

For Office Use Only: SCHOOL ID#: _____ STATE TESTING #: _____

Date of Enrollment _____ Teacher _____ Transfer ☐ New Entry ☐ From _____

NEW CASTLE COMMUNITY SCHOOL CORPORATION

New Castle, IN 47362

PERMANENT RECORD INFORMATION SHEET
(To be completed and signed by student's parent/guardian)

STUDENT INFORMATION

Student's Legal Name _____
(Last Name) (First Name) (Middle Name)

Gender: ☐ Male ☐ Female To be enrolled in grade _____ Date of Birth _____

Social Security No. _____

SSN is used for testing & State Reporting purposes, however, it is not required and parents cannot be compelled to provide this information and students cannot be denied any rights or benefits.

Ethnicity: **(Required)** Is the student Hispanic or Latino ☐ Yes ☐ No

Race: (**✓ all that apply**) ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Pacific Islander ☐ White

Has student attended New Castle schools? Yes ☐ No ☐ If yes, year attended? _____ Which School? _____

Student's Street Address _____
(Street) (Apartment No.)

(City) (State) (Zip)

Mailing Address (if different) _____
(Street) (Apartment No.)

(City) (State) (Zip)

Birth Certificate: Yes ☐ No ☐ Birth Place _____
(City) (County) (State)

PARENT/GUARDIAN INFORMATION

Student's Parents are: (**✓ one**) ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Mother Deceased ☐ Father Deceased

MOTHER _____
(Last Name) (First Name) (Home Phone)

Daytime Phone (_____) Cell Phone (_____) E-Mail _____

Biological Mother has legal custody of student ☐ Yes ☐ No Biological Mother is living with student ☐ Yes ☐ No

Street Address/City/State/Zip Code _____

Employer _____
(Name) (City) (Phone)

FATHER _____
(Last Name) (First Name) (Home Phone)

Daytime Phone (_____) Cell Phone (_____) E-Mail _____

Biological Father has legal custody of student ☐ Yes ☐ No Biological Father is living with student ☐ Yes ☐ No

Street Address/City/State/Zip Code _____

Employer _____
(Name) (City) (Phone)

OTHER GUARDIAN OR STEP-PARENT INFORMATION

STEP-MOTHER _____ (Last Name) _____ (First Name) _____ (Home Phone)

Daytime Phone () _____ Cell Phone () _____ E-Mail _____

Step-Mother has legal custody of student ☐ Yes ☐ No Step-Mother is living with student ☐ Yes ☐ No

Street Address/City/State/Zip Code _____

Employer _____ (Name) _____ (City) _____ (Phone)

STEP-FATHER _____ (Last Name) _____ (First Name) _____ (Home Phone)

Daytime Phone () _____ Cell Phone () _____ E-Mail _____

Step-Father has legal custody of student ☐ Yes ☐ No Step-Father is living with student ☐ Yes ☐ No

Street Address/City/State/Zip Code _____

Employer _____ (Name) _____ (City) _____ (Phone)

GUARDIAN _____ (Last Name) _____ (First Name) _____ (Home Phone)

Daytime Phone () _____ Cell Phone () _____ E-Mail _____

Guardian has legal custody of student ☐ Yes ☐ No Guardian is living with student ☐ Yes ☐ No

Street Address/City/State/Zip Code _____

Employer _____ (Name) _____ (City) _____ (Phone)

If child resides with guardian, state authority of guardianship: _____

GUARDIAN _____ (Last Name) _____ (First Name) _____ (Home Phone)

Daytime Phone () _____ Cell Phone () _____ E-Mail _____

Guardian has legal custody of student ☐ Yes ☐ No Guardian is living with student ☐ Yes ☐ No

Street Address/City/State/Zip Code _____

Employer _____ (Name) _____ (City) _____ (Phone)

If child resides with guardian, state authority of guardianship: _____

SchoolMessenger Instant Parent Contact

SR Phone 1 _____

SR Phone 2 _____

SR Phone 3 _____

(EMERGENCY CONTACTS (other than parents))

If school officials are unable to reach the parent/guardian, it is very important to provide names of persons (other than parents) who can be contacted and allowed to pick up students in the event your child becomes ill or is injured.

