

New Student Registration

Whitko High School

Last School Attended _____

Has this student EVER been enroll in a Whitko School (Pierceton Elementary, South Whitley Elementary, Whitko Middle School, Whitko High School) **Yes No**

Has this student EVER been enrolled in an Indiana School? (even pre-school) **Yes No**

Student's Name _____ Birthdate ____/____/____ SSN ____-____-____ Gender: M F

Home Phone _____ Student Cell Phone _____ County _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Is this student Hispanic/Latino? **Yes No**

Ethnicity (Select one or more)

- American Indian/Alaskan
- Hispanic/Latino
- White (Non-Hispanic)
- Nat. Hawaiian/Pac. Island
- Asian
- Black/African American

Does your student have an IEP (from Special Services Dept.)? **Yes No**

Do you give permission for your student to be photographed/interview by the Media? **Yes No**

Parent/Guardian Information

Attach documentation regarding unique circumstances concerning legal guardianship of the above named student.

Father _____ Father's Day Phone _____

Father's Workplace _____ Father's Cell Phone _____

Mother _____ Mother's Day Phone _____

Mother's Workplace _____ Mother's Cell Phone _____

Step-Parent _____ Step-Parent's Day Phone _____

Step-Parent's Workplace _____ Step-Parent's Cell Phone _____

Parent/Guardian Email _____

With whom does the child reside? _____ **Who has custody?** _____

Emergency Information

In an EMERGENCY situation, list three people (other than above) who have agreed to take responsibility of your child.

Emergency Contact #1 _____ Phone _____ Relationship to Child _____

Emergency Contact #2 _____ Phone _____ Relationship to Child _____

Emergency Contact #3 _____ Phone _____ Relationship to Child _____

Family Information (Brothers and Sisters)

Student Name _____ School _____

Student Name _____ School _____

Student Name _____ School _____

Transportation

*Check your student's **primary** method of transportation. If student's transportation needs changed, contact the school office.*

Primary type of transportation to school: **Bus Car Walk** Primary transportation from school: **Bus Car Walk**

AM Bus _____ PM Bus _____ Transfer Bus _____

AM Bus Driver _____ PM Bus Driver _____ Transfer Bus Driver _____

I certify that I am legal parent/guardian of this student and the information represented herein is complete and accurate.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

WHITKO COMMUNITY SCHOOL CORPORATION

2020-2021 STUDENT HEALTH HISTORY

NAME: _____ SCHOOL: PES SWES WJSH
DATE OF BIRTH: _____ GRADE: _____
PARENT OR GUARDIAN: _____
HOME PHONE: _____ CELL PHONE: _____
DOCTOR NAME: _____

HEALTH INFORMATION Please check any area that applies to your student and explain on the line following.

- Medically diagnosed severe life threatening allergy: _____
- Allergy causing ER visits from insects, plants, or food: _____
- Doctor restricted foods or diets: _____
- Heart diagnosis: _____
- Respiratory diagnosis: _____
- Other medical conditions that have been **doctor diagnosed**: _____
- Medications taken at home _____
- I give permission for this information to be shared with the school staff and emergency staff that might have direct contact with my child.
- I give permission for school staff to care for and to meet the immediate health needs of my child.
- I give permission for school staff to update the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP).

OVER THE COUNTER MEDICATIONS The following over the counter medications are available at Whitko Community School Health Clinics. I give permission for my child to receive the following over the counter medications if needed. I understand the medications will be given in accordance with the manufacturer's label directions. Medications that are crossed off the below list will not be given to your child without permission.

MEDICATION

Benadryl (Liquid or Tabs)

Tylenol (Acetaminophen: generic for Tylenol)

Ibuprofen (Liquid or Tabs)

Bacitracin Ointment

Hydrocortisone Cream (1% with Aloe)

Caladryl Lotion

Insect Sting Swabs

TREATMENT

Allergic Reaction

Pain Reliever/Fever Reducer

Muscle Aches/Menstrual Cramps

External use for Minor Cuts and Scrapes

Pain/Itch Skin Irritations

External use for Pain/Itch Irritations

External use for Pain/Itch Bites

Parent/Guardian Signature: _____ Date: _____

OVER THE COUNTER MEDICATION: Medication sent from home must be in the original container and the label must be intact. A **parent note (given to school/nurse)** must list the student's name, the medication name, and dosage before the medication will be given.

