WMS/WHS APPLICATION

SCHOOL CITY OF WHITING

1500 CENTER STREET
WHITING, INDIANA 46394
(219) 659-0656 • (219) 473- 4008 FAX

David A. Verta, Ed.S
SUPERINTENDENT OF SCHOOLS
Dverta@ns.whiting.k12.in.us

BOARD OF SCHOOL TRUSTEES
Jonathan Toth, President
Christopher Davenport, Vice President
Patti Herbst, Secretary
Thomas Ehrlich, Trustee
Rena Mindas, Trustee

Dear Parents/Guardians of Non-Resident Students: **February 9, 2026**

Thank you for your interest in the School City of Whiting. Enrollment packets are available for pick up from **February 9, 2026 to March 27, 2026**. **Take note of the following information pertaining to your child's eligibility for enrollment:**

1. **Application Pick Up** – Enrollment Packet Applications need to be picked up at the Administration Building located at 1500 Center Street, Door A from **Monday, February 9, 2026 to Friday, March 27, 2026.**

2. **Application Period** – **Completed applications must be returned to the Administration Building by *appointment Only* by calling Jessica Belford at 219-659-0656 ext. 128 between February 9, 2026 and March 27, 2026, hours 8:00-3:00p.m. *Friday, March 27, 2026 is the last day applications will be accepted no exceptions.*** Your application must include the following information and as long as parents have proof of Indiana residency:

   - **School Official Request Form from Students' Current School** - A letter from your students' current school official should state that the student has not been suspended for ten (10) or more school days; expelled; or has violated the corporations' drug or alcohol rules during the twelve (12) months preceding the students' request to transfer. This letter/form is part of the application and must be returned with the packet.
   - **Required Documents** - Birth Certificate; Immunization Record; and Social Security Card are required.
   - **Proof of Residency** - Proof of Indiana residency form is mandatory and must be part of the application.

On **Monday, March 30, 2026**, once all applications are received, a determination will be made whether or not the number of applications exceeds the number of available slots at each grade level and a lottery will be held. If a lottery is not required, you will be notified of your child's enrollment by mid-April. **If a lottery is necessary, it will be held at the April 27, 2026 regular school board meeting at 6:00 PM.**

You will be notified by mail of the status of your child's application following the April 27th school board meeting. Questions pertaining to the application packet can be directed to Jessica Belford at the Administrative Building at 219-659-0656 ext. 128

Sincerely,

David A. Verta, Ed.S.
Superintendent of Schools

SCHOOL CITY OF WHITING
1500 Center Street – Whiting, IN 46394

2026 – 2027 School Year
Non-resident Transfer Student Admission Application

Name of Student: _____ **Current Grade:** _____

Address of Student: _____

Parent/Guardian Name: _____

Address of Parent/Guardian: _____

Phone Number: (Home)_____ **(Cell)**_____ **Email** _____

Name of Last School Attended:_____

Address of School: _____ **Phone:**_____ **Fax:** _____

I am requesting enrollment at Grade _____ for school year 2026-2027.

Please respond to the following questions. This information will be used to determine your admission eligibility. ***Application does not guarantee enrollment.***

1. Has the student been suspended for ten (10) or more days during the twelve (12) months preceding this request to transfer?

   Yes_____ No_____

2. Has the student been expelled during the twelve (12) months preceding this request to transfer?

   Yes_____ No_____

3. Has the student violated the Corporation's drug or alcohol rules during the twelve (12) months preceding this request to transfer?

   Yes_____ No_____

4. Does the student have a sibling that is currently enrolled in the School City of Whiting?

   Yes_____ Name and Grade of Sibling: _____ No_____

5. Does the student have a parent that is currently employed in the School City of Whiting?

   Yes_____ Name of Parent: _____ No_____

2026-2027 SCHOOL CITY OF WHITING
Admission Application Page 2

ENROLLMENT GUIDELINES

a. Proof of Indiana residency must be provided prior to activating the enrollment application procedure.

b. The non-resident transfer student must meet the pre-entrance requirements established by Indiana law:

   The student has not been suspended for ten (10) or more school days, expelled, or has violated the Corporation's drug or alcohol rules during the twelve (12) months preceding the student's request to transfer.

c. All students meeting the pre-entrance requirements will be admitted to the School City of Whiting if there is an available slot at the grade level requested.

d. A public lottery will be held at the April 2026 regular school board meeting to select students when the requests for enrollment exceed the number of slots available.

e. All names will be drawn during the lottery. Once the slots are filled, the remaining names will be added to a waiting list in the order drawn.

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I AGREE TO BE SUBJECT TO THE ENROLLMENT GUIDELINES. I ALSO AGREE TO PROVIDE A SIGNED RECORDS RELEASE FORM THAT CONSENTS TO THE CURRENT SCHOOL RELEASING MY CHILD'S INFORMATION.

Parent/Guardian Signature: _____

Official Date and Time of Application: _____ _____
(DATE) (TIME)

FOR OFFICE USE ONLY

School City of Whiting 2026 – 2027
Non-Resident Transfer Student Information Sheet

Date: _____

Name of Student: _____ **Current Grade:** _____

Does the student meet the eligibility criteria based on discipline?

Residency Documents Approved: **Yes**_____ **No** _____

Transfer Approved:_____**Denied:**_____ **(Reason)** _____

Signature of Principal: _____ **Date:** _____

Revised 1/2/26

SCHOOL CITY OF WHITING

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Dear School Official:

The School City of Whiting accepts non-resident transfer students in compliance with I.C.20-26-11-32. The following student has submitted an application to enroll as a transfer student for the 2026/2027 school year. Pursuant to State law, a students' application as a transfer student may be denied based on the student's discipline record at the current school. Please accept this request for the following information in regard to this student:

Student Name:_____Current Grade:_____Date of Request _____

Current School:_____City/State:_____

1. Has the student been suspended for ten (10) or more school days during the twelve (12) months preceding the student's request to transfer? Yes No

2. Has the student been expelled during the twelve (12) months preceding the Student's request to transfer? Yes No

3. Please indicate reason(s) for suspension and/or expulsion:

   ____ Possession of a firearm, deadly weapon, or a destructive device;
   ____ Causing physical injury to a person;
   ____ Violation of the Corporation's drug or alcohol rules;
   ____ Gang-related activities;
   ____ Other: _____
   _____

4. Disciplinary Record (if any) Please attach a printed copy of the student's disciplinary record for their Twelve (12) months preceding this request to transfer.

5. Printed Name of School Official:_____ Title:_____

   Signature of School Official: _____ Phone Number:_____

Thank you for completing this form. If you have any questions, please do not hesitate to contact my secretary at 219-659-0656 extension 128 or email: Jbelford@ns.whiting.k12.in.us.