EMERGENCY CONTACT 1

(First Name) (Last Name) (Relationship)
Home Phone () Cell Phone () Work Phone ()
Street Address/City/State/Zip Code _____

EMERGENCY CONTACT 2

(First Name) (Last Name) (Relationship)
Home Phone () Cell Phone () Work Phone ()
Street Address/City/State/Zip Code _____

EMERGENCY CONTACT 3

(First Name) (Last Name) (Relationship)
Home Phone () Cell Phone () Work Phone ()
Street Address/City/State/Zip Code _____

EMERGENCY CONTACT 4

(First Name) (Last Name) (Relationship)
Home Phone () Cell Phone () Work Phone ()
Street Address/City/State/Zip Code _____

EMERGENCY CONTACT 5

(First Name) (Last Name) (Relationship)
Home Phone () Cell Phone () Work Phone ()
Street Address/City/State/Zip Code _____

Family Physician _____ Phone () _____

Please list any medical problems, allergies, etc. OR other information about your child that we should be aware of:

Are there any religious or other objections to medical aid? ☐ Yes ☐ No Explain _____

OTHER INFORMATION

<u>Brothers/Sisters Names</u>	<u>Age/Birth Date</u>	<u>Male/Female</u>	<u>School Attending</u>
_____	/	_____	_____
_____	/	_____	_____
_____	/	_____	_____
_____	/	_____	_____

EDUCATIONAL INFORMATION

In order to obtain student records, please list other schools attended.

School Name _____ From _____ To _____

School Address _____ City, State, Zip _____

School Name _____ From _____ To _____

School Address _____ City, State, Zip _____

Does your child have an IEP? ☐ Yes ☐ No Does your child have a 504 Plan? ☐ Yes ☐ No

Does your child receive Special Services? ☐ Yes ☐ No (Speech, Hearing, Autism, Learning Disability, other)

TRANSPORTATION AND AFTER SCHOOL CARE

Student's primary transportation to and from school:

☐ Walk ☐ Transportation Arranged by Parent (car rider) ☐ Ride (Bus# _____)

After School Care: _____

Signature of Parent/Guardian _____ Date: _____

New Castle Community School Corporation
Community Education Center, 322 Elliott Avenue, New Castle, IN 47362

Dr. Matthew Shoemaker, Superintendent
Mr. Adam McDaniel, Assistant to the Superintendent
Mrs. Sherri Bergum, Director of Curriculum & Elementary Programs
Mrs. Megan Bell, Director of Finance

(765) 521-7201
Fax (765) 521-7268

August 2021

Dear Parents, Guardians, or Emancipated Minors,

JUST A REMINDER:

The purpose of this letter is to fulfill part of the requirements of the McKinney-Vento Homeless Assistance Act - Subtitle B, Education for Homeless Children and Youths.

What is homeless? People living in the following situations are considered homeless:

- Doubled up with family or friends less than one year
- Living in motels and hotels for lack of suitable housing
- Runaway or "Throw away" children
- Homes for unwed or expectant mothers for lack of a place to live
- Homeless and domestic violence shelters
- Transitional housing programs
- The streets
- Abandoned buildings or houses
- Public places not meant for housing
- Cars, trailers, and campgrounds
- Awaiting foster care
- Migratory children staying in housing not fit for habitation

If you are living in one of these situations, the New Castle Community School Corporation will:

- Enroll you immediately, even if you don't have all of the required paperwork
- Give you the right to school placement at the school in your student's best interest
- Provide you (the student) transportation to and from school (if applicable)
- Provide other services - breakfast, lunch, waiver of textbook rental and fees, etc.
- The right to appeal decisions regarding enrollment and services
- Provide the right to attend school and school activities without the fear of being singled out

If you believe that you are living in some of these circumstances, please ask the person assisting you to contact Kelley Cox immediately at 521-7215. He is the New Castle Community School's representative for families in these situations.

Sincerely,



Matthew Shoemaker
Superintendent

Everyone must complete the Housing Questionnaire on the back of the letter and return it to your school.

The New Castle School Corporation is an equal opportunity employer and prohibits discrimination in admission or access to, or treatment or employment in, its programs and activities.

