

Phone: 317-462-4491

J.B. Stephens Elementary School
1331 N. Blue Rd.
Greenfield, IN 46140

Fax: 317-467-6735

Authorization For Release of Student Records

Dear Principal:

The following student attended your school and is presently enrolled or planning to enroll at J.B. Stephens Elementary School.

_____ DOB _____ GRADE _____

Please send us the school records of the student named above. Please include the Standardized Testing Number, entire cumulative record(s), health record(s) (including physicals and immunization records), any psychological or special placements (SLD, EMR, etc.), Home Language Survey, and any other pertinent data. If the student(s) left your school between grading periods, please include grades at the time of transfer.

School _____

Address _____

City _____ State _____ Zip Code _____

The Federal Register volume 41, No. 118 Section 99.31 of June 17, 1976 states that prior consent for the disclosure of school records is not required if the disclosure is to officials of another school or school system in which the student intends to enroll. We would appreciate your immediate attention to our request.

Thank you for your cooperation and efforts.

Student Address _____ Phone Number _____

Parent/Guardian Signature

Respectfully,

Date

Shane Bryant, Principal

REGISTRATION AND MEDICAL EMERGENCY FORM
Greenfield-Central Community School Corporation (2/2014)

Grade: K 1 2 3 (circle one)

School _____

Student Name _____ (_____) Date of Birth ____ - ____ - ____ Male ____ Female ____

Address _____ Last _____ First _____ Middle _____ Prefers to be called _____
Number & Street _____ Apt. # _____ City & State _____ Zip Code _____ 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:

1st Person to Call – Full Name _____ Relationship to Child _____ Daytime Phone # _____ Cell Phone # _____ E-mail Address _____

2nd Person to Call – Full Name _____ Relationship to Child _____ Daytime Phone # _____ Cell Phone # _____ E-mail Address _____

3rd 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: 1st Choice: _____ 2nd 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: _____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

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 one time, 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 WIDA Screener 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: _____

STUDENT RACE AND ETHNICITY

Student Name _____

Date of Birth _____

1. Both Part 1 and Part 2 must be answered
2. Please return this form to the office

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, South or Central America or other Spanish culture or origin, regardless of race)

PART 2 RACE What is the individual race (Choose one or more)

- ☐ Multiracial (Mark all that applies below)
- ☐ 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 of African (A person having origins in any of the black racial groups of Africa.)
- ☐ Native Hawaiian or Other Pacific Island (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.)

NOTES:

- Greenfield-Central Community Schools must report racial and ethnic data for students and staff to the Federal and Indiana Departments of Education.
- This is a new federal and state requirement starting the 2010-2011 school year.

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 | - Parent/Guardian Name |
| - Date of birth | - Address |
| - Immunization Dates | - 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

Printed Name of Parent or Guardian

Address

Telephone Number

Child's Name

Grade Level

Child's School

Child's Date of Birth

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: _____

Greenfield-Central iPad Insurance Agreement 2021-2022

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 #: _____

Charger Asset #: _____

For Office Use Only: Paid Date: _____

Check _____ Ez-Pay _____ Cash: _____