Sincerely,

David A. Verta, Ed.S
Superintendent of Schools

SCHOOL CITY OF WHITING
ENROLLMENT PACKET
2026-2027 School Year

Adopted by
The Board of School Trustees

October 10, 2000
(Revised January 2026)
in Support of Board Policy #5113

Questions concerning the enrollment process should be directed to the Superintendent's Office by calling 219-659-0656 ext. 128

Proof of Residency should be submitted to the Administration Building located at 1500 Center Street, Door A for approval.

Building Administrators:

Nathan Hale Elementary: Julie Pearson, Principal
Whiting Middle School: David Borsits, Principal
Whiting High School: David Borsits, Principal

SCHOOL CITY OF WHITING
CUMULATIVE RECORD ENROLLMENT CHECKLIST

The following items must be in the possession of our school before enrollment can occur. A staff member will initial and date this form upon receipt of required documentation.

Student Enrollment Data

_____ Original Birth Certificate

_____ Immunization Record

_____ Transfer Form

_____ Release of Information - Records Form

Rental Data

_____ Notarized affidavit from landlord supporting residence (Form #1);

_____ Affidavit supporting residency (Form #2) **(Form #1 Required if Rental);**

_____ Utility turn-on slips (cable, phone, NIPSCO);

AND____ Change of Address Form from Post Office (if no utility bill);

Home Ownership Data

_____ Mortgage papers, or

_____ Closing statements, or

_____ Property Tax Receipt, or

_____ Deed

AND____ Current Utility Receipt (Form)

Administrative Investigation

_____ History check at previous school;

_____ Random residency checks;

Custodial Documentation

_____ Copy of divorce decree;

_____ Petition for Guardianship and certified copy of guardianship order signed by the issuing judge;

_____ Document from County Department of Welfare showing assignment of guardianship;

Example of Items NOT Accepted as Proof of Residency:

- **Lease Agreement**
- **Rent Receipt**
- **Letters from a Landlord**
- **Disconnect Notices from a Utility Company**

IMPORTANT: All court orders **must be filed, stamped and signed by clerk**; All orders of protection **must be current** and copy at the local police department.

SCHOOL CITY OF WHITING ENROLLMENT PROCEDURE

(Consonant with Board Policy #5113)

Dear Parent/Guardian:

To enroll as a student in the School City of Whiting, the following must be provided:

General Enrollment Information:

1. **A completed Cumulative Record Enrollment Checklist**
2. **Release of Information and/or Records Form**
3. **Immunization Records**
4. **Original Birth Certificate**
5. **Transfer Form (from previous school)**
6. **Home Language Survey**

The School City of Whiting will contact the school previously attended to verify the student's status at that school and to obtain the necessary student records. When the records have been received and the student's residence verified, he/she will be enrolled in the Whiting school system.

Residency Requirements: By Indiana State law, students may attend school only in the attendance area of the school corporation in which the student's parents reside, unless specific guardianship or custodial arrangements have been made (*see below*); or unless the student pays transfer tuition according to the school district's tuition policy. The parents' residence must be their permanent residence and not a temporary or special arrangement. To establish that the student's legal settlement is within the boundaries of the School City of Whiting, parents must provide:

1. **Proof of Home Ownership/Rental/Other Housing Arrangement**

   a) Proof of ownership through mortgage papers, property tax receipt, closing statement, or deed; or

   b) Proof of rental (Form #1); or

   c) If the family is living with relatives or other persons, an affidavit attesting that the family is residing at the Whiting address will be required from the person with whom the family is living (Form 2). **If the family is living with someone who rents, Form 1 must accompany Form 2.**

2. **Proof of Occupancy**

   a) Utility turn-on receipt, utility bill in name of parents, or other equivalent proof of residence at a Whiting address.

Please note that if, after the student's enrollment, the School City of Whiting obtains information that the family does not reside within Whiting, the School City of Whiting will investigate the matter and may require the parents to produce additional information verifying their residency within the school boundaries.

If it is determined that the family does not reside within Whiting's boundaries, expulsion proceedings will be initiated.

Custodian/Guardianship Arrangements

If a student does not reside with his/her parents, and an individual claims to have been awarded custodianship or guardianship of the student to be enrolled, the guardian will be required to present:

1. The Petition of Guardianship and a certified copy of the Guardianship signed by the Judge of the Court.

2. A copy of tax forms indicating that the child has been claimed as an exemption with the guardian's employer.

3. Documents indicating that the new guardian has placed the child on his/her health insurance plan at his/her place of employment.

In addition, the individual agrees to random home visits by the School City of Whiting Attendance Officer to verify the student's residence with the individual.

The School City of Whiting will investigate any information it receives concerning any student's attempts to circumvent the state's legal residency requirements. If the School City of Whiting determines that the student does not live within the school boundaries, or lives within the school boundaries under a living arrangement with someone other than parents, primarily established for the reason of attending school in the Whiting school system, expulsion proceedings will be initiated.

I acknowledge that I have read this document and fully agree to abide by this policy.

_____	_____
Signature of Parent/Guardian	*Date*
Names(s) of Student(s)	**School**
_____	_____
_____	_____
_____	_____

School City of Whiting Enrollment Procedure
(Form 1)

Affidavit from Landlord

(To be completed by landlord – the person renting out the place of residence)

I, _____ swear/affirm under penalty of perjury that the
(Landlord of Property)

student(s) named _____
(names of student(s)

and the custodial parent _____,
(custodial parent name)

are residing in property of which I am the landlord. This property is located at:

_____, _____, Indiana.
(street address of property) *(city)*

These individuals moved in to the property on: _____
(month)

_____ 20_____. I may be reached at: (___)_____
(date) *(year)* *phone number)*

between the hours of _____ and _____.

_____
(Landlord's Signature)

Sworn and subscribed before me this _____day of _____,
(date) *(month)*

of _____. _____, Resident of Lake
(year) *(Notary Public Signature)*

County. My Commission Expires on:_____

My phone number is:_____

School City of Whiting Enrollment Procedure
(Form 2)

Affidavit Supporting Residence

(To be completed by the individual with whom the student and custodian are living)

I, _____ swear/affirm under penalty of perjury that the
(Head of Household's Name)

student(s) named _____
(names of student(s)

and the custodial parent _____,
(custodial parent name)

are residing at my house, located at: _____, _____,
(street address of property) *(city)*

Indiana.

These individuals moved in with me on: _____
(month)

_____ 20____. I may be reached at: (____) _____
(date) *(year)* *phone number)*

I am ____ I am not____ related to the student. If related, how: _____

The primary purpose of the student residing with me is *not* to attend school in the School City of Whiting.

_____
(Head of Household's Signature)

Sworn and subscribed before me this _____day of _____,
(date) *(month)*

of _____. _____, Resident of Lake
(year) *(Notary Public Signature)*

County. My Commission Expires on:_____

My phone number is:_____

School City of Whiting Enrollment Procedure
(Form 2A)

Affidavit from Landlord

(To be completed by landlord – the person renting out the place of residence)

I, _____ swear/affirm under penalty of perjury that the
(Landlord of Property)

student(s) named _____
(names of student(s)

and the custodial parent _____,
(custodial parent name)

are residing with my tenant in property of which I am the landlord. This property is located at:

_____, _____, Indiana.
(street address of property) *(city)*

These individuals moved in to the property on: _____
(month)

_____ 20_____. I may be reached at: (____) _____
(date) *(year)* *phone number)*

between the hours of _____ and _____.

