



## Enrollment Information

### Registration Requirements:

1. Legally reside within the Hanover Community School boundaries. The Board of School Trustees has adopted policies and guidelines regarding proof of residency.

### Required residency documents to be presented at registration include:

- . A valid Indiana driver's license **with current address** or state issued i.d. **with current address** AND  
Mortgage papers, payment book or current lease agreement AND
- . Two of the following: NIPSCO, water, telephone, or insurance bill, pay stub with address or bank statement.

The above items must include the name of the parent or legal guardian and their current address within the Hanover school district.

### Additional items also required at the time of registration at Lincoln Elementary include:

1. Lincoln's student registration forms **completed prior to registration appointment** by parent/guardian (may obtain forms from school office or may print online from our corporation's website-see below, select Lincoln School, go to forms tab, then select new student registration forms)
2. Child's legal (not hospital) birth certificate;
3. Immunization records of the prospective student;
4. In the case of a divorce or separation, a copy of the most recent custody papers;
5. If families are in the process of moving into the school district, a letter from the real estate agent or builder is required showing the upcoming date of residency.

It is urged that, on or before the first day of school, parents provide written proof that their child is up to date on all of his/her immunizations. Medical forms are available by contacting our School Nurse at 374-3603 or on the Hanover Community School Corporation's website at [www.hanover.k12.in.us](http://www.hanover.k12.in.us). The Lake County Health Department in Crown Point does offer immunizations to all residents. They can be contacted at 755-3658.

# Hanover Community School Corporation Registration Form

Office Use Only:

Entry Date: \_\_\_\_\_

Student ID# \_\_\_\_\_

Current School \_\_\_\_\_

## Student Demographics

A COPY OF STUDENT BIRTH CERTIFICATE, IMMUNIZATIONS, AND PROOF OF RESIDENCY ARE REQUIRED FOR ALL STUDENTS

Student's Legal Name \_\_\_\_\_  
Last First Middle

Student's Preferred Name \_\_\_\_\_  
(if different from above)

Home Address (Street, City, State, Zip) \_\_\_\_\_

Mailing Address (Street, City, State, Zip) \_\_\_\_\_  
(if different from above)

Home Phone ( ) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

## Race and Ethnicity Data

**Please Note: You must answer both parts of the question below**

**Part A: Do you consider yourself to be of Hispanic/Latino origin?**

- Yes  
 No

**Part B: Which of the following groups describe your race? (you may select more than one)**

- American Indian or Alaska Native  
 Black or African American  
 Asian  
 White  
 Native Hawaiian or Other Pacific Islander

Grade: \_\_\_\_\_

I swear, under penalty of perjury, that all the information I am providing on this registration form is true.

Parent/Guardian Signature: \_\_\_\_\_

## Parent/Guardian Information

Marital status (choose one):  Single  Married  Widowed  Divorced/Separated

Father's Name (last, first): \_\_\_\_\_

Mother's Name (last, first): \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Father's employer: \_\_\_\_\_

Mother's employer: \_\_\_\_\_

Father's email: \_\_\_\_\_

Mother's email: \_\_\_\_\_

Phone #: Home \_\_\_\_\_

Phone #: Home \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Lives with student:  Yes  No

Lives with student:  Yes  No

Guardianship (choose at least one):  Father  Mother  Other: \_\_\_\_\_

Custodial Parent: (Name) \_\_\_\_\_ Joint Custody:  Yes  No

Custodial Papers Presented?  Yes  No  Not applicable  
(If there are custody papers, the school office MUST have a copy of them.)

