

Emergency Information

Grade Level: _____

Student Name: _____ Date of Birth: _____
Home Address: _____ Home Phone: _____
Mother's Name: _____ Father's Name: _____
Mother's Employer: _____ Father's Employer: _____
Mother's Work Phone: _____ Father's Work Phone: _____
Mother's Cell Phone: _____ Father's Cell Phone: _____

In the event that you cannot be reached, list two people who will assume temporary care of your child and/or will be able to give permission for child to drive home if necessary.

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Physician's Name: _____ Office Phone: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and/or emergency personnel for treatment and/or transport.

I hereby give parental permission to have the school provide/administer: (please check all that apply)

Benadryl _____ Tylenol _____ Ibuprofen _____ Antacid _____ Cough Drops _____ *Epi-Pen _____
*To be used only in the event of a sudden life-threatening allergic reaction.

Medical Problems

Allergies (Drug, Insect, Food, Other):

*Only appropriate school personnel will have access to this information as needed for the health and safety of the students. Confidentiality is stressed to employees of Delaware Community School Corporation.

I hereby give parental permission to have the school administer the following medications. These are to be stored in the nurse's office with the understanding that medication is to be provided by the parents in the original containers.

Prescription medicines must be accompanied by a physician's order.

Medications: _____

Signature of Parent or Guardian:

_____ Date: _____

Over →

has your child had: (please circle the correct response):

ASTHMA	Yes	No
If yes, medications, instructions if has asthma episode at school: _____		

KNOWN ALLERGIES	Yes	No
If yes, describe: _____		

CHICKENPOX date: _____	Yes	No
BEE STING ALLERGY	Yes	No
If yes, medications (will these be kept at school?), instructions if stung at school: _____		

DIABETES	Yes	No
If yes, indicate treatment regime: _____		

EPILEPSY OR SEIZURES	Yes	No
If yes, medication; precautions: _____		

HEART CONDITION	Yes	No
If yes, describe: _____		

ORTHOPEDIC PROBLEM	Yes	No
If yes, describe: _____		

SURGICAL OPERATION	Yes	No
If yes, date and type: _____		

JUVENILE ARTHRITIS	Yes	No
HEARING PROBLEM	Yes	No
GLASSES OR CONTACTS	Yes	No
MEDICATION	Yes	No
If currently taking, please list name, dosage, frequency, and reason: _____		

MEDICAL PROBLEMS	Yes	No
which require a specific procedure to follow: _____		

OTHER INFORMATION	Yes	No
that might help in protecting your child's health: _____		

Delaware Community Schools 2011-2012 Transportation Form

Printed Name of Student: _____

Name of School: _____

Daytime phone and name of person who can make decisions about transportation: _____

Student's Home Address: _____

A New Student

Transportation is the Same as Last Year

There is a Change in Transportation

First day of school my child will be:

Picked Up by Car

Go to Latchkey

Taking Bus to Home

Other _____

My child does not need transportation at this time. (You may call 765-288-7555 if this situation changes.)

After the first day of the school year : (fill out both am and pm schedule)

AM Transportation

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Bus at Home	<input type="checkbox"/> Bus at Home	<input type="checkbox"/> Bus at Home	<input type="checkbox"/> Bus at Home	<input type="checkbox"/> Bus at Home
<input type="checkbox"/> Latchkey	<input type="checkbox"/> Latchkey	<input type="checkbox"/> Latchkey	<input type="checkbox"/> Latchkey	<input type="checkbox"/> Latchkey
<input type="checkbox"/> Dropped at School/Car	<input type="checkbox"/> Dropped at School/Car	<input type="checkbox"/> Dropped at School/Car	<input type="checkbox"/> Dropped at School/Car	<input type="checkbox"/> Dropped at School/Car
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