_____ _____
(Landlord's Printed Name) *(Landlord's Signature)*

Sworn and subscribed before me this _____day of _____,
(date) *(month)*

of _____. _____, Resident of Lake
(year) *(Notary Public Signature)*

County. My Commission Expires on:_____

My phone number is:_____

School City of Whiting
Student Enrollment Information

_____ Date of Birth: _____

Last Name First Middle

Grade: _____ Country of Birth: _____

Number of years attending school in the United States: _____

****

Has child ever attended an Indiana School? Yes _____ No _____

Name of Indiana school: _____

Name of previous school: _____

Address of previous school: _____

Grade at previous school: _____

Principal's name: _____

****

Has child ever attended a Whiting Public School? (check below)

Nathan Hale_____ Whiting Middle _____Whiting High_____

Date transferred from previous school:_____

Does the student have an I.E.P.? **Yes _____ No _____**

Has the student been identified as High Ability **Yes _____ No _____**

Does the student receive any special services? **Yes _____ No _____**

If yes, what services does the child receive? _____

_____

Was child expelled from previous school? Yes ____ No _____

Has child ever been retained? Yes ____ No _____

If yes, what grade was child retained in? _____

Rev. 1/17

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

Student's Name _____

Grade _____

Parent Completing Form _____ Date _____

Race and Ethnicity: (***Note: Both Part 1 and Part 2 of the question must be answered.)***	
Part 1: Ethnicity	Is this individual Hispanic/Latino? *(Choose only one)* ☐ No, not Hispanic/Latino ☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
Part 2: Race	What is the individual's race? *(Choose one or more)* ☐ 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 subcontinent 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, the Middle East, or North Africa.

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

Observer identification conducted by: _____ Date _____

Form Updated: 5/2010

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:_____

Departamento de Educación de Indiana

Dra. Katie Jenner, Secretaria de Educación

Home Language Survey (HLS) Spanish Version

Encuesta del Idioma en el Hogar

El Decreto de los Derechos Civiles de 1964, Titulo VI, Cumplimiento de Normas para Minorías en Lenguaje, requiere a los distritos escolares y escuelas semi-autónomas que determinen el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer instrucción útil a todos los estudiantes de acuerdo con Plyler v. Doe, 457 U.S. 202 (1982).

El propósito de esta encuesta es determinar el idioma principal de su hijo/a en el hogar. Esta encuesta (HLS) tiene que darse a todos los estudiantes en el distrito escolar/escuela semi-autónoma. Esta encuesta (HLS) es administrada una vez, durante la matrícula inicial en Indiana, y permanece en el archivo acumulativo del estudiante.

Por favor tenga en cuenta que las respuestas a la encuesta corresponden solamente a su hijo/a. Si en alguna de las tres preguntas escritas abajo, usted identifica un idioma diferente al inglés, la escuela administrará el examen WIDA Screener para determinar si su hijo/a calificará para el programa de desarrollo del idioma inglés.

Por favor responda las siguientes preguntas acerca del idioma(s) hablado por su estudiante:

1. ¿Cuál es el idioma o el dialecto nativo de su **hijo/hija**? _____
2. ¿Cuál es el idioma(s) más hablado por su **hijo/hija**? _____
3. ¿Cuál idioma(s) habla su **hijo/hija** en casa? _____

Nombre del Estudiante:_____ **Grado:**_____

Nombre del Padre, Madre o Guardián: _____

Firma del Padre, Madre o Guardián:_____ **Fecha:**_____

Al firmar aquí, usted certifica que las respuestas a las tres preguntas mencionadas arriba corresponden a su hijo/a. Usted entiende que si se ha identificado un idioma diferente al inglés, 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. Si entra en el programa de desarrollo del idioma inglés, su hijo/a, tendrá derecho a servicios que lo ayudarán a aprender el idioma inglés y tendrá un examen cada año para determinar su nivel de inglés.

For School Use Only / Para Uso de la Escuela Únicamente:

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.	

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, emparejar 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 Identification of Military Children within Indiana Education:

Pursuant to Indiana Code (IC) 20-19-3-9.4, the Department of Defense (DOD) and Indiana Department of Education (IDOE) support this program, which confidentially identifies military children to provide data on their attendance and educational outcomes, allowing Indiana to assist schools and districts in informing policy and programming decisions to best support this unique student population. DOD and IDOE will also utilize this data to support policy development for military children education initiatives.

School Name: _____ Corporation Name: _____

Student's Legal Name: _____ Student's Grade Level: _____

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 grades K-12, 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 National Guard or Army Reserve military family? Yes: ____ No: ____

Meaning a school-aged child, enrolled or in the process of enrolling in grades K-12, who is claimed as a dependent by a member of the National Guard or Army Reserve; or the student and National Guard or Army Reserve member(s) are of the same household whether or not the National Guard or Army 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 STUDENT (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 an active member of the National Guard or Army 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).

Departamento de Educación de Indiana

Dr. Katie Jenner, la Secretaria de Educación

Identificación confidencial de niños militares en educación en Indiana:

Conforme a Indiana Code (IC) 20-19-3-9.4, el Departamento de Defensa (DOD) y el Departamento de Educación de Indiana (IDOE) apoyan este programa, que identifica confidencialmente a los niños militares para proporcionar datos sobre su asistencia y resultados educativos, lo que permite a Indiana ayudar a las escuelas y distritos a informar las decisiones políticas y de programación para apoyar mejor a esta población estudiantil única. El Departamento de Defensa y el IDOE también utilizarán estos datos para apoyar el desarrollo de políticas para las iniciativas de educación de los niños militares.

Nombre de la escuela: _____ Nombre del distrito: _____

Nombre del estudiante: _____ Grado escolar: _____

Por favor, responda las preguntas que mejor describan la situación de su estudiante. Es posible responder "sí" a ambas preguntas

1. ¿El estudiante mencionado anteriormente está relacionado con una familia militar en servicio activo?
Si: ____ No: ____

Significa que un niño en edad escolar, inscrito o en proceso de inscribirse en los grados K-12, es reclamado como dependiente por un miembro en servicio activo de las Fuerzas Armadas de los Estados Unidos; o el estudiante y un miembro en servicio activo son del mismo hogar independientemente de que el miembro en servicio activo reclame o no al estudiante como dependiente.

"Servicio activo" significa el estado de servicio a tiempo completo en el servicio uniformado activo de los Estados Unidos.