PRESCRIPTION MEDICATION must be in the original bottle from the pharmacy. Ask the pharmacist for a separate bottle if to be taken during school hours. The Prescription Label must be in place listing the student's name, medication name, dosage, prescribing doctor and date. A parent note (given to school/nurse) n the responsibility of the person bringing in the medication to verify, by signature, how many pills, tabs, or any other measurement of medication that is being turned over to the nurse, front office staff or other Whitko Community Schools representative..

PRESCRIPTION MEDICATIONS TO BE TAKEN AT SCHOOL

Medication Name: _____ Start Date: _____ Dosage Time: _____

Parent/Guardian Signature: _____

PRESCRIPTION MEDICATIONS TO BE TAKEN AT SCHOOL

Medication Name: _____ Start Date: _____ Dosage Time: _____

Parent/Guardian Signature: _____

PRESCRIPTION MEDICATIONS TO BE TAKEN AT SCHOOL

Medication Name: _____ Start Date: _____ Dosage Time: _____

Parent/Guardian Signature: _____

PRESCRIPTION MEDICATIONS TO BE TAKEN AT SCHOOL

Medication Name: _____ Start Date: _____ Dosage Time: _____

Parent/Guardian Signature: _____



Dr. Jennifer McCormick
Superintendent of Public Instruction

DEPARTMENT OF EDUCATION

Working Together for Student Success

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 W-APT or 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: _____



Dr. Jennifer McCormick
Superintendent of Public Instruction

DEPARTMENT OF EDUCATION

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Home Language Survey (HLS) Spanish Version

Encuesta del Idioma en el Hogar

El Decreto de los Derechos Civiles de 1964, Titulo VI, Cumplimiento de Normas para Minorías en Lenguaje, requiere a los distritos escolares y escuelas semi-autónomas que determinen el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer instrucción útil a todos los estudiantes de acuerdo con Plyler v. Doe, 457 U.S. 202 (1982).

El propósito de esta encuesta es determinar el idioma principal de su hijo/a en el hogar. Esta encuesta (HLS) tiene que darse a todos los estudiantes en el distrito escolar / escuela semi-autónoma. Esta encuesta (HLS) es administrada una vez, durante la matrícula inicial en Indiana, y permanece en el archivo acumulativo del estudiante.

Por favor tenga en cuenta que las respuestas a la encuesta corresponden solamente a su hijo/a. Si en alguna de las tres preguntas escritas abajo, usted identifica un idioma diferente al inglés, la escuela administrará el examen W-APT o WIDA Screener para determinar si su hijo/a calificará para el programa de desarrollo del idioma inglés.

Por favor responda las siguientes preguntas acerca del idioma(s) hablado por su estudiante:

1. ¿Cuál es el idioma o el dialecto nativo de su **hijo/hija**? _____
2. ¿Cuál es el idioma(s) más hablado por su **hijo/hija**? _____
3. ¿Cuál idioma(s) habla su **hijo/hija** en casa? _____

Nombre del Estudiante: _____ **Grado:** _____

Nombre del Padre, Madre o Guardián: _____

Firma del Padre, Madre o Guardián: _____ **Fecha:** _____

Al firmar aquí, usted certifica que las respuestas a las tres preguntas mencionadas arriba corresponden a su hijo/a. Usted entiende que si se ha identificado un idioma diferente al inglés, su hijo/a tendrá un examen para determinar si él o ella califica para el programa de desarrollo del idioma inglés, para ayudarlo/a a que sea fluente en inglés. Si entra en el programa de desarrollo del idioma inglés, su hijo/a, tendrá derecho a servicios que lo ayudarán a aprender el idioma inglés y tendrá un examen cada año para determinar su nivel de inglés.

For School Use Only / Para Uso de la Escuela Únicamente:

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: _____