

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 \_\_\_\_\_

**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/charter 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

**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: \_\_\_\_\_

## Appendix B - Student Pledge for Use of the iPad

1. I will take proper care of the iPad.
2. I will not loan the iPad device or charger or cords to others.
3. I will be accountable for the iPad at all times.
4. I will charge the iPad's battery daily (when taken home).
5. I will not leave the iPad in an automobile (when taken home).
4. I will keep food and beverages away from the iPad.
6. I will not disassemble any part of the iPad, nor will I attempt to repair the iPad.
7. I will not remove district-required applications, including, but not limited to FileWave.
8. I will not install inappropriate applications on the iPad.
9. I will protect the iPad storing it, and carrying it in the case provided.
10. I will respond to all alerts from my school's help desk regarding unauthorized applications in a timely fashion.
11. I will protect the iPad by carrying it in the case provided.
12. I will not stack objects on top of the iPad nor force it into tight areas.
13. I will not leave the iPad outside or use it near water as it is not waterproof or water resistant.
14. I will save data to the cloud storage specified by the district. (Greenfield-Central Community School Corporation will at times re-sync iPad. All files not saved to server or other storage media will be deleted during this process. The student is ultimately responsible for regularly backing up the iPad assigned to that student. The district is not responsible for lost data.)
15. I will not place decorations (such as stickers, markings, paint, etc.) on the iPad or tablet case.
16. I will not deface the serial number, manufacturer labels or district labels on any iPad.
17. I will follow district policies outlined in the Technology 1:1 Handbook and the district's Responsible Use Policy.
18. I will be responsible for all damage or loss caused by neglect or abuse.
19. I agree to return the iPad, case and power cords in good working order.
20. I agree to return the iPad, case and power cords when I transfer or leave the district for any reason.

I agree to the stipulations set forth in the Technology 1:1 Handbook, the district's Responsible Use Policy, and the Student Pledge for Use of the iPad. I understand the iPad is subject to inspection at any time without notice and remains the property of Greenfield-Central Community School Corporation.

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

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

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

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