Indiana Education for Homeless Children & Youth (INEHCY)
McKinney-Vento Homeless Education Program

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female (optional) Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month-Day-Year (preschool-12)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
☐ In a hotel/motel
☐ In a car, park, bus, train, or campsite
☐ Other temporary living situation (Please describe): _____
☐ In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date: _____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

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 GED/HSE).

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. Within the last 3 years, have your children moved for any reason? YES _____ NO _____
2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? YES _____ NO _____
If you answered NO to either of these questions, 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:

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

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

Child's Name	Date of Birth (D.O.B.)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

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

ENCUESTA DE TRABAJO

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

Nombre del Estudiante: _____ Nombres de los Padres: _____

Dirección: _____ Ciudad: _____ Teléfono: () _____

Fecha: _____ Firma de los Padres: _____

1. ¿Durante los últimos 3 años, se ha mudado su(s) hijo(s) por cualquier razón? **SÍ** _____ **NO** _____
2. ¿Se ha mudado alguien de su familia dentro de los Estados Unidos para buscar trabajo temporal o de temporada en algo relacionado con la agricultura? **SÍ** _____ **NO** _____

Si contestó **NO** a cualquiera de las dos preguntas, favor de parar aquí.



Si contestó **SÍ**, favor de continuar.

3. ¿Cuándo 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 que usted buscó trabajo o trabajó.

____ Matadero de patos, pavos, pollos, cerdos o vacas
____ La espiga (maíz)
____ Cultivar tabaco
____ Pollería o granja de huevos
____ Plantar o cosechar verduras o frutas
____ Trabajar en un criadero de peces

____ Enlatar o congelar verduras o frutas en la bodega
____ Trabajar en la siembra o cosecha de césped
____ Plantar, empárear o cortar árboles
____ Granja de vacas lecheras
____ Cultivar y cosechar flores
____ Trabajar en la cría de plantas

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

Nombre del niño(a)	Fecha de nacimiento
1.	
2.	
3.	
4.	
5.	



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Confidential

Military Children in Education

2021-22 School Year

Purpose: This questionnaire is the result of a Department of Defense (DOD) program supported by Indiana statute 20-19-3-9.4. Confidentially identifying military children and providing data on their attendance and educational outcomes, states can assist schools and districts by providing access to data to help inform policy and program decisions for this unique student population. In addition, DOD will benefit from this data in developing policy for military child education initiatives.

School Name: _____

Student's Grade Level: _____

Student's Full Legal Name: _____

Please print clearly

Please complete the questions that best describe your student's situation. It is possible to answer "yes" to both.

1. Is the above named student connected to an Active Duty military family: _____ Yes _____ No

Meaning a school-aged child, enrolled or in the process of enrolling in KG-12th grade, is claimed as a dependent by an Active Duty member of the Armed Forces of the United States; or the student and an Active Duty member(s) are of the same household whether or not the active duty member(s) claims the student as a dependent.

"Active Duty" means: full-time duty status in the active uniformed service of the United States.

2. Is the above named student connected to a Guard or Reserve military family: _____ Yes _____ No

Meaning a school-aged child, enrolled or in the process of enrolling in KG-12th grade, who is claimed as a dependent by a member of the National Guard or Reserve; or the student and National Guard or Reserve member(s) are of the same household whether or not the National Guard or Reserve member(s) claims the student as a dependent.

"National Guard or Reserve" means: members of the Reserve Component as defined in 10 U.S.C. Section 10101. Includes Army National Guard of US, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard of US, Air Force Reserve or Coast Guard Reserve.

ONLY for Students of an ADULT High School (IC 20-24-1-2.3)

Is the above named student an active member of the Armed Forces of the United States _____ Yes _____ No

OR

Is the above named student a member of the National Guard or Reserve _____ Yes _____ No

Signature: _____ Date: _____

This form shall be handled by schools in a confidential manner in accordance with IDOE Guidance (IC 20-19-3-9.4)

Adam McDaniel, Principal
Stephen Sullivan, Assistant Principal
Chris York, Dean of Students/Athletic Director

New Castle Middle School
601 Parkview Drive
New Castle, IN 47362

NEW CASTLE MIDDLE SCHOOL

STUDENT NAME: _____ STUDENT GRADE: _____
PLEASE PRINT

***WE WOULD LIKE TO SHARE OUR STUDENT ACTIVITIES AND SPORTS WITH FAMILY
AND COMMUNITY ON TWITTER, FACEBOOK AND INSTAGRAM.**

Please circle YES or NO to indicate your preference to us sharing your child's image.

