Community School Corporation permission to release the following  
information concerning my child, \_\_\_\_\_ (name of student), to  
the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program  
(CHIRP):

- Name
- Date of birth
- Immunization Dates
- Parent/Guardian Name
- Address
- Telephone Number

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/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Current Grade Level



# Greenfield-Central Community School Corporation

## 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/carter school. The HLS is administered once, upon initial enrollment in Indiana, 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: \_\_\_\_\_ Grade: \_\_\_\_\_

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: \_\_\_\_\_

Dr. Harold Olin, Superintendent  
110 W. North St.  
Greenfield, IN 46140  
317-462-4434

\* Parents please fill out highlighted areas

**GREENFIELD-CENTRAL COMMUNITY SCHOOL CORPORATION**  
TEMPORARY PLACEMENT AUTHORIZATION

TO BE COMPLETED BY SCHOOL PERSONNEL.

STUDENT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ STN: \_\_\_\_\_

SPECIAL EDUCATION PROGRAM: \_\_\_\_\_

GENERAL EDUCATION TEACHER ( elementary only): \_\_\_\_\_

PARENTS: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

The special education program stated above is recommended on a temporary diagnostic basis to help in determining changes that may be needed in general education accommodations or individualized special education programming. The determination of the appropriate educational program will be made by the Case Conference Committee which includes the parents, local school personnel, special education personnel, and other persons as appropriate. I have been provided with a copy of the *Notice of Parents Rights*.

As written permission may be necessary for educational records (Case Conference Report, Individual Education Program, Psychological Evaluation, Health/Immunization Records, etc.) to be released from my child's previous school, I give my consent for these records to be forwarded to the school my child is now attending and Greenfield-Central Community School Corporation.

Child's Previous School Name and Address/Special Education District:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
(SIGNATURE OF PARENT/GUARDIAN)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(SIGNATURE OF SCHOOL OFFICIAL)

Greetings,

We are embarking on an exciting journey in Greenfield-Central Schools, by bringing 1-to-1 devices to all grades K-12 for this upcoming 2018-2019 school year! This will be the first year that all students in Greenfield-Central Schools will have personal access to a device to use for educational purposes. To help inform you as parents/guardians of this new portion of our digital learning initiative, we have compiled some important information to alleviate concerns, questions, and curiosities:

**Device Information:**

- Students in grades K-4 will be using iPads. Students in K-1 will use iPads with a durable, military grade protective case issued to them. Students 2-4 will use iPads housed in a rugged case with a keyboard attachment to assist in their educational activities. All students will be issued their own charger.
- Students in grades 5-6 will use Chromebooks for the year. They will be issued a carrying bag to help protect the device while in transit. All students will be issued their own charger.
- Students in grades 7-12 will continue to use the MacBook Air device and carrying bag for the upcoming school year. All students will be issued their own charger.

**Cost of this initiative:**

- When we went 1-to-1 with our secondary buildings, we froze the current textbook rate to ensure parents were not paying more for this additional educational tool. We plan to do the same for our Elementary and Intermediate rates as well.
- Insurance will be offered to parents to help cover damage or loss of the device. Insurance premiums will be approximately \$35 with a \$25 deductible for iPads and Chromebooks, and \$50 premium with a \$40 deductible for MacBook Airs. Full replacement cost for the iPads will be approximately \$400, Chromebooks will be \$250, and MacBook Airs will be \$800.

**Screen Time**

- As we increase access to devices, we remind all staff that students should not see a major increase in the amount of screen time throughout the day. We encourage a better and more intentional planning opportunity to incorporate educational technology when it is appropriate for the scheduled learning activities of the day. In the past, with shared computer carts, teachers only had the opportunity to use the devices when other teachers did not have them checked out. Now teachers can plan what is best for students without the concern of accessing the devices, as all students will have their own.

**Greenfield-Central Community School Corporation  
iPad Loan Agreement**

The Greenfield-Central Community School Corporation (G-C CSC) has implemented its Digital Learning Initiative program involving one-to-one student device loaning for K-3rd grade students enrolled at G-C Elementary Schools with iPads as well as related peripherals including a case and charger cable.

Participation in this program is subject to the following terms and conditions:

- The iPad and related peripherals are on loan and remain property of G-C CSC.
- Both student and parent/guardian agree to adhere to the terms and conditions of the *Greenfield-Central Community School Corporation Digital Learning Technology Handbook for iPad*.
- The student shall be the exclusive user of this device and shall not grant access to any other individual.
- The student must comply with all applicable technology-based license agreements.
- The iPad and related peripherals must be returned to G-C CSC at the end of each school year, or at the time of transfer or withdrawal from any of the Greenfield-Central Schools.
- The iPad and related peripherals will be returned in good condition with reasonable wear and tear as outlined in the *Greenfield-Central Community School Corporation Digital Learning Technology Handbook for iPad Devices*.
- G-C CSC may charge a late fee and/or take disciplinary measures if the iPad and related peripherals are not returned on or before the return date.
- The care and maintenance of the iPad and related peripherals are the responsibility of the student and parent/guardian while in their care. There will be a fee assessed if the iPad and related peripherals are broken, lost, or damaged.

I have read the G-C CSC Responsible Use Policy and the *Greenfield-Central Community School Corporation Digital Learning Technology Handbook for iPad Devices* included with this agreement and agree to abide by the terms and conditions contained within these documents.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (Please Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Greenfield-Central iPad Insurance Agreement 2018-2019

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Proper Care and Precautions

- By signing this insurance agreement, you acknowledge that you have read, understand, and agree with the information outlined in the *iPad Device Agreement* and the *Student Pledge for Use of the iPad* document (Appendix A and B of G-C CSC Digital Learning iPad Handbook).

### Insurance (*the insured iPad will be referred to as "Device" or "device" or "devices" below*)

- I/we understand that any repair costs of devices not covered under this Insurance must be paid by the Student/Parent/Guardian.
- I/we understand that a new Insurance agreement must be purchased for each device assigned to a household and that a new agreement must be purchased each school year.
- I/we understand unused Insurance coverage *does not* roll over to the next school year; nor is unused insurance reimbursed.
- I/we understand that purchased Insurance coverage only applies to the device linked to this agreement and cannot be used as coverage if the student is held responsible for damaging someone else's device.
- Insurance may be purchased from the school's office for \$35 with a \$25 deductible.

### Insurance Coverage:

- Device breakage not resulting from misuse or intentional damage.
- Device loss after an administrator, the Technology Department, and proper authority channels have been contacted and a police report has been filed and certified as factual.
- The assigned device, keyboard case, and charger are covered by this Insurance agreement.

*Signing below signifies the student/parent/guardian have read, understand, and agree to the information detailed in this agreement.*

Student Name: \_\_\_\_\_

Student Signature (if able, can print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Device Asset #: \_\_\_\_\_

For Office Use Only: Paid Date: \_\_\_\_\_

Charger Asset #: \_\_\_\_\_

Check \_\_\_\_\_ Ez-Pay \_\_\_\_\_ Cash: \_\_\_\_\_