

COMMUNITY SCHOOLS OF FRANKFORT ENROLLMENT FORM

STUDENT DATA:

Student Name _____ Social Security # _____ Birth Date _____

Enrolling in Grade _____ School _____ Gender _____ Home Phone _____

Home Address _____ City//Zip _____ County _____

Mailing Address _____ City//Zip _____

Ethnicity - MUST CHOOSE ONE: American Indian Asian Black Hispanic Multi-racial
 Native Hawaiian or Other Pacific Islander White, Not of Hispanic Origin

Is the student Hispanic or Latino? **MUST CHOOSE ONE:** Yes No

***Race – MUST CHOOSE ONE** American Indian or Alaskan Native Black or African American
 Asian White Native Hawaiian/Other Pacific Islander

*If you do NOT identify completely with one of the options listed above under Race, please select the one that most closely identifies you.

NOTE: If you don't want to provide this information, we are required by the Federal government to provide an answer on your behalf.

Definitions:

Ethnicity - Socially distinguishable from other groups and has developed its own subculture—which can include nationality, religion, and language - and has a shared feeling of peoplehood.

Race - A distinct human type based on inherited physical characteristics.

Explanation for changes in gathering race/ethnic information from students:

The demographics of our society have changed significantly in the last few decades. These changes will allow our students and staff to more accurately describe who they are. We, the Community Schools of Frankfort, are required by the Federal government to use the new categories. All states and school districts are required to do the same. There are good reasons in addition to meeting federal requirements. We routinely report aggregate information to the federal government for funding and evaluation purposes, as well as civil rights compliance.

We also use racial and ethnic data to evaluate our placement and program needs, providing the best services for all students.

CONTACT INFORMATION

Preferred Email Contact Address: _____

Mother/Guardian _____ Workplace _____ Day Phone _____

Mother's email _____ Home Phone _____ Cell Phone _____

Father/Guardian _____ Workplace _____ Day Phone _____

Father's email _____ Home Phone _____ Cell Phone _____

Stepmother _____ Workplace _____ Day Phone _____

Stepmother's email _____ Home Phone _____ Cell Phone _____

Stepfather _____ Workplace _____ Day Phone _____

Stepfather's email _____ Home Phone _____ Cell Phone _____

**Check box if requesting a second mailing. Please list second parent or legal guardian who is requesting school mailings:
A legal guardianship document may need to be provided to the school annually.**

Name/Relationship _____

Mailing Address _____

EMERGENCY INFORMATION: (Other than parent)

In an **EMERGENCY** situation when we **cannot reach a parent/guardian at home or at work**, please provide at least three persons who have agreed to take responsibility for your child and have consented to the release of their address & phone numbers, so that we may contact them as an alternative. If deemed necessary, the student will be sent to his/her family doctor or emergency room at parent/guardian's expense.

Emergency Contact #1 _____ Phone number _____ Relationship to Student _____

Emergency Contact #2 _____ Phone number _____ Relationship to Student _____

Emergency Contact #3 _____ Phone number _____ Relationship to Student _____

MEDICAL AUTHORIZATION

As the parent/guardian of _____ I authorize medical personnel to render necessary medical treatment to my child. I give consent to release this information to Community Schools of Frankfort, in order to promote the health and safety of my child, thus enhancing his/her ability to learn.

List any significant medical conditions requiring attention at school by the school nurse _____

PLEASE PRINT Parent/Guardian name _____

Parent/Guardian signature _____ Date _____

PREVIOUS EDUCATION HISTORY:

Previous home address/city/state/zip _____

Previous school name & district/corporation _____

Previous school address/city/state/zip _____

Previous school phone _____ school fax _____ Student's Previous Grade _____

Contact Person (Teacher, Counselor, Principal) _____

Has this student ever attended Community Schools of Frankfort? (If so, where/when) _____

Has this student ever attended other school(s) in the state of Indiana? (If so, where/when) _____

STUDENT SERVICES:

Please indicate services which this student has previously received:

- _____ Academic remediation
- _____ Accelerated programming (high ability services)
- _____ 504 Plan
- _____ ELL services (English as a New Language)
- _____ School Counseling
- _____ Other (please list & explain) _____