****OUR STUDENT HANDBOOK CAN BE FOUND ON THE NCMS WEB PAGE.**

Please sign below indicating that you are aware of the location of our handbook for your information.

(This signature does not indicate that you agree with all of the rules for our school but that you know where to locate those rules.)

Parent Signature

Trina Wilkey, DNP, RN
Corporate Nursing Supervisor
New Castle Community Schools
Phone (765) 593.6670 Ext. 5260
twlkey@ncweb.me

Community Education Center
322 Elliott Avenue
Phone(765) 521-7201
Fax(765) 521-7268

New Castle Community School Corporation

I, _____, give New Castle Community School Corporation,
permission to release the following information concerning my child
_____ to the Indiana State Department of Health's Children
and Hoosiers Immunization Registry Program (CHIRP).

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.

Signature of Parent/Guardian(s)

Date

Printed Name of Parent or Guardian

School

Address

Telephone Number

Child's Name

Grade Level

Revised 6/2020

The New Castle School Corporation is an equal opportunity employer and prohibits discrimination in admission or access to, or treatment or employment in, its programs and activities.

Trina Wilkey, DNP, RN
Corporate Nursing Supervisor
New Castle Community Schools
Ph. (765) 593.6670 Ext. 5260
twilkey@ncweb.me

Jacob White
Principal
601 Parkview Drive
New Castle, IN 47362
Ph. (765) 521.7230 Fax. (765) 521.7269
jwhite2@ncweb.me

Tawnya Kelley
Health Assistant
New Castle Middle School
Ph. (765) 521.7230 Ext. 5120
tkelley2@ncweb.me

NEW CASTLE COMMUNITY SCHOOL CORPORATION NEW CASTLE MIDDLE SCHOOL

Student Name: _____

Birth Date: _____ Grade: _____ Phone Number: _____

Parent/Guardian: _____

Health History: Check all that apply:

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Asthma
<input type="checkbox"/> Behavioral			
<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures	<input type="checkbox"/> Cystic Fibrosis
<input type="checkbox"/> Developmental	<input type="checkbox"/> Gastric	<input type="checkbox"/> Headache	<input type="checkbox"/> Hearing
<input type="checkbox"/> Kidney	<input type="checkbox"/> Malignancy	<input type="checkbox"/> Migraine	<input type="checkbox"/> Neurological
<input type="checkbox"/> Psych			
<input type="checkbox"/> Tumor	<input type="checkbox"/> Urinary	<input type="checkbox"/> Visual	<input type="checkbox"/> Other

Details for any checked above or not listed: _____

Allergies:

Allergy: _____	Severity: _____	Treatment: _____
Allergy: _____	Severity: _____	Treatment: _____
Allergy: _____	Severity: _____	Treatment: _____

Restrictions: (All restrictions require a physician's order on file at the school)

Dietary: ☐ YES ☐ NO Activity: ☐ YES ☐ NO

Details: _____

Diseases:

Has your child had the chickenpox? ☐ YES ☐ NO Month/Year: _____

Medications:

Please fill out the medication permission form available in the Health Office regarding any medication to be left at your student's school.

Additional Information:

Please state any additional important health related information:

Acknowledgement

To ensure the health and well-being of my child, I understand that state and federal laws allow pertinent health information to be provided to appropriate school personnel. This will be done only on a "need to know basis" in a confidential manner. I agree to alert the school nurse/health assistant of any changes in my child's medications or health status. I agree to notify the school of any change in phone numbers, addresses, and emergency contacts so that I can be quickly located in case of an emergency.

Parent/Guardian Name

Date

Parent/Guardian Signature

Relationship to Student

Concerns/Questions:

Any health related questions or concerns can be discussed with the corporation nursing supervisor or the health assistant at your child's school. Please refer to the contact information above.