PM Transportation

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Bus to Home	<input type="checkbox"/> Bus to Home	<input type="checkbox"/> Bus to Home	<input type="checkbox"/> Bus to Home	<input type="checkbox"/> Bus to Home
<input type="checkbox"/> Latchkey	<input type="checkbox"/> Latchkey	<input type="checkbox"/> Latchkey	<input type="checkbox"/> Latchkey	<input type="checkbox"/> Latchkey
<input type="checkbox"/> Picked up at school	<input type="checkbox"/> Picked up at school	<input type="checkbox"/> Picked up at school	<input type="checkbox"/> Picked up at school	<input type="checkbox"/> Picked up at school
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

If your student is picked up or dropped off at another site other than home, you must fill out the back of this page completely.
The site must be approved by transportation.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

**Delaware Community Schools
Transportation Alternate Site Form**

Printed Name of Student: _____

Site A

Contact Person: _____

Relationship: _____

Phone: _____

Address: _____

City/Town: _____ Zip: _____

Site B

Contact Person: _____

Relationship: _____

Phone: _____

Address: _____

City/Town: _____ Zip: _____

Rules for Alternate Sites

1. Alternate sites must be within the elementary school boundary which your child attends.
2. The alternate site must be on an existing elementary school route.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date: _____

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11432(a). Your answers will help the administrator determine residency documents necessary for enrollment of your student(s).

Student _____ Parent/Guardian _____
School _____ Phone/Cell _____
Age _____ Grade _____ D.O.B. _____
Address _____ City _____
Zip Code _____ Is this address Temporary or Permanent?

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- With friends or family members (other than parent/guardian)
- Shelter or other temporary housing

If you are living in shared housing, please check all of the following reasons that apply:

- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- To enable child to attend Delaware Community Schools
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living without your parents or guardians? Yes No

Residency and Educational Rights

Students who are in temporary, inadequate, and homeless living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the school in whose attendance area they are currently staying even if they do not have all of the documents normally required at the time of enrollment;
- 2) Access to free meals and textbooks, Title I and other educational programs, and other comparable services including transportation;
- 3) To attend the same classes and activities that students in other living situations also participate in without fear of being separated or treated differently due to their housing situations.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at (765) 284-5074 or the State Coordinator at (800) 833-2199.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth *Date*

Signature of McKinney-Vento Liaison *Date*

Delaware Community School Corporation

Food Service Department

9800 N County Road 200 East

Muncie IN 47303

765-287-8567

Parent Permission for Second Entrees, ala Carte Items, and Breakfast

The Food Service Department has noticed that many elementary students are purchasing second entrees and ala carte items in addition to their full lunch. Some examples of ala carte items being purchased are baked chips, pizza, and fruit roll ups. After observing the students, much of the additional food purchased is being thrown out. Because of our concern that parents may not want to pay the additional cost, and the concern of childhood obesity, we are requiring the following permission slip be filled out by the parent for their child to purchase an ala carte item or breakfast. **NO BREAKFAST OR ALA CARTE PURCHASES WILL BE ALLOWED INCLUDING EXTRA MILK WITHOUT A SIGNED PERMISSION SLIP!**

Student's Name: _____

Grade: _____ Teacher: _____

I **give** my permission for _____ to purchase additional
Print Child's Name Here

ala Carte items in the school cafeteria. **I realize that I will be responsible for those charges.**

I **do not give** my permission for _____ to purchase additional
Print Child's Name Here
ala Carte items in the school cafeteria.

I **give** my permission for _____ to purchase breakfast in
Print Child's Name Here
the school cafeteria. **I realize that I will be responsible for those charges.**

I **do not give** my permission for _____ to purchase breakfast in
Print Child's Name Here
the school cafeteria.

Parent Signature _____ Date _____

Printed Signature _____

PLEASE RETURN FORM IN YOUR STUDENT'S LUNCH ENVELOPE
A FORM MUST BE FILLED OUT AND RETURNED FOR EACH STUDENT

For Office Use Only:

Date Received: _____

Signature of Cafeteria Manager _____

OFFICE OF SUPERINTENDENT
DELAWARE COMMUNITY SCHOOL CORPORATION

7821 State Road 3 North

Muncie, IN 47303

Phone: 765-284-5074

Fax: 765-284-5259

Board of Education

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Darin K. Gullion, Assistant Superintendent

Dear Parents,

Keeping parents informed and involved helps to assure student safety and improve student success. With today's on-the-go lifestyles, it has become more difficult for schools to reach families quickly and effectively. This is why our school has decided to once again use the Honeywell Instant Alert[®] for Schools.