_____ This student has an IEP (Individual Education Program) and receives special education services indicated below (check all that apply):

Area(s) of Disability:

- _____ Autism Spectrum Disorder
- _____ Communication Disorder (speech/language therapy)
- _____ Deaf/Blind
- _____ Developmental Delay (ages 3-5 only)
- _____ Emotional Disability
- _____ Hearing Impairment
- _____ Learning Disability
- _____ Mild Cognitive Disability
- _____ Moderate Cognitive Disability
- _____ Severe Cognitive Disability
- _____ Multiple Disabilities
- _____ Orthopedic Impairment
- _____ Other Health Impairment
- _____ Traumatic Brain Injury
- _____ Visual Impairment

Level of Service:

- _____ Inclusion support in general ed. setting
- _____ Co-taught class with both general ed. & special ed. teachers
- _____ Resource room part-time
- _____ Resource room full-time
- _____ Other (please explain) _____

Related Services:

- _____ Occupational Therapy
- _____ Physical Therapy
- _____ Special Transportation
- _____ Other (please list) _____

Please Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Frankfort High School Bus Registration Form

Student Information

Student's Legal Name: _____ Home Phone: _____
Grade: _____
Physical Street Address: _____ City: _____ State: _____ Zip: _____
Birthdate: _____ Gender: _____ Current Age: _____
Primary Language Spoken in Home: _____

Parent Information

Father: _____ Place of Employment: _____
Mailing Address, City, State, Zip (if different than student): _____
Home Phone: _____ Day Phone: _____ Has Custody? Y / N
Mother: _____ Place of Employment: _____
Mailing Address, City, State, Zip (if different than student): _____
Home Phone: _____ Day Phone: _____ Has Custody? Y / N

Bus Information (Office Use Only)

Bus Number to School: _____ Bus Number From School: _____
Pickup time: _____ Bus Stop: _____
Special Medical Problems: _____
Any other information you feel the bus driver should know: _____

Emergency Contact Information

Please list three (3) additional contacts, in order of desired contact, to be called **if parent/guardian cannot be reached:**

1. Name: _____ Relationship: _____ Day Phone: _____
2. Name: _____ Relationship: _____ Day Phone: _____
3. Name: _____ Relationship: _____ Day Phone: _____

Please sign below.

Signature _____

FRANKFORT HIGH SCHOOL DRUG TESTING CONSENT FORM.

I desire that _____ be allowed participate in extra-curricular, co-curricular, and/or athletic activities, to drive to, from and during school hours and hereby, voluntarily agree to be subject to its terms for the entire high school career (grades 9-12). I accept the method of obtaining urine specimens, testing, and analysis of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: _____, _____

 Student Parent/Guardian

I, _____ have decided **NOT** participate in extra-curricular, co-curricular, and/or athletic activities, and/or to drive to, from, or during school hours for the remainder of this school year. In order for me to participate in any of the above activities at a later date, I understand that I must submit to a urinalysis.

 Student Date

 Parent/Guardian Date

Extra-Curricular Activities	Co-Curricular Activities	Athletics/Dances
Academic Teams	Pep Band	Players
Best Buddies	Puppettes	Cheerleaders
Crafty Dogs	Cauldron	Trainers
Fellowship of Christian Athletes	Music Groups	Athletic Assistants
FKOM	DECA	Any school related dance
Forensic Teams	Band	Managers
Frankfort Fire Dance Team	Choir	
Key Club	Orchestra	
National Honor Society	High Life	
Plays/Musical/Big Broadcast		
Student Council/Class Officers		
Tri-M		
Z-Club		
Book Club		
Any new club, sport, or activity approved during the school year.		



Community Schools of Frankfort HOME LANGUAGE SURVEY

Student's Name _____ Date _____

Date of Birth _____ Age _____ Grade _____ School Year _____

TO BE COMPLETED BY THE PARENT OR GUARDIAN: 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, 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? _____
4. Where was your child born _____ (example: U.S., Mexico, etc.)?
5. How many years has your child been enrolled in U.S. Schools. _____

By signing below, you certify that responses to the 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 proficiency.