Nursing Only:

Reviewed by: _____

Date: _____

Student Internet/Network Acceptable Use and Safety Agreement

As an Internet/network user and a user's parent(s) or guardian(s), we agree that must adhere to the following:

Print Student Name

1. The use of computers and networks at New Castle Community School Corporation is a privilege, not a right. Students must conduct themselves in a responsible, ethical and legal manner. Appropriate use of language as indicated by the school codes of conduct is required. Inappropriate use or vandalism of the computers and/or networks, including any violation of these guidelines, will result in cancellation of that privilege. We understand that vandalism is defined as any activity that disrupts the System, or other Users' use of the System.
2. Students may only access the New Castle Community Schools' network and Internet by using their assigned network user account. Use of another person's account/address/password is prohibited. Students may not allow other users to use their network account/address/password for any reason. We understand that passwords, accounts, names, addresses and phone numbers and files are private information and not to be shared, accessed or altered in any way on the networks or the Internet.
3. The purpose of Internet and other networks used at New Castle Community School Corporation is strictly educational. Playing games or using networked resources for non-academic purposes is not permitted unless supervised by school staff. We, not New Castle Community School Corporation, will accept the fiscal responsibility for any personal transactions conducted, and will pay any debt or liability personally created. Students are responsible for their behavior and communications on the Internet and are expected to abide by the generally accepted rules of network etiquette of: (1) Not transmitting pictures or other information that could be used to establish your identity without prior approval of a teacher; and (2) Never agree to get together with someone you "meet" online without prior parent approval.
4. We understand that videos recorded by teachers (using google Meet,loom, or other means) for use with distance and virtual instruction are to not be downloaded and shared with others in New Castle Schools or the world at large. Downloading or disseminating videos of classroom instruction or other materials recorded or posted by teachers or other staff is a violation of this Agreement.
5. We are aware of U.S. copyright laws, will properly attribute material obtained through Internet Access and not infringe the copyrights of others and understand that we, not New Castle Community School Corporation, will accept the legal responsibility for any violation of federal or state statutes, rules, or regulations.
6. We understand that New Castle Community School Corporation has taken precautions and can continue to take precautions, to monitor access to inappropriate materials; however, on a global network it is impossible to control all materials. We understand that transmission or reception of threatening, obscene, pornographic, abusive, or unlawful materials is not appropriate and will result in the cancellation of the privilege to use Corporation computers and networks. Monitoring may include, but is not limited to, visual observations of online activities during class sessions; or use of specific monitoring tools to review browser history and network, server, and computer logs. We are aware that the New Castle Community School Corporation, in its own discretion, reserves the right to remove any material which is threatening, obscene, pornographic, abusive, or unlawful.
7. Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on Internet, you must notify an Administrator or Teacher. Do not demonstrate the problem to other users. Do not use another individual's account without written permission from that individual. Attempts to login as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.
8. The New Castle Community School Corporation reserves the right to monitor storage space utilization by users. School administrators and New Castle Community School Corporation personnel may monitor Users' Internet Access and use of the System.
9. The New Castle Community School Corporation does not warrant that the functions of the computers, lines, or networks will meet any specific requirements the user may have, or that it will be error free or uninterrupted; nor shall it be liable for any direct or indirect, incidental, or consequential damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the system.

Google Apps for Education

The New Castle Community School Corporation utilizes Google Apps for Education for students, teachers, and staff. This permission form describes the tools and student responsibilities for using these services. As with any educational endeavor, a strong partnership with families is essential to a successful experience.

Services are available, but not limited, to each student and hosted by Google as part of New Castle Community School Corporation's online presence in Google Apps for Education. These services are entirely online and available 24/7 from any Internet-connected computer. These services are:

Mail - an individual email account for school use managed by the New Castle Community School Corporation. **Calendar** - an individual calendar providing the ability to organize schedules, daily activities, and assignments. **Docs** - a word processing, spreadsheet, drawing, and presentation toolset that is very similar to Microsoft Office. **Sites** - an individual and collaborative website creation tool.

Guidelines for the responsible use of Google Apps for Education by students:

1. Official Email Address. All students will be assigned a *username@ncweb.me* email account. This account will be considered the student's official NCS email address until such time as the student is no longer enrolled with the New Castle Community School Corporation.