### Educational History

Name of last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Address of last school attended (Street, City, State, Zip): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Date un-enrolled from last school: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for withdrawal: \_\_\_\_\_

Years attended Preschool:  0  1  2  3 Where: \_\_\_\_\_

Has your child ever been retained?  Yes  No If so, what grade? \_\_\_\_\_

Does student have a 504 Plan?  Yes  No

Is student currently or ever been enrolled in Special Education?  Yes  No

Does the student have an IEP (Individual Education Plan)?  Yes  No Eligibility \_\_\_\_\_

Is student currently or ever received speech or hearing services?  Yes  No

Has the student ever been placed in a High Ability Program?  Yes  No

Has the student ever received Title I, RTI, or Remediation services for reading or math?  Yes  No

If so, what services were received? \_\_\_\_\_

Is the student currently suspended or expelled from another school?  Yes  No

Has your child ever attended a Hanover Community School in the past?  Yes  No If yes, when? \_\_\_\_\_

### Emergency Contacts

**Contact 1:** \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Type:  Home  Work  Cell

**Contact 2:** \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Type:  Home  Work  Cell

**Contact 3:** \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Type:  Home  Work  Cell

### Medical Information

Are there any particular medical problems your child may be experiencing which his/her teacher should be aware of?

Physical Disabilities  Allergies (Food and Drug)  Serious Illness  Medications \_\_\_\_\_

Please explain: \_\_\_\_\_

### Emergency Medical Authorization Permit

Student Name (Last, First, Middle): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Whenever my child is in school or involved in a Hanover Community School Corporation sponsored activity and I am unavailable or otherwise unable to provide authorization directly, I grant the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child named above, and to do all other necessary things as I might or could do to provide for the child's health and safety if I were present.

This original authorization and/or photocopy is valid for the current and future school years until such time that my child is no longer enrolled in a Hanover Community School Corporation school or I provide a written statement to withdraw this authorization.

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

**Information Technology Use Agreement**

STUDENT (If the student is over the age of eighteen (18), he or she must read and sign this agreement)

As a student of Hanover Community School Corporation, I have received, read, and understand the **Acceptable Use Policy**. I further understand that any violation of the regulations described therein is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked. School Disciplinary action may be taken and/or appropriate legal action may be taken.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT OR GUARDIAN (If the student is under the age of eighteen (18), a parent or guardian must read and sign this agreement)

As the parent or guardian of this student, I have read the **Acceptable Use Policy**. I understand that this access is designed for educational purposes and acknowledge that Hanover Community School Corporation has taken precautions to eliminate access to inappropriate material. I accept full responsibility for supervision if and when my child's use is not in a school setting. By signing below, I grant permission to issue an account for my child and I authorize my child to access the technology resources available at Hanover Community School Corporation. **I certify that the information contained on this form is correct.**

Parent or Guardian's Name (please print): \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation**

Primary transportation (please check):

Bus: \_\_\_\_\_ Bus Number: \_\_\_\_\_ Walk: \_\_\_\_\_ Car: \_\_\_\_\_ Grand Tots: \_\_\_\_\_ Other (Please specify): \_\_\_\_\_

If applicable, please identify the subdivision in which you live: \_\_\_\_\_

Alternate Emergency Plan (Transportation/Contact instructions in case of early dismissal):

PARENT OR GUARDIAN (If the student is under the age of eighteen (18), a parent or guardian must read and sign this agreement)

**Photograph/Interview by Media**

Can your child be photographed for the yearbook?  Yes  No

Can your child be photographed for a school newsletter or classroom activities?  Yes  No

Can your child be photographed for the local newspaper?  Yes  No

Can your child be interviewed by the media?  Yes  No

**OFFICE USE ONLY:**

Birth Certificate:  Yes  No

Book rental paid:  Yes  No

Immunization:  Yes  No

Entered in PowerSchool by Registrar: \_\_\_\_\_

Entered in PowerSchool by Nurse: \_\_\_\_\_

Records requested:  Yes  No Date: \_\_\_\_\_

Proof of residency (Own Home/Building Permit): \_\_\_\_\_

Residency affidavit \_\_\_\_\_

Proof of residency (Lease): \_\_\_\_\_

Proof of residency (tax statement, voter registration card) \_\_\_\_\_

Utility bill: NIPSCO \_\_\_\_\_ Water \_\_\_\_\_ Home Phone \_\_\_\_\_ Cable/Satellite \_\_\_\_\_

Driver's license (must match home address) \_\_\_\_\_

INFORMATION TECHNOLOGY USE AGREEMENT

1. I will not cause