



CURRICULUM OFFICE

P.O. Box 809/Boonville, Indiana 47601/812-897-6037

April 2020

Dear Parent/Guardian:

Welcome to kindergarten! We hope that you and your family remain healthy and well during this unprecedented time in our history. To remain compliant with social distancing guidelines, at this time, we have not rescheduled a “live” Kindergarten Round Up at the respective buildings. Instead, you have the following options for enrolling your child in kindergarten for the 2020-2021 school year.

1. Complete the fillable PDF forms, save, and email the attachment to your child’s principal. Please put “K Enrollment” in the Subject Line when emailing.
2. Complete the fillable PDF forms, print out, and drop off during office hours at your child’s school or mail to your child’s school.
3. Pick up an enrollment packet at your child’s school during their office hours.
4. Wait until further notice. We may be able to have a traditional Kindergarten Round Up during the summer months. Date and time to be determined.

Additionally, we will need a copy of your child’s legal birth certificate, immunization records, and social security number. Again, you may use any of the above options to provide these items to the school.

Please understand that we will get your child enrolled in school for kindergarten. We will continue to enroll as needed through the start of next school year. Please do not allow undue stress to occur over kindergarten enrollment. We will have a place for all children who meet the August 1st age requirement.

Please contact your child’s school office with additional questions. In addition, we will continue to communicate any changes or updates via our website.

Sincerely,

Abbie Redmon
Director of Elementary Curriculum and Instruction
Warrick County School Corporation

Copies to:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WARRICK COUNTY SCHOOL CORPORATION ENROLLMENT FORM

Office Use Only

STN #:	_____
WCSC #:	_____
Records Requested	_____
Records Received	_____

School: _____

STUDENT INFORMATION

Enrollment Date: _____ Has student previously attended Warrick County Schools? Yes No

Student Legal Name: _____

First	Middle	Last
Address: _____		
Street Address	City	State Zip

Student Phone Numbers: _____	_____	_____
Home	Work	Mobile

Email Address: _____ Bus #: _____ Bus Driver Name: _____

Place of Birth: _____ Date of Birth: _____ Ethnicity: _____ *Complete attached Ethnicity Form

Social Security #: _____ Age: _____ Grade Level: _____ Male/Female: _____ Native Language: _____

Is this student on medication? Yes No

**Medication(s) taken (please include all meds and dosages, even if given at home) _____

Any further information the school personnel should be aware of (such as medical conditions, persons your child is not to leave school with, etc.): _____

School most recently attended: _____	City	State
Name of School		

Have you formally withdrawn from this school? Yes No

Other Educational Services:

Special Education Service [Including Speech] (If yes, complete attached Special Education Enrollment Form.)

High Ability English Language Learner

Section 504 Other

Has student been placed by state agency court order? Yes No Caseworker Name: _____

Was the enrollee a student in good standing? Yes No, please explain (i.e. expelled) _____

What sports and/or extra-curricular activities, if any, will the student be interested in participating? (Gr 4 & Gr 5)

Will you be applying for Free/Reduced Lunch/Textbooks? Yes No

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INFORMATION OF PARENT/GUARDIAN THE STUDENT RESIDES WITH

Parent Name #1: _____ Parent Name #2: _____

Does the student live with both natural or adopting parents in the same household? Yes No

If no, please √ who student lives with:

- Mother (Part-time)/Father (Part-time) Foster Parent Temporary Custody
 Mother (only) Grandparents Independent
 Father (only) Legal Guardian (by court) Other: _____

Address #1: _____
Street Address City State Zip

Phone Numbers: _____
Home Work Mobile

Email address: _____

Address #2: _____
Street Address City State Zip

Phone Numbers: _____
Home Work Mobile

Email address: _____

If guardianship is of third-party, complete 3rd Party Custodial form (attached).

EMERGENCY CONTACT INFORMATION

Name (other than parent/guardian): _____

Relationship to student: _____

Phone Numbers: _____
Home Work Mobile

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Are there any legal restrictions against either parent involving this child during school hours? Yes No

If yes, please list restrictions here and provide the school with a legal court document (any changes in this should be reported to school office). _____

As the custodial parent, guardian, or independent student, I have verified all information provided is true and accurate.

Signature: _____ Date: _____



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: _____

The U.S Department of Education requires all states to collect information on the race and ethnicity of public school students and staff. The federal government has developed a new way to report ethnicity and race that includes these new categories. The changes are intended to provide a more accurate picture of the nation's ethnic and racial diversity. Please complete both parts of the form below:

Student's Name _____

Grade _____

Parent Completing Form _____ Date _____

Race and Ethnicity: <i>(Note: Both Part 1 and Part 2 of the question must be answered.)</i>	
Part 1: Ethnicity	<p>Is this individual Hispanic/Latino? <i>(Choose only one)</i></p> <p><input type="checkbox"/> No, not Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)</p>
Part 2: Race	<p>What is the individual's race? <i>(Choose one or more)</i></p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>

The Federal Guidance requires the use of observer identification at both the elementary and secondary school level, as a last resort, if racial and ethnic data are not self-identified by the student or by the student's parent/guardian.

Observer identification conducted by: _____ Date _____

Indiana 2020-2021 Required and Recommended School Immunizations

Grade	Required		Recommended
Pre-K	3 Hepatitis B 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio	1 Varicella (Chickenpox) 1 MMR (Measles, Mumps & Rubella) 2 Hepatitis A	Annual influenza
K-5th grade	3 Hepatitis B 5 DTaP 4 Polio	2 Varicella 2 MMR 2 Hepatitis A	Annual influenza
6th-11th grade	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	2 MMR 2 Hepatitis A 1 MCV4 (Meningococcal) 1 Tdap (Tetanus, Diphtheria & Pertussis)	Annual influenza 2/3 HPV (Human papillomavirus)
12th grade	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	2 MMR 2 Hepatitis A 2 MCV4 1 Tdap	Annual influenza 2/3 HPV 2 MenB (Meningococcal)

HepB: The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP: 4 doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

Polio*: 3 doses of Polio are acceptable for all grade levels if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.

*For students in grades K-10, the final dose must be administered on or after the 4th birthday and be administered at least 6 months after the previous dose.

Varicella: Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 12th grade. Parent report of disease history is not acceptable.

Tdap: There is no minimum interval from the last Td dose.

MCV4: Individuals who receive dose 1 on or after the 16th birthday only need 1 dose of MCV4.

Hepatitis A: The minimum interval between 1st and 2nd dose is 6 calendar months. 2 doses are required for all grades K-12.