2. Security. NCCSC cannot and does not guarantee the security of electronic files located on Google systems. Although Google does have a

Updated August 10, 2020

Student Internet/Network Acceptable Use and Safety Agreement

As an Internet/network user and a user's parent(s) or guardian(s), we agree that must adhere to the following:

Print Student Name _____

powerful content filter in place for email, NCCSC cannot assure that users will not be exposed to unsolicited information.

3. Privacy. The general right of privacy will be extended to the extent possible in the electronic environment. New Castle Community School Corporation and all electronic users should treat electronically stored information in individuals' files as confidential and private. However, users of student email are strictly prohibited from accessing files and information other than their own. The Corporation reserves the right to access the username@ncweb.me Google systems, including current and archival files of user accounts when there is reasonable suspicion that unacceptable use has occurred.

Technology use in the New Castle Community School Corporation is governed by federal laws including:

Children's Online Privacy Protection Act (COPPA)

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, advertising is turned off for New Castle Community School Corporation's presence in Google Apps for Education. No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context. The school's use of student information is solely for education purposes. —COPPA — <http://www.ftc.gov/privacy/coppafaqs.shtml>

Family Educational Rights and Privacy Act (FERPA)

FERPA protects the privacy of student education records and gives parents the rights to review student records. Under FERPA, schools may disclose directory information (See Board Policy JOA) but parents may request the school not disclose this information. Parents are provided the opportunity annually to opt out of disclosing their student's directory information on the Corporation's Enrollment Form. —FERPA — <http://www.ed.gov/policy/gen/guid/fpco/ferpa>

The Board has approved the initiating, implementing, and enforcing and its accompanying guidelines as they apply to students' use of the Network.

- a. H.R. 4577, P.L. 106-554, Children's Internet Protection Act of 2000
- b. 47 U.S.C. 254(h), (l), Communications Act of 1934, as amended (2003)
- c. 18 U.S.C. 1460
- d. 18 U.S.C. 2246
- e. 20 U.S.C. 6801 et. Seq., Park F, Elementary and Secondary Education Act of 1965, as amended (2003)
- f. 20 U.S.C. 6777.9134 (2003)
- g. 76 F.R. 56295.56303

By signing below, I confirm that I have read and understand the following:

Under FERPA and corresponding Indiana law, a student's educational work are protected from disclosure to third parties. I understand that my student's educational work stored in Google Apps for Education may be accessible to someone other than my student and the New Castle Community School Corporation by virtue of this online environment. My signature below confirms my consent to allow my student's education record to be stored by Google.

I understand that by participating in Google Apps for Education, information about my child will be collected and stored electronically. I have read the privacy policies associated with use of Google Apps for Education (<http://www.google.com/a/help/intl/en/edu/privacy.html>). I understand that I may ask for my child's account to be removed at any time.

As the student's parent or legal guardian, I agree to this agreement and will indemnify the Corporation for any fees, expenses, or damages incurred as a result of my child's use or misuse of the Network or equipment. Parents/guardians who do not wish for their children to participate in activities requiring access to corporation networks should notify the building administrator in writing.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Parent/Guardian Printed Name _____

Student Printed Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Note: To be signed by both parents if married or by the custodial parent(s) if not married or all guardian(s). This form shall remain in full force and effect until revoked in writing by the parent(s) or guardian(s).



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

* Complete ONLY if you are new to Indiana

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: _____

2023-2024 NCMS 6th GRADE SUBJECT SELECTION SHEET
PLEASE RETURN TO YOUR TEACHER BY 3/10/23

_____/_____/_____/ M or F
(LAST NAME) (FIRST NAME) (MIDDLE) (GENDER)

* _____/
(PARENT/GUARDIAN NAME) (PHONE AND/OR EMAIL ADDRESS)

* _____/
(PARENT/GUARDIAN NAME) (PHONE AND/OR EMAIL ADDRESS)

Please circle which elementary you attend:

Eastwood Parker Riley Westwood Wilbur Wright Sunnyside

SCHEDULING INFORMATION- Create your schedule below!

1) The required core subject areas (plus homeroom) Please check mark each one:

- ___ English
___ Math
___ Science
___ Social Studies
___ Homeroom (Some students will be selected to be in a homeroom enrichment period, with extra help in math and English.)