2. ¿El estudiante mencionado anteriormente está relacionado con una familia militar de la Guardia Nacional o de la Reserva del Ejército? Si: ____ No: ____

Significa un niño en edad escolar, inscrito o en proceso de inscribirse en los grados K-12, que es reclamado como dependiente por un miembro de la Guardia Nacional o la Reserva del Ejército; o el estudiante y el miembro(s) de la Guardia Nacional o la Reserva del Ejército son del mismo hogar, independientemente de que el miembro(s) de la Guardia Nacional o la Reserva del Ejército reclamen o no al estudiante como dependiente.

"Guardia Nacional o Reserva" significa: miembros del Componente de Reserva según se define en la Sección 10101 del Título 10 del Código de los Estados Unidos. Incluye la Guardia Nacional del Ejército de los EE. UU., la Reserva del Ejército, la Reserva de la Armada, la Reserva del Cuerpo de Marines, la Guardia Nacional Aérea de los EE. UU., la Reserva de la Fuerza Aérea o la Reserva de la Guardia Costera.

SOLO PARA ALUMNOS DE UNA ESCUELA SECUNDARIA ADULTA (IC 20-24-1-2.3)

¿El estudiante mencionado anteriormente es un miembro activo de las Fuerzas Armadas de los Estados Unidos? Si: ____ No: ____

O

¿El estudiante mencionado anteriormente es un miembro activo de la Guardia Nacional o de la Reserva del Ejército? Si: ____ No: ____

Firma: _____ **Fecha:** _____

Las escuelas deberán manejar este formulario de manera confidencial de acuerdo con la guía de IDOE (IC 20-19-3-9.4).

APPENDIX A

School City of Whiting McKinney-Vento Residency Form

Student Name_____**Date of Birth**_____**Grade Level**_____

The McKinney-Vento Homeless Assistance Act defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes children who "are temporarily sharing the housing of other persons due to the loss of housing or economic hardship."

☐ *Does not apply; student is not homeless*

Please check one of the following statements if your family is experiencing temporary homelessness:

☐ *Living in a shelter, including transitional housing shelters. Please provide name of shelter and address* _____

☐ *Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation--Please provide information regarding area in which student is living:*

_____

☐ *Living in hotels/motels for lack of other suitable housing – Please list name and address of hotel/motel:* _____

_____

☐ *Doubled-up; temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where student is living:*

- *Address:*_____

Please answer the following if you checked one of the four boxes above:

How long do you expect to be at this address? _____

Are you seeking permanent housing?_____ Date student moved to this address:_____

Is a parent living in the home with the student? _____

If no, with whom is student living?_____Relationship: _____

A McKinney-Vento Liaison representing the district may be in contact with for clarification or bus transportation.

We have read the information provided & indicated our living circumstances above specific to the McKinney-Vento Act:

_____ _____

Parent/Guardian/Unaccompanied Youth Signature Date

Office Use Only:_____Does Qualify under McKinney-Vento Act_____Does NOT Qualify

_____ _____

McKinney-Vento Liaison/Appointee Signature Date

Formulario de Residencia McKinney-Vento

Nombre del Estudiante _____
Fecha de Nacimiento _____ **Nivel de Grado**_____

La Ley de Asistencia a Personas sin Hogar McKinney-Vento (Titular X, Parte C, de la ley, Que Ningún Niño Se Quede Atrás) define como "sin hogar" a "individuos que carecen de una residencia nocturna fija, regular y adecuada." Esto incluye a niños que "están compartiendo **temporalmente** la vivienda de otras personas debido a la pérdida de vivienda o dificultades económicas."

☐ *No es aplicable; El estudiante sí tiene hogar*

Por favor marque *una* **de las siguientes afirmaciones si su familia está experimentando temporalmente la falta de vivienda:**

☐ *Viviendo en un refugio, incluyendo refugios de vivienda de transición (por ejemplo: The Rise, Stepping Stones); en espera de un hogar para cuidado temporal, etc.– Por favor, indique el nombre del refugio:*_____
*y dirección:*_____

☐ *Viviendo en las calles, edificios abandonados, en automóviles, remolques, campamentos, lugares públicos, alojamiento no apto para vivienda – Por favor proporcione información acerca del área en la que el estudiante está viviendo:*

_____

☐ *Viviendo en hoteles/moteles por falta de otra vivienda adecuada – Por favor escriba el nombre y la dirección del hotel/motel:*

_____

☐ *Viviendo adjunto;* ***Temporalmente*** *viviendo con familia o amigos debido a la falta de una vivienda adecuada o condiciones financieras. Por favor, indique la dirección donde el estudiante está viviendo:*

Dirección:_____

Por favor, responda a lo siguiente si usted marcó alguno de los cuatro bloques de arriba:
¿Cuánto tiempo espera usted estar en ésta dirección? _____
¿Está usted buscando una vivienda permanente? _____
Fecha en la cual el estudiante se mudó a ésta dirección: _____
Está uno de los padres viviendo en la casa con el estudiante? _____
En caso negativo, con quién está viviendo el estudiante? _____
Cuál es su relación: _____

El trabajador social de la escuela puede estar en contacto con usted si clarificaciones son necesarias o transporte de autobús.

Hemos leído la información proporcionada e indicado anteriormente nuestras circunstancias de vivienda con respecto a la Ley McKinney-Vento:

_____ _____
Firma del Padre/Tutor/Jóvenes no acompañados *Fecha*

Sólo para uso de la oficina:
_____ Sí Califica bajo la Ley McKinney-Vento _____ NO Califica

_____ _____
McKinney-Vento Coordinador/Firma de la persona designada Fecha

School City of Whiting

Random Drug Testing Consent Form

All Enrolled Students Must Have a Consent Form on File

I have received a copy and have read/understand the "School City of Whiting Extracurricular Activities Student Random Drug Testing Policy." I desire that _____ participate in this program, and in the extracurricular program of School City of Whiting, and hereby, voluntarily agree to be subject to its terms for the upcoming school year. I accept the method of obtaining urine specimens and oral swabs, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens or mouth swab samples 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 Privacy 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.

I understand that by signing this form I will be in the School City of Whiting Drug Testing Pool for the duration of my enrollment at The School City of Whiting.

Date: _____, 20____

_____ _____

Student Signature Parent/Guardian Signature

I, _____, have decided **NOT** to participate in any extracurricular activities sponsored by The School City of Whiting. In order for me to participate in any extracurricular activity program at a later date, I understand that I will be required to sign the above Consent Form and enter the random drug testing candidate pool for the duration of my enrollment at The School City of Whiting.

Date: _____, 20____

_____ _____

Student Signature Parent/Guardian Signature

School City of Whiting

Forma de Consentimiento de Actividades Extraescolares

Todos los Estudiantes Inscritos Deben Tener Una Forma Archivada

Yo e recibido una copia y e leido/comprendido la "Polisa de Pruebas de Drogas al Azar Para Actividades Extraescolares del Distrito Escolar de Whiting." Yo deseo que _____ participle en este programa, y el programa extraescolar del distrito escolar, y por la presente, voluntariamente acepto ser sujeto a sus terminos para el proximo año. Acepto el metodo de obtener muestras de orina y hisopos bocales, examinacion, y analisis de tales muestras, y todos los otros aspectos del programa. Estoy de acuerdo a proveer muestras de orina o saliba bocal que puedan ser requeridas de vez en cuando.