Parent/Guardian Signature

Date

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:** _____



Community Schools of Frankfort

ENCUESTA SOBRE EL IDIOMA DEL HOGAR

Nombre del estudiante _____ Fecha _____

Día de nacimiento _____ Edad _____ Grado _____ El año escolar _____

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL:

El Título VI, del Acta de los Derechos Civiles de 1964 Procedimientos y Cumplimiento del Lenguaje de Minorías, contiene requisitos legales que guían a las escuelas para determinar el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer instrucción significativa a todos los estudiantes como se requiere por Plyler v. Doe, 457 U.S. 202 (1982).

Esta encuesta del idioma que se habla en casa (HLS) establece el idioma principal de su hijo/a. Tiene que darse esta encuesta (HLS) a todos los estudiantes en el distrito escolar / escuela semi-autónoma. Esta encuesta (HLS) es administrada una vez, durante la matrícula inicial, y se queda en el archivo escolar acumulativo del estudiante.

Las respuestas de la encuesta son relacionadas con su hijo/a. Si se ha identificado que el idioma no es inglés a cualquiera de las tres preguntas, la escuela administrará la Prueba del Desarrollo del Inglés (LAS Links) para determinar si su hijo/a calificará para el programa de Desarrollo del idioma Inglés.

Respuesta las preguntas acerca del idioma(s) de su estudiante por favor:

1. ¿Cual es el idioma o el dialecto nativo de su **hijo/hija**? _____
2. ¿Cual idioma(s) es hablado más por su **hijo/hija**? _____
3. ¿Cual idioma habla su **hijo/hija** en casa con más frecuencia? _____
4. ¿Dónde nació su hijo/a _____ (por ejemplo: EE.UU., México, etcetera)?
5. ¿Cuántos años ha sido su hijo/a en las escuelas de los estados unidos? _____

Por medio de firmar abajo, usted certifica que las respuestas a las preguntas mencionadas arriba son relacionadas con su hijo/a. Usted entiende que si se ha identificado que el idioma no es ingles, 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. Todos los estudiantes en el programa de Desarrollo del idioma Inglés tienen el derecho a servicios que lo ayudaran a aprender el idioma Inglés y tendrá un examen cada año para determinar el nivel de inglés.

Firma del Padre/Madre/ o Representante Legal

Fecha

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 HEALTH INFORMATION

Student _____ Date of birth _____ Grade _____

Parent/Guardian _____

Day phone _____ Work phone _____

Emergency adult contact name and number _____

Check all that apply

ADD/ADHD _____	DIABETES _____	KIDNEY PROBLEMS _____
ALLERGIES (serious)* _____	DIZZINESS _____	MIGRAINES _____
ASTHMA (inhaler) _____	EAR PROBLEMS _____ (Tubes/infections)	NOSEBLEEDS _____ (frequent)
BLOOD DISORDER _____	FAINTING (frequent) _____	SEASONAL ALLERGIES _____
BROKEN BONES** _____	GLASSES (at all times) _____	SEIZURES/EPILEPSY _____
CONTACTS _____	GLASSES (reading only) _____	SURGERIES** _____
DAILY MEDICATIONS*** _____	HEART CONDITION _____	OTHER _____

***List any severe or serious allergies and treatment used**

Insect stings (list type) _____
 Food (list type) _____
 Animals (list type) _____
 Other (list) _____

****List any broken bones and/or surgeries**

*****List any daily medications**

Medication and Dosage/Strength	Reason	Amount Taken	Time of Day

List any other pertinent health information

I, the parent or guardians, give my permission to share this information as medically necessary with appropriate school personnel. YES _____ NO _____

Date _____ Parent/Guardian Signature _____

COMMUNITY SCHOOLS OF FRANKFORT

CHIRP REGISTRY CONSENT FORM

Child's Name

Birth date

CHIRP

CHIRP (Children and Hoosiers Immunization Registry Program) is the free and innovative online system that stores and updates immunization records of both children and adults in Indiana. It is confidential and free.

