

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

Amy Sutton, Principal

Please email records to: pstevenson@gcsc.k12.in.us

School _____

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

Grade: K 1 2 3 (circle one)

Student Name _____

Last

First

Middle

() Prefers to be called

Date of Birth _____

Male _____ Female _____

Address _____

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: _____

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

Printed Name of Parent or Guardian

Address

Telephone Number

Child's Name

Grade Level

Child's School

Child's Date of Birth



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 or 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.)

OTES:

- 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.