Ademas doy mi consentimiento para que las muestras, examenes, y resultados sean divulgados a quien corresponda segun el programa. Este consentimiento es dado en conformidad con todos los Estatutos de Privacidad del Estado y Nacionales, y es una renuncia de los derechos de no divulgar records o resultados de tales examenes solo al grado de divulgar para este programa.

Comprendo que al firmar este formulario formare parte de la Lista del Distrito Escolar de Whiting por el resto del tiempo en el cual este inscrito/matriculado en una escuela del Distrito Escolar de Whiting.

Fecha: _____, 20____

_____ _____

Firma de Estudiante Firma del Padre o Tutor Legal

Yo, _____, e decidido **NO** participar en cualquier actividad extraescolar patrocinada por el Distrito Escolar de Whiting. A fin de participar en cualquier programa extraescolar en el future, comprendo que es obligatorio firmar el acuerdo de arriba y entrar a la lista de candidatos para los examenes de drogas para el resto de mis dias como estudiante en una escuela de Whiting.

Fecha: _____, 20____

_____ _____

Firma del Estudiante Firma del Padre o Tutor Legal

WHITING MIDDLE/HIGH SCHOOL
STUDENT INFORMATION
2026-2027 SCHOOL YEAR **GRADE**_____

NAME_____ SEX_____
(Last) (First) (Middle)

ADDRESS_____
House/Apt. # Street City State Zip

HOME PHONE_____ BIRTHDATE_____ S.S.#_____

Father's Name_____ Cell Phone #_____

E-mail Address_____

Employer_____ Work Phone # _____ Ext._____

Mother's Name _____ Cell Phone # _____

E-mail Address_____

Employer_____ Work phone #_____ Ext._____

EMERGENCY CONTACT INFORMATION

Name_____ Relationship to student_____ Phone _____
Cell Phone _____

Name_____ Relationship to student_____ Phone _____
Cell Phone _____

STUDENT LIVES WITH (check one):
___Parents
___Mother
___Father
___Mother& Stepfather
___Father & Stepmother
___Grandparent(s)
___Guardian

ETHNICITY (check one):
___1) No, not Hispanic/Latino
___2) Yes, Hispanic/Latino
(Cuban, Mexican, Puerto Rican South or Central American, or other Spanish culture or origin, regardless of race.)

RACE (check one):
___1) American Indian or Alaska Native
___2) Asian
___3) Black or African American
___4) Native Hawaiian or Other Pacific Islander
___5) White

SIBLINGS: (Attending School City of Whiting)

Name (First/Last)	**Grade**	**Name (First/Last)**	**Grade**

PARENT/GUARDIAN SIGNATURE_____ **Date** _____

Whiting Middle/High School
OILER UP

Mr. David Borsits, Principal
Mr. Jorge Torres, Assistant Principal
Mr. Adam Musielak, Dean / Athletic Director
Ms. Kelly Morando, Assistant Athletic Director
www.whiting.k12.in.us

Whiting Middle School
1800 New York Avenue
Whiting, Indiana 46394
Phone: (219) 473-1344
Fax: (219) 473-4017

Whiting High School
1751 Oliver Street
Whiting, Indiana 46394
Phone: (219) 659-0255
Fax: (219) 473-1341

Records Request

Name of School: _____

Address: _____

Phone: _____

Fax: _____

Please send transcripts of the records listed below for named students via fax or listed email (kallen@ns.whiting.k12.in.us). Also, please send any other information pertinent to the educational needs of the students:

- Academic Records
- Health Records
- Test Results
- Individual Education Plan (IEP)
- Attendance and/or Behavioral Discipline
- Birth Certificate
- Indiana State Test Number (STN)
- Home Language Survey
- Other meaningful data

_____ _____

Student's Name Current Grade

_____ _____

Date Name of School Requesting

SCHOOL CITY OF WHITING
Office of the School Nurse
(219) 4734019 or (219) 473-4029

School Year **2026/2027**

I will need to obtain your child's health record from his/her previous school. Please provide the necessary information below:

Student's Name _____Date of Birth _____Gr.____

Name & address of previous school:

Name _____

Address _____

City _____ State_____ Zip Code_____

Phone Number _____Fax Number_____

I, _____, give my permission to forward the
(parent and/or guardian's name) above
named student's health records to:

School City of Whiting c/o
School Nurse
1751 Oliver Street
Whiting, IN 46394

Or please fax a copy of all health records to the fax number circled below:

Nathan Hale Elementary School	(219) 473-1343
Whiting Middle/ High School	(219) 473-1341

Thank you for your help and cooperation with this matter.

Sincerely,
Amy Segura, R.N.
School Nurse
School City of Whiting

Health records requested:
Date: By: _____

Received: 1/2026

School City of Whiting

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

Name, Demographic Information, and Immunization Data

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 Child's Date of Birth

_____ _____

School Grade

SCHOOL CITY OF WHITING
MEDICAL HISTORY/EMERGENCY AUTHORIZATION
SCHOOL YEAR
2026-2027

Name_____ M __ F__ Date of Birth_____ Teacher _____ Gr. _____
Address _____ Home Phone _____
Parent/Guardian Name_____ Guardian Phone_____
Parent/Guardian Name_____ Guardian Phone_____
Emergency Contact Name and Number_____
Doctor Name and Number_____
Dentist Name and Number_____

Allergies _____ YES _____NO
_____EpiPen _____Oral Antihistamine_____ (name/type)
Please provide details _____
Please have an action plan/medication form completed for each school year by a physician

Asthma _____YES _____NO
Please provide details _____
We need an asthma control plan/medication form completed each school year by a physician

ADD/ADHD _____YES _____NO
Medication given _____at home _____at school _____None
Please provide details _____

Diabetes _____Yes _____NO
___Type 1 ___Type 2 Controlled by ___diet only ___diet and oral medication ___ insulin
A diabetes plan must be completed by a physician each school year and updated as needed

Vision ___Glasses ___ Contacts ___ No problems **Hearing** ___Wears aids ___ No Problem

Please check and describe any conditions that pertain to your student:

___Seizures_____
___Lungs _____
___Headaches_____
___Skin conditions _____
___Muscle/Bone _____
___Urinary/kidney _____
___ Blood Disorders _____
___ Stomach/Intestines _____
___ Other _____
___Anxiety/Emotional _____

Please list all daily medication with dosage, time given, and reason for medication:

_____

_____

Please list any other information the school nurse should be aware of:

_____

_____

_____

This Information will be on file in the school nurse's office. All student health information is considered confidential and shared with teachers and administration if the health condition may impact classroom achievement or to maintain the health and well-being of the students. Information is shared on a "need to know" basis.
In the event of an emergency, your child will be taken to the nearest hospital for treatment.
1. I give Emergency Personnel permission to transport my child to an Emergency Room for treatment in my absence.
2. I grant permission for the school to release all medical information which they have to the Emergency Room personnel.
3. I also grant my permission for the staff at the Emergency Room to treat my child.