BENEFITS OF USING CHIRP

* Providers can determine when a patient is due or overdue for immunizations.

* Providers can print official records for parents, schools, camp, or employment.

*School nurse can correct errors, add data, compile data for state immunization reports.

I give the nursing staff of the Community Schools of Frankfort permission to register my child's immunization records into the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP). The information that may be needed is student's name, date of birth, address, phone number, and parent's name.

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information will be available to the immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school that is attended by the individual, a child care center, and the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning. 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.

Signature of Parent/Guardian

Date

Return to School Nurse



Indiana Department of Education

Glenda Ritz, NBCT

Indiana Superintendent of Public Instruction

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete a GED).


WORK SURVEY

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone: () _____

Date: _____ Parent Signature: _____

1. How long have you lived in this city/school district? _____
2. Within the last **3 years**, has your child(ren) moved from one school district to another within the United States, with a parent, relative or guardian so that person could look for seasonal or temporary work in agriculture? YES NO If you answered **NO**, please stop. 

If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____ Year _____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- | | |
|---|---|
| <input type="checkbox"/> Plant or harvest vegetables or fruits | <input type="checkbox"/> Canning vegetables or fruits |
| <input type="checkbox"/> Detassel corn | <input type="checkbox"/> Sod farm |
| <input type="checkbox"/> Tobacco farm | <input type="checkbox"/> Planting, pruning or cutting trees |
| <input type="checkbox"/> Poultry and/or egg farm | <input type="checkbox"/> Dairy farm |
| <input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant | <input type="checkbox"/> Flora culture/gladiola farm |
| <input type="checkbox"/> Aquaculture/fish hatcheries | <input type="checkbox"/> Green house or plant nursery |

Please list the names of all of the children in the household under 22 years of age.

	Child's Name	Date of Birth (D.O.B.)
	<div style="background-color: black; height: 20px; width: 100%;"></div>	
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

El Programa de Educación Migrante (MEP) provee educación y servicios suplementarios a niños que califican a través de fondos nacionales. El propósito de MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen elGED)


ENCUESTA DE TRABAJO

Gracias por contestar las siguientes preguntas. Si su hijo(a) resulta elegible para el Programa de Educación Migrante, podría recibir apoyo educativo adicional. La información es **totalmente confidencial**.

Nombre del Estudiante: _____ Nombres de los Padres: _____

Dirección: _____ Ciudad: _____ Teléfono:

Fecha: _____ Firma de los Padres: _____

1. ¿Cuanto tiempo han vivido en esta ciudad/distrito escolar? _____
2. Durante los **últimos tres años**, ¿Se han mudado sus hijos o han cambiado de distrito escolar dentro de los Estados Unidos, solos, con un padre o pariente, para que esa persona pudiera buscar trabajo temporal o de temporada en algo relacionado con la agricultura?
SI _____ **NO** _____ Sí contestó **NO**, favor de parar aquí. 

Sí contestó **SI**, favor de continuar.

3. ¿Cuando fue la última vez que usted o un miembro de su familia se mudó para trabajar en la agricultura? Mes _____ Año _____

4. Por favor marque en la parte abajo la actividad agrícola en la cual usted buscó trabajo o trabajó.

- | | |
|--|--|
| <input type="checkbox"/> Matadero de patos, pavo s, pollos, cerdos o vacas | <input type="checkbox"/> Enlatar o congelar verduras o frutas en la bodega |
| <input type="checkbox"/> La espiga (maíz) | <input type="checkbox"/> Trabajar en la siembra o cosecha de césped |
| <input type="checkbox"/> Cultivar tabaco | <input type="checkbox"/> Plantar, emparejar o cortar árboles |
| <input type="checkbox"/> Pollería o granja de huevo s | <input type="checkbox"/> G ranja de vacas lecheras |
| <input type="checkbox"/> Plantar o cosechar verduras o frutas | <input type="checkbox"/> C ultivar y cosechar flores |
| <input type="checkbox"/> Trabajar en un criadero de peces | <input type="checkbox"/> Tr abajar en la cría de plantas |

Por favor escribe los nombres de todos los niños, menos de 22 años de edad, que viven con usted.

