

# “Getting To Know You.....”

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

Birthday: \_\_\_\_\_



1. Color: \_\_\_\_\_
2. Snack: \_\_\_\_\_
3. Drink: \_\_\_\_\_
4. Hobby: \_\_\_\_\_
5. Restaurant: \_\_\_\_\_
6. Scent: \_\_\_\_\_
7. Place To Shop: \_\_\_\_\_
8. Animal(s): \_\_\_\_\_
9. Quote: \_\_\_\_\_



(\*Please let us know if you have any food allergies\*)

School \_\_\_\_\_

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

Grade: K 1 2 3 (circle one)

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:

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: \_\_\_\_\_

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: [lburgin@gcsc.k12.in.us](mailto:lburgin@gcsc.k12.in.us)

# 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 School Corporation  
110 W North Street Greenfield, IN 46140  
317-462-4434

**NEW ENROLLMENT FORM FOR STUDENT WITH IEP OR 504**

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ Date: \_\_\_\_\_  
STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
DATE OF ENROLLMENT: \_\_\_\_\_ STN: \_\_\_\_\_

(Move-in conference must be convened within 10 school days from enrollment date)

GENDER:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> IEP or <input type="checkbox"/> 504	
ETHNIC BACKGROUND:	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other
	<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Black		

Parents: \_\_\_\_\_ Phone: \_\_\_\_\_

New Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Does this child live in foster care: ☐ Yes ☐ No

Does this child need educational surrogate parent: ☐ Yes (please contact the GCSC office) ☐ No

Previous School Info:	
Former School: _____	Address: _____
City: _____	State: _____ Zip: _____
Phone: _____	Contact person: _____
Previous special education program: _____	
Special Education services from former school: _____	
Did parents bring special education records with them when they enrolled the student: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

Anticipated teacher of record: _____	Anticipated teacher of service: _____
Date of last ACR _____	Date of last psycho-educational evaluation _____
Eligibilities _____	
Related Services _____	
LRE Code _____	



# 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

## 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.)

#### 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.



## Greenfield-Central iPad Insurance Agreement 2022-2023

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.
- ***Yearly Device Insurance may be purchased from the school's office for \$40 - there is no 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: \_\_\_\_\_