PARENT/GUARDIAN SIGNATURE REQUIRED:

X _____ _____
Signature **Date**

SCHOOL CITY OF WHITING
HISTORIA MEDICA /AUTHORIZATION DE EMERGENCIA
AÑO ESCOLAR
2026-2027

Nombre: _____ M __ F__ Fecha de Nacimiento: _____
Maestra: _____ Gr. _____
Dirección _____
No: de teléfono: _____
Nombre de Padre: _____ No de teléfono: _____
Contacto de emergencia/No: telephono:
_____
Nombre de Dr. y direccion_____
Nombre de Dentista y
direccion:_____

Alerias _____ Sí _____ NO _____
_____EpiPen _____Oral Antihistamine_____ (Nombre/Tipo)
Por favor proporcione detalles
_____
Por favor, haga que un médico complete un plan de acción/formulario de medicación para cada año escolar

Asma _____SI _____NO
Por favor proporcione detalles
_____
Necesitamos un plan de control del asma/formulario de medicación completado cada año escolar por un médico.

ADD/ADHD _____SI _____NO
Medicacion dada _____en casa _____en la escuela _____niguna
Por favor proporcione detalles
_____

Diabetes _____SI _____NO
___Type 1 ___Type 2 Revisado ___diet ___diet con medicamento ___ insulina
Un médico debe completar un plan de diabetes cada año escolar y actualizarlo según sea necesario.

Vision ___lentes ___ contactos ___ nigun problema **Problema de audicion**___Si _____No

Por favor marque y describa cualquier condición que pertenezca a su estudiante:
___ Convulsiones _____ ___Orina/rinon _____
___ Pulmones _____ ___ Trastornos de la sangre _____
___ Dolores de cabeza _____ ___ Estomago/intestinos_____
___ Afecciones de la piel _____ ___ Otro _____
___Musculo/Huerso _____ ___ Ansiedad/Emocional _____
Enumere todos los medicamentos diarios con la dosis, la hora de administración y el motivo del medicamento:
_____

Indique cualquier otra información que la enfermera de la escuela deba tener en cuenta:
_____
_____

This Information will be on file in the school nurse's office. All student health information is considered confidential and shared with teachers and administration if the health condition may impact classroom achievement or to maintain the health and well-being of the students. Information is shared on a "need to know" basis.
In the event of an emergency, your child will be taken to the nearest hospital for treatment.
1. I give Emergency Personnel permission to transport my child to an Emergency Room for treatment in my absence.
2. I grant permission for the school to release all medical information which they have to the Emergency Room personnel.
3. I also grant my permission for the staff at the Emergency Room to treat my child.

SE REQUIERE LA FIRMA DEL PADRE/TUTOR:

X _____ _____
Firma **Fecha**

School City of Whiting
Office of Health Services
MS/HS Stock Medication Consent Form
2026-2027

Student's Name _____ **Grade** _____ **Date of Birth** _____

Please select your option below if you give permission for your child to receive any of the following medications supplied by the nurse's office, if needed, during the school day. Please make sure you are selecting an option for each category. No response = No medication consent. A new signed consent is necessary each school year for medication to be administered.

Tums ☐ No ☐ Yes,1 tablet as needed ☐ Yes, 2 Tablets as needed	**Acetaminophen (non-aspirin)** ***Dosage according to age** ☐ No ☐ Yes, Regular Strength (325mg) ☐ Yes, Extra Strength (500mg)
Hydrocortisone Cream ☐ No ☐ Yes	**Orajel** ☐ No ☐ Yes
Redness relieving eye drops ☐ No ☐ Yes	**Burn Spray (Lidocaine HCL 2%)** ☐ No ☐ Yes

**If your child has any OTC or prescription medication from home that you would like to be administered at school, please contact the school nurse for additional information.*

Parent/Guardian Name _____ **Parent/Guardian Signature** _____

*By signing this form, I am acknowledging that I am aware of the school's medication policy, and understand that all medication must be taken in the nurse's office with supervision. I understand that my child cannot carry medication on themselves during the school day, and that disciplinary actions may be taken if they do, per the handbook.

School City of Whiting
Office of Health Services
MS/HS Stock Medication Consent Form
2026-2027

Nombre del estudiante **Calificación** **Fecha de nacimiento**

Por favor, seleccione su opción a continuación si da permiso para que su hijo reciba cualquiera de los siguientes medicamentos suministrados por la oficina de la enfermera, si es necesario, durante el día escolar. Por favor, asegúrate de que estás seleccionando una opción para cada categoría. Sin respuesta = Sin consentimiento para la medicación. Un nuevo consentimiento firmado es necesario cada año escolar para que se administre la medicación.

Antiácido ☐ No ☐ Sí, 1 tableta según sea necesario ☐ Sí, 2 tabletas según sea necesario	**Acetaminofén (no aspirina)** ***Dosis según la edad** ☐ No ☐ Sí, fuerza regular (325 mg) ☐ Sí, fuerza extra (500 mg)
Crema de hidrocortisona ☐ No ☐ Sí	**Orajel** ☐ No ☐ Sí
Gotas para los ojos que alivian el enrojez ☐ No ☐ Sí	**Spray para quemaduras (Lidocaína HCL 2%)** ☐ No ☐ Sí

**Si su hijo tiene algún medicamento de venta libre o recetado de casa que le gustaría que se administrara en la escuela, póngase en contacto con la enfermera de la escuela para obtener información adicional.*

Nombre del padre/tutor **Firma del padre/tutor**

*Al firmar este formulario, reconozco que estoy entiendo la política de medicamentos de la escuela, y entiendo que todos los medicamentos deben tomarse en la oficina de la enfermera con supervisión. Entiendo que mi hijo no puede llevar medicamentos por sí mismo durante el día escolar, y que se pueden tomar medidas disciplinarias si lo hacen, según el manual.

