

SPRINGS VALLEY Jr-Sr HIGH SCHOOL ENROLLMENT FORM 2023-24

PARENT OR GUARDIAN: Completion of this form is extremely important. PLEASE FILL THIS FORM OUT COMPLETELY.

My student is enrolling for ____ traditional SV classes ____ SV Academy.

All students must have proof of residency. This includes mortgage statements, bills, lease agreements, medical bills, etc with name and address visible and dated within 60 days of enrollment.

Full Legal Name of Student: _____
DOB: _____ Place of Birth: _____ SS#: _____
Mailing Address: _____
Physical Address (if different): _____

City: _____ State: _____ Zip Code: _____

Primary Household- If your child splits his/her time between two households please list the house he/she spends the majority of their time in this section. The person listed as parent/guardian 1 will receive all the e-mail correspondence from the school.

Parent/Guardian 1: _____
Primary Guardian DOB: _____ Primary phone number: _____
Cell phone number: _____ Guardian Email address: _____
Do you live in the SV School district? _____ If no, what district do you live in? _____
Employer: _____ Work phone number: _____

Parent/Guardian 2 (in the same household): _____
Cell phone number: _____ Email address: _____
Employer: _____ Work phone number: _____
Primary Household Parent/Guardians relationship to the student: (please circle) parents, mother, father, grandparents, foster parent, educational guardian, father and stepmother, mother and stepfather, host family, other _____
Do you have reliable internet access? _____

****2ND Household-** If your child spends part of his/her time with a 2nd household or has a parent living in a 2nd household please fill out the following section. If your child only has one household please skip this section.

Parent/Guardian 1: _____
Primary phone number: _____ Cell phone number: _____
Guardian Email address: _____
Mailing Address: _____
Physical Address (if different): _____

City: _____ State: _____ Zip Code: _____
Employer: _____ Work phone number: _____

Parent/Guardian 2 (in the same household): _____
Cell phone number: _____ Email address: _____
Employer: _____ Work phone number: _____
Parent/Guardians relationship to the student: (please circle) parents, mother, father, grandparents, foster parent, educational guardian, father and stepmother, mother and stepfather, host family, other _____
Should the 2nd Household receive correspondence from the school? (please circle) Yes No

****If you do not want your child's picture in social media post or in the newspaper please provide written notice to the guidance office.**

****Student information is only sent to the primary household unless you have marked to make it available to the 2nd household.**

Emergency Information: In case of emergency or illness during school hours, we will contact the guardian at home or work. If we are unable to reach you, we will call the contacts listed below. Please list someone local other than the guardians.

CONTACT: _____ P# _____

CONTACT: _____ P# _____

*Your doctor or an ambulance will be called only in the most serious situation.

DOCTOR'S NAME: _____ Phone# _____

Date Enrolled _____ Grade entering _____

Name and address of previous school _____

Phone # of previous school _____ Date Withdrew _____

Has your child ever been in special education classes? _____ Does your child have a current IEP? _____

Does your child have a current 504 plan? _____

Do you have students in the elementary school? _____ What are their names? _____

Do you have other students in the jr-sr high school? _____ What are their names? _____

Will your child be riding a bus? _____ Has your child ever attended SV? _____

Ethnicity and Race

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 American, or other Spanish culture or origin, regardless of race.)

What is the individual's race? (choose all that apply)

_____ 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 subcontinental including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ Black or African American: A person having origins in any of the black racial groups of Africa.

_____ Native Hawaiian or Other Pacific Islander: 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, North Africa, or the Middle East.

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

_____ STN Number

_____ Transferred STN Number

_____ Transcript request date

_____ Transcript received date

_____ Data Sheet sent

_____ Cash Transfer Application

_____ Bus number

_____ Third Party Guardianship

_____ New student spreadsheet sent out

_____ Proof of Residency

Other: _____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

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: _____



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. _____	_____



DEPARTMENT OF EDUCATION

Dr. Jennifer McCormick
Superintendent of Public Instruction

Working Together for Children's Success

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

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

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: _____



Springs Valley Junior-Senior High School

Office of the Principal

326 South Larry Bird Boulevard, French Lick, IN 47432-1062

Phone (812)936-9984 Fax (812)936-9266



Troy Pritchett
Assistant Principal

Kyle Neukam
Principal

Sasha Robison
Treasurer

I, _____, give consent for Springs Valley Community Schools to place my child, _____, in the random drug testing program. I understand and have access via the school website to corporation policy 5530.01. I agree to the terms of placing my child in this selection process based on voluntary choice, his/her privilege of driving to school, enrollment in an extra/co-curricular program and/or turning in a physical form which makes him/her eligible to play in any athletic program for the school. I also consent for the school to keep my child enrolled in the random drug testing program until he/she has graduated or withdrawn.

Student

Date

Parent/Guardian

Date

_____ My child, _____, will not be participating in any extra/co-curricular activities or driving to school this year.

Springs Valley School Corporation CHIRP Permission Slip

I, _____, give the Springs Valley Schools, permission to release the following information concerning my child _____ to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

The information posted on CHIRP will include the student's name, date of birth, all immunization dates, address, parent/guardian, race and 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.

Signature

Date

Printed Name of Parent or Guardian

Address

() _____
Telephone Number

Child's Name

Grade Level

School