Instant Alert for Schools is an essential tool for notification and communication. Within minutes of an emergency, school officials can use Instant Alert to deliver a single, clear message to the students' parents or guardians by telephone, cell phone, e-mail, pager or PDA in any combination. Instant Alert can also be used to notify you of a school closing due to inclement weather. It's an equally effective way to keep you informed of everyday activities, such as event times and locations as well as schedule changes.

Instant Alert is Internet based, allowing each family to maintain a secure, password protected online profile. Included in this letter is an instruction sheet for accessing the system and creating your profile. You can log into your profile at any time to update your contact information. Maintaining the accuracy of your profile will increase the ability of the school to keep you informed.

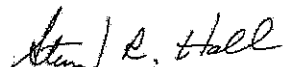
Your online profile will enable you to:

- Input your personal contact information
- Select which type of school information you would like to receive on each of your contact devices
- Add contact information of other caretakers of your children, such as a grandparent or neighbor
- View the alerts that have been sent to you in the past

The system will be ready for you to use at <https://instantalert.honeywell.com> on September 7, 2010. We encourage all of you to take advantage of this opportunity, as we will be utilizing this system for school-to-home communication.

If you need assistance with your profile, please go to <https://instantalert.honeywell.com> and click on the **Help Request** link on the lower right hand side of the page, or contact the school at 765-284-5074. Be sure to set your e-mail spam filter to receive e-mail from Honeywell.com. If you do not have access to a computer, please feel free to come to the school to use our facilities. We hope you enjoy this new service!

Sincerely,



Steven R. Hall, Superintendent

Honeywell Instant Alert® for Schools

Parent User Interface

Website URL: <https://instantalert.honeywell.com>

Minimum Requirements

Register and create your account

1. Go to the Honeywell Instant Alert for Schools website listed above.
2. If you are not a staff member in the school, click on 'Parent' in the New User box.
3. If you are a staff member in the school, use the user name and password given to you by the school.
4. Complete the student information form. Click 'Submit.'
5. Complete the corresponding screen. Click 'Submit.'
6. After receiving the Confirmation message, click 'Proceed' to get started with Instant Alert.
7. *Note:* Remember your Login Name and Password so you may use it to update your profile.

View and check details about yourself and your family members

1. Upon successful login, click on 'My Family.'
2. Click on a parent name to view and edit parent details.
3. Click on a student name to view details about your children enrolled in this school.

Configure alert settings for yourself

1. Click on 'Alert Setup.'
 2. Click on the check boxes to select which alert type you would like to have sent to which device. Click on 'Save' when complete.
 3. If you would like to add another contact device, select the device type and enter the device details. Select the person to whom the device belongs and click on 'Add.'
 4. For e-mail, text messaging and pagers you may send yourself a test message. Click on 'Send Test Message' to send yourself a message.
-

Additional Functions

View History of Alerts

Click on 'Alert History' to view Alerts that have been sent to you. Use the calendar icons and 'Alert Type' list to filter the Alerts.

Identify key contacts for your children

1. Click on 'Other Contacts.'
 2. Click on 'Add New Contact' and complete the form.
 3. Click on the 'Pick Up Rights' check box if you wish to allow this person the right to pick up your child from school. This person's name will appear on a report for the school.
 4. Click on 'Save' when complete.
 5. If you would like this person to receive Alerts from the school, return to the 'Alert Setup' page to configure this person's alert settings.
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For Assistance: <https://instantalert.honeywell.com>

Click on the **Help Request** link in the lower right hand side of the page

Be sure to set your e-mail spam filter to receive e-mail from Honeywell.com.