SCHOOL CITY OF WHITING
PHYSICAL FORM
SCHOOL YEAR
2026-2027

Student Name_____ Date of Birth_____ Grade_____

Age____ Sex M ____ F____ Height _____ Weight_____ B/P _____

****

T.B. Test: (If at risk) Type_____ Date_____ Result_____ Date Read_____
Chest X-ray_____ Treatment_____
Sickle Cell Anemia Test (if needed_____
Urinalysis_____
Hemoglobin_____

****

IMMUNIZATIONS: (Must show Month/Day/Year)

DTaP/DTP/DT	_____	_____	_____	_____	_____
TDaP	_____				
TD	_____				
Polio (IPV)	_____	_____	_____	_____	_____
Measles	_____	_____			
Rubella	_____	_____			
Mumps	_____	_____			
Hepatitis A	_____	_____			
Hepatitis B	_____	_____	_____	3rd Dose at 6 mo. or after 6 mo. of age.	
Hib	_____	_____	_____	_____	
Varicella	_____	_____	< OR> Had chicken pox disease at age _____ Month ____ Year____		
Meningococcal	_____	_____	(Dr.'s signature for verification of chicken pox disease		

}_____

****

(Please check if Normal or Abnormal. If abnormal describe below)

	Normal	Abnormal		Normal	Abnormal
Physical Development	_____	_____	Throat	_____	_____
Nutritional	_____	_____	Lungs	_____	_____
Skin	_____	_____	Heart	_____	_____
Hair and Scalp	_____	_____	Abdomen	_____	_____
Eyes and Vision	_____	_____	Extremities	_____	_____
Ears and Hearing	_____	_____	Orthopedic	_____	_____
Nose	_____	_____	Scoliosis	_____	_____

Describe any abnormal findings or any instructions for student's specific needs _____
_____
_____

PHYSICAL FITNESS EVALUATION: (Please check one of these recommendations)

- I recommend the regular school P.E.program (includes running, basketball, tennis, etc.): _____
- *I recommend modified P.E. activity (includes ping-pong, shuffleboard, throwing, etc.): _____
  Specify degree and reason_____
- *I recommend exclusion from Physical Education: _____
  (REASON MUST BE GIVEN)_____
  _____

*Recommendation for modified activity or exclusion is effective for the current school year only, unless specified below.
Comments and Recommendations_____
_____

Physician's Signature _____ Date_____

Physician's Name (please print)_____

Rev: 01/29/2026

SCHOOL CITY OF WHITING
DENTAL EXAMINATION FORM

School Year _____

Grade _____

I have examined _____ on _____
(Student's Name) (Date)

Dental correction necessary _____

Dentist's correction completed _____

Mouth in good condition _____

Signature of Dentist _____ Date _____

Dentist's Printed Name _____

Address _____

Phone No. _____

Rev/ 02/28/14

SCHOOL CITY OF WHITING SCHOOLS

Health Services (219) 659-0738

INDIANA PUBLIC LAW NO. 140-1986 states that a screening be administered to all KINDERGARTEN students to determine defects in visual acuity, ocular health, and binocular coordination. The above must be done by a LICENSED EYE HEALTH CARE PROFESSIONAL.

NAME_____ GRADE_____ DATE _____

SCHOOL_____ TEACHER_____

SCREENED WITHOUT GLASSES:

1.	VISUAL ACUITY	NEAR	RT_____	LT_____	BOTH _____
		FAR	RT_____	LT_____	BOTH _____
1.	COVER TEST	PASS_____		FAIL_____	
3.	RETINOSCOPY	PASS_____		FAIL_____	
4.	OCULAR HEALTH	PASS_____		FAIL_____	

CORRECTED VISUAL ACUITY:

NEAR	RT_____	LT _____	BOTH_____
FAR	RT_____	LT _____	BOTH _____

1. GLASSES NOT INDICATED _____ NEW GLASSES PRESCRIBED_____

2. IF CORRECTIVE LENSES ARE PRESCRIBED, THEY ARE FOR

   A. Constant Wear_____ B. Desk Work Only_____

3. SPECIAL COMMENTS AND RECOMMENDATIONS:_____

_____

_____

DATE:_____ DOCTOR'S SIGNATURE_____

ADDRESS_____

RETURN REPORT TO SCHOOL NURSE...THANK YOU

Student Chromebook Responsibility Policy

School City of Whiting

Effective Date: August 1, 2025
Approved By: Pending

Purpose

This policy outlines expectations and responsibilities for students issued Chromebooks by the School City of Whiting. The goal is to ensure students use their assigned devices responsibly, safely, and effectively for educational purposes.

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1. Chromebook Assignment and Ownership

- Each student will be assigned a district-owned Chromebook.
- The Chromebook remains the property of the School City of Whiting.
- Students are responsible for the device from the time it is issued until it is returned.

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2. Student Responsibilities

Students must:

- Bring the Chromebook to school every day, fully charged.
- Keep the Chromebook in the provided protective case.
- Use the device for school-related work only.
- Report any damage, loss, or malfunction immediately to school staff.
- Avoid lending the Chromebook to others.
- Return the Chromebook and accessories in good working condition at the end of the school year or upon withdrawal from the district.

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3. Care and Handling

Students must:

- Keep food, drinks, and liquids away from the Chromebook.
- Avoid placing heavy items on or inside the Chromebook.
- Use clean hands when handling the device.
- Carry the Chromebook with two hands or in a bag.
- Store the device in a secure location when not in use.

4. Acceptable Use

Students must comply with the district's **Acceptable Use Policy (AUP)**, including:

- Using the internet and applications for educational purposes only.
- Refraining from accessing inappropriate websites or content.
- Not bypassing school security filters or installing unauthorized software.
- Respecting the privacy and work of others.

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5. Consequences for Misuse or Damage

Consequences for misuse or damage may include, but are not limited to:

- Disciplinary action per the Student Code of Conduct.
- Temporary or permanent loss of Chromebook privileges.
- Financial responsibility for repairs or replacement in cases of intentional damage, negligence, or repeated incidents.

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6. Parent/Guardian Responsibilities

Parents/Guardians are expected to:

- Review this policy with their child.
- Monitor their child's use of the Chromebook at home.
- Ensure the Chromebook is returned if the student leaves the district.

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7. Agreement Form

All students and parents/guardians must sign the **Chromebook Use Agreement Form** prior to receiving a device, acknowledging understanding and acceptance of this policy.

For questions or more information, contact the technology department at:
219-659-8324

Chromebook Use Agreement Form

School City of Whiting

This agreement must be signed by both the student and parent/guardian before a Chromebook is issued. Chromebooks will be picked up from the Chromebook cart in the students' homeroom class on the first day of school and left in the same class on their last day of school. Unless issues arise, the student will maintain the same Chromebook throughout their enrollment at each school. Please contact the technology department at 219-659-8324 with any questions or concerns about the Chromebook Use Agreement.

Student Information

Student Name: _____
Grade: _____
School: _____
Student ID (if applicable): _____

Student Agreement

I understand and agree that:

- The Chromebook assigned to me is the property of the School City of Whiting.
- I am responsible for the care, use, and return of the Chromebook.
- I will use the Chromebook only for educational purposes and follow the school's Acceptable Use Policy.
- I will not deface, alter, or damage the Chromebook in any way.
- I will report any issues with the Chromebook immediately to a teacher or staff member.
- I may be held financially responsible for damage, loss, or theft caused by my actions or negligence.
- I will return the Chromebook and accessories in good condition when requested or upon withdrawal from the district.

Student Signature: _____
Date: _____

Parent must sign on back page.