2) Quarterly 9 Week Rotational Classes (Specials)

(Students will take 4 nine week rotational classes- **PE & Health are required.** The other two, you may choose!)

- ___ Technology
(Check TWO) ___ PLTW (Project Lead the Way)
___ Art

3) Elective Classes:

(Student CANNOT BE PLACED IN BAND UNTIL INSTRUMENT ARRANGEMENTS ARE MADE WITH THE BAND DEPARTMENT. Call 593-6695 to make arrangements for instrument display and sign-up or if unable to attend instrument displays.)

- ___ Band _____ (all year)
 instrument
(Check ONE) ___ Choir (all year)
___ Exploring World Languages (one semester)/General Music(one semester)

****High Ability:** Please consider my student for a high ability course based upon data benchmarks ILEARN, IREADY, and academic achievement in 5th grade. ___ English ___ Math

*Signature of parent or guardian _____

2023-2024 NCMS 7th GRADE SUBJECT SELECTION SHEET

PLEASE RETURN TO YOUR TEACHER BY 3/10/23

STUDENT INFORMATION

_____/_____/_____
(LAST NAME) (FIRST NAME) (MIDDLE) M or F
(GENDER)

*_____
(PARENT/GUARDIAN NAME) (PHONE AND/OR EMAIL ADDRESS)

*_____
(PARENT/GUARDIAN NAME) (PHONE AND/OR EMAIL ADDRESS)

SCHEDULING INFORMATION

Six of the 7 periods in the school day are required.

The required subjects are: (Please mark regular or honors English and math) ***Acceptance to an honors class is not guaranteed.***
This begins the application process.

*English Regular _____ or Honors _____

*Math Regular _____ or Honors _____

Science

World History

PE (Sem)

PLTW (9 weeks) & FACS (9 weeks)

Homeroom (All students will have a homeroom period. Some students will be selected to be in a homeroom enrichment period, with extra help in math and English).

The elective subjects are:

(NO STUDENT WILL BE PLACED IN BAND UNTIL INSTRUMENT ARRANGEMENTS HAVE BEEN MADE WITH THE BAND DEPARTMENT. Call 593-6695 to make arrangements for instrument display and sign-up or if unable to attend instrument displays.)

(CHECK ONE) _____ Band _____ (all year)
instrument
_____ Choir (all year)
_____ Introduction to Agriculture (one semester)/Art (one semester)

*Signature of parent or guardian _____

2022-2023 NCMS 8th GRADE SUBJECT SELECTION SHEET

_____/_____/_____ M or F
(LAST NAME) (FIRST NAME) (MIDDLE) (GENDER)

_____/_____
(PARENT/GUARDIAN NAME) (PHONE AND/OR EMAIL ADDRESS)

_____/_____
(PARENT/GUARDIAN NAME) (PHONE AND/OR EMAIL ADDRESS)

SCHEDULING INFORMATION

The required subjects are: *(Please mark Regular or Honors for each subject listed below)*

English 8 Regular ____ or Honors ____
Math 8 Regular ____ or Alg IC ____ or Alg IIC (must have completed Alg I) ____
Science 8 Regular ____ or Honors ____
US History Regular ____ or Honors ____

The required semester and 9 week courses are:

Preparing for College and Careers (Semester) AND Physical Education (Semester)
Industrial Tech (9 weeks) AND Health (9 weeks)

The elective subjects are:

Semester long electives- Please select 1st choice and 2nd choice below

****(We will try to honor your 1st choice if available)*

____ Introduction to Business
____ Engineering Essentials (only offered 1st semester)
____ Intro to Advanced Manufacturing and Logistics (only offered 2nd semester)
____ Advanced Art
____ Project Lead the Way - App Creators
____ Agriculture

Please mark ONE elective below – these electives are year long

____ Choir (audition required if not in choir now)
____ Wind Ensemble (band) ____ I was not in band in 7th grade
____ Study Skills
____ Spanish *At least a B- in English/Language Arts, and an Approaching Proficiency score on ILEARN during 7th grade school year, and or teacher permission*

***Signature of parent or guardian** _____

Fill out this form completely and return it to the NCMS Main Office.

This form is due by March 10th.

Please call Mrs. Diep, 7th grade counselor, or the NCMS
office at 521-7230, if you have any questions.