DELAWARE COMMUNITY SCHOOL CORPORATION
2011-2012 SCHOOL CALENDAR

			Teacher Days	Student Days	
Th	8-11	First Teacher Day			
M	8-15	1 st Student Day	15	13	Aug
M	9-5	Labor Day/No School			
F	9-16	Mid Term (All Schools)	21	21	Sep
F	10-14	End 1 st 9 Wk Grading Period (All schools)			
Th	10-20	Elementary Conference Day			
F	10-21	Professional Development Day	20	18 elem.	
F/M	10-21/10-24	Fall Break/No School		19 sec.	Oct
F	11-18	Mid Term (All Schools)			
Th/F	11-24/11-25	Thanksgiving	20	20	Nov
T	12-20	Last Student Day for Secondary			
W	12-21*	End of Semester (All Schools)			
		Last Student Day for Elementary			
		Teacher Record Day for DMS.DHS (Secondary Make Up Day*)	15	15 elem. 14 sec.	Dec
Total Days for 1 st Semester			91	87 (all)	
T	1-3	Begin 2 nd Semester			
		Classes Resume for Elem/DMS/DHS			
M	1-16*	Martin Luther King Jr. Day (No School)/Possible Make Up Day*	20	20	Jan
T	2-3	Mid Term (All Schools)			
M	2-20*	President's Day (No School)/Possible Make Up Day*	20	20	Feb
F	3-9	End of 3rd 9 Wk Grading Period (All schools)			
F-F	3-23/3-30	Spring Break/No School	16	16	Mar
F	4-6**	Good Friday (No School) /Possible Make Up Day**			
F	4-27	Mid Terms (All Schools)	20	20	Apr
W	5-23	Last Student Day			
		End of 2 nd Semester for Elem/DMS/DHS			
Th	5-24***	Teacher Record Day (Make Up Day**)	18	17	May
S	6-2	Commencement			
Total Days 2nd Semester			94	93	
Total Days for the Year			185	180	

* 12-21, 1-16 and 2-20 may be used as make up days if needed.

** 4-6 may be used as a make up day if needed to prevent moving graduation.

*** All other make up days will begin after the last student day of May 23, 2012 as needed.

RULES FOR STUDENTS RIDING SCHOOL BUSES:

1. All school corporation and building rules and policies must be obeyed at all times.
2. Upon recommendation of the Transportation Director, school authorities may temporarily or permanently deny the privilege of riding on the school bus to any students who refuse to obey these rules and policies.
3. Student's refusal to obey rules, policies, or directives given by the driver, will be reported to the Transportation Director and Principal.
4. Students shall enter and leave the bus in an orderly fashion.
5. Students shall be seated immediately upon entering the bus.
6. Students shall remain seated while the bus is in motion.
7. Students shall remain quiet enough not to distract the driver.
8. Students shall be waiting on time at their boarding station when the bus arrives.
9. Exercise extreme caution in getting to and from your assigned bus stop.
10. Do not play on or near the road while waiting for the bus to arrive.
11. Wait until the bus comes to a complete stop before trying to load or unload.
12. When you must cross the road to enter the bus, or after leaving the bus, always cross 10 feet in front of the bus.
13. No windows or doors will be opened or closed except by permission of the bus driver. Windows will be opened no more than halfway.
14. Students shall not extend arms or other parts of their body outside the windows.
15. Students shall not throw objects inside the bus or out through windows.
16. Loud, boisterous, profane language, or indecent conduct will not be tolerated.
17. Students shall neither purposely nor carelessly destroy property.
18. Students shall not be allowed to tease, scuffle, trip, hold, hit, or use their hands, feet, or body in any objectionable manner.
19. Students shall not bring unauthorized articles onto the bus (i.e. combustibles, large articles, weapons or animals).
20. No smoking or use of tobacco products.
21. At driver's discretion, only radios with earphones that do not disturb others, will be permitted on the bus.
22. Students must have a written note signed by parents/guardians and approved by the principal to be dropped off at an address which is not their normal drop off site.
23. Alternate sites must be within the elementary school boundary which your child attends.
24. The alternate site must be on an existing elementary school route.
25. Must stay seated in a forward position staying out of aisle keeping aisle clear