Parent/Guardian Agreement

I understand and agree that:

- My child is being issued a Chromebook for educational use.
- I will help my child understand and follow the district's Chromebook policies and Acceptable Use Policy.
- I will supervise my child's use of the Chromebook at home and ensure it is used responsibly.
- I may be held responsible for repair or replacement costs in the event of intentional damage, neglect, or loss.
- I will ensure the Chromebook and accessories are returned when requested or if my child leaves the district.

Parent/Guardian Name (print): _____
Parent/Guardian Signature: _____
Date: _____
Phone Number: _____
Email Address: _____

For School Use Only

Device Asset Tag #: _____
Date Issued: _____
Accessories Issued (e.g., charger, case): _____
Issued By (Teacher Name): _____

1:1 Policies and Procedures
2025-2026

VISION

Our vision is to provide opportunities for students to collaborate, to create, and to engage in their world while developing digitally responsible citizens, risk takers, and problem solvers of the future.

We believe that when students have a personal device in hand that the learning experience will be enhanced as students become more active participants in their learning as opposed to passive recipients of their education. The Internet and all that is available permits for learning to occur anytime. Additionally, students learn valuable 21st Century skills (e.g. communication, collaboration, critical thinking, and creativity) that will be demanded of them when they enter the job market as young adults. Finally, children today are technology natives. Because they have grown up with a device of some sort, they truly prefer to learn, create, research, investigate, discuss, and collaborate while equipped with a device.

DEVICE INFORMATION

Each student will have access to devices such as Chromebooks, iPads and laptops for the 2024-2025 school year.

- No food or drink should be next to the device.
- Cords, cables, and removable storage must be inserted carefully into the device.
- Heavy objects should never be placed on top of devices.
- Devices should only be used while they are on a flat and stable surface.

LOGGING ONTO A DEVICE

- Students will only be able to login to their Chromebooks using their school issued username and password.
- Students should never share their account passwords with others, unless requested by an administrator.

SCW GOOGLE ACCOUNTS

All SCW students are provided access to Google Apps for Education (GAFE) accounts. This allows access to Google Mail, Google Drive, Google Calendar and other web related apps. The accounts are maintained and monitored by SCW technology staff. Access to these tools can be restricted or removed from students by staff.

Google Mail service will be provided for students. Students should not send personal information; should not attempt to open files or follow links from unknown or untrusted origins; should use appropriate language; and should only communicate with other people as allowed.

DIGITAL CITIZENSHIP & 21ST CENTURY SKILLS

SCW students should always use the Internet, network resources, and on-line sites in a courteous and respectful manner.

Students should recognize that among the valuable content on-line there is also information that is erroneous and inappropriate to use in an educational setting. Students should only use trusted sources when conducting research and other on-line activities.

SCW values these statements and is committed to providing students with opportunities to learn and be engaged on-line. Therefore, SCW teachers and staff will provide students with resources to help them make sound decisions regarding appropriate behavior and conduct on-line.

SOCIAL MEDIA/WEB 2.0 TOOLS

Recognizing the benefits collaboration brings to education, SCW may provide users with access to websites or tools that allow communication, collaboration, sharing and messaging among users.

Users are expected to conduct themselves in an exemplary manner, using appropriate, safe and mindful language. Posts, chats, sharing and messaging may be monitored by staff. Users should be careful to never share personal information in on-line forum.

PRIVACY

There is no expectation of privacy. Students should have no expectation of confidentiality or privacy with respect to any usage of a school-issued device, regardless of whether that use is for school-related purposes or not, other than as specifically provided by law. SCW may, without prior notice or consent, log, supervise, access, view, monitor, and record use of a student device at any time for any reason related to the operation of the district. Teachers, school administrators, and the Technology Department may run usage reports as deemed necessary. Working together as a team, we can ensure that all students remain safe and are using devices to leverage the best educational experience available.

APPROPRIATE USES & DIGITAL CITIZENSHIP

School-issued devices should be used for educational purposes, and students are to adhere to the Acceptable Use Policy (AUP) and all of its corresponding administrative procedures at all times. We encourage you to study the International Society for Technology in Education Standards at: https://www.iste.org/standards

While working in a digital and collaborative environment, students should always conduct themselves as good digital citizens by adhering to the following:

1. Respect Yourself. I will show respect for myself through my actions. I will select online names that are appropriate. I will use caution with the information, images, and other media that I post online. I will carefully consider what personal information about my life, experiences, or relationships I post. I will not be obscene. I will act with integrity.

2. Protect Yourself. I will ensure that the information, images, and materials I post online will not put me at risk. I will not publish my personal details, contact details, or a schedule of my activities. I will report any attacks or inappropriate behavior directed at me while online. I will protect passwords, accounts, and resources

3. Respect Others. I will show respect to others. I will not use electronic mediums to antagonize, bully, harass, or stalk people. I will show respect for other people in my choice of

websites: I will not visit sites that are degrading to others, pornographic, racist, or inappropriate. I will not enter other people's private spaces or areas.

4. Protect Others. I will protect others by reporting abuse and not forwarding inappropriate materials or communications. I will avoid unacceptable materials and conversations.

5. Respect Intellectual Property. I will request permission to use copyrighted or otherwise protected materials. I will suitably cite all use of websites, books, media, etc. I will acknowledge all primary sources. I will validate information. I will use and abide by the fair use rules.

6. Protect Intellectual Property. I will request to use the software and media others produce. I will purchase, license, and register all software or use available free and open source alternatives rather than pirating software. I will purchase my music and media and refrain from distributing these in a manner that violates their licenses.

INAPPROPRIATE CONTENT

Inappropriate content on a student device will be handled on an individual basis. Based on the severity of the content, the consequences may change and/or be escalated. In all situations, notice/contact will be made home. Keeping the safety of the student in mind, notice will also be sent to all of the student's teachers to ensure all adults can be aware of possible harmful behaviors student is forming and help to re-direct these behaviors.

SECURITY

Illegal use of a proxy and/or a breach of security will result in disciplinary consequences.

TERMS OF USE

SCW reserves the right to deny, revoke, or suspend specific user privileges and/or take other disciplinary action, including suspensions or expulsion from school, for violations of this policy. Additionally, all handbook regulations apply to the use of the SCW network, Internet, and electronic resources.

SCW does not attempt to describe every possible prohibited activity. Students, parents, and school staff who have questions about whether a particular activity is prohibited are encouraged to contact a building administrator. These rules apply to all school computers, all school-provided electronic devices wherever used, all uses of school servers, and Internet access and networks regardless of how they are accessed.

I have received the following documents from the School City of Whiting:

1. Code of Conduct
2. Acceptable Use Policy
3. Photo Release
4. School Handbook

I, the undersigned, accept responsibility for discussing behavior expectations as well as discussing responsible and acceptable use of the Internet with my child. I look forward to partnering with the School City of Whiting to ensure my child has a safe learning environment.

Student Name (please print): _____

School: _____ Grade: _____

Parent/Guardian Signature: _____

Date: _____