	Nombre del niño(a)	Fecha de nacimiento
1.	<input type="text"/>	
2.	<input type="text"/>	
3.	<input type="text"/>	
4.	<input type="text"/>	
5.	<input type="text"/>	

FHS PARKING - \$3.00 (front office)

Driving to school is a privilege.

Student may not turn left onto Maish Road between 2:30 and 3:15

Students are to park only in the student parking lot.

Student may NOT remove vehicles without office permission.

The privilege of driving to school may be removed if a student exhibits conduct unbecoming of a responsible driver while driving to or from school or in the parking lot. Any vehicle parked on school property is subject to search by the principal or his/her designee. Violations of these student driver regulations will be addressed as follows:

1st offense: Student warned and parents notified.

2nd offense: Loss of driving privileges for one week and parents notified.

3rd offense: Loss of driving privileges for the remainder of the trimester & parents notified.

Student Signature

Date

Please print the following information.

Student name: _____ Tag# _____

Drivers License # _____ State _____ Expiration _____

Registered Owner _____

Insurance Company _____

Year of car: _____

Make of car: _____

Model of car: _____

Color of car: _____

License plate No. _____

Hanging Tags are to be placed on the rearview mirror of the windshield.

ESTACIONAMIENTO EN FHS – \$3.00

Manejar (o conducir) a la escuela es un privilegio.

El estudiante no debe doblar a la izquierda en Maish Road entre las 2:30 and 3:15

Los estudiantes deben estacionarse únicamente en el parqueadero estudiantíl.

El estudiante NO debe mover vehículos sin permiso de la oficina.

El privilegio de manejar a la escuela puede ser retirado si el estudiante exhibe una conducta inapropiada de un conductor responsable en camino a la escuela o al salir de la escuela o en el estacionamiento (parqueadero) de la escuela. Cualquier vehículo estacionado en la propiedad de la escuela está sujeto a una búsqueda por el director o persona designado/a. Las violaciones de este reglamento se tratarán de la siguiente manera:

Primera ofensa: Estudiante amonestado y los padres serán notificados.

Segunda ofensa: La pérdida de privilegios de conducción durante una semana y los padres serán notificados .

Tercer ofensa: La pérdida de privilegios de conducción durante el resto del trimestre y los padres serán notificados.

Firma del Estudiante

Fecha

Por favor imprima la siguiente información.

Nombre del Estudiante: _____ Etiqueta # _____

Lic. de manejar # _____ Estado _____ Expiración _____

Dueño Registrado _____

Compañía Aseguradora _____

Año del carro: _____

Marca del carro: _____

Modelo del carro: _____

Color del carro: _____

de la placa: _____

Etiquetas (tags) colgantes son para colocarse en el espejo retrovisor del parabrisas.

Frankfort High School

Principal
Steve Edwards

Assistant Principal
Kirsten Clark
Matt Hines

Athletic Director
Ed Niehaus

**One South Maish Road
Frankfort, IN 46041-2825
765-654-8545 FAX: 765-654-9224
Website: fhs.frankfortschools.org**

Guidance Counselors
Rebecca Johnson
Amy Hickson
Kurt Cantlon

Administrative Assistant
Carla Renick

Parents/Guardians & Student,

We want to inform you of your ability to access and read the Community Schools of Frankfort board approved Frankfort High School Student Handbook. The handbook can be accessed on the **Frankfort High School website** (fhs.frankfortschools.org) near the bottom of the page.

During your child's community time, his/her teacher will highlight specific aspects of the FHS student handbook. Please become familiar with the rules and expectations set forth for your child. We look forward to a successful school year. Please do not hesitate to contact the high school main office with any questions.

Sincerely,

Steve Edwards, Principal

Kirsten Clark, Asst. Principal

Matt Hines, Asst. Principal

I, _____, acknowledge that my parent/guardian and I understand how

(Student Name)

to access the student handbook and accept responsibility to understand the contents of the school handbook.

(Student Signature)

(Parent/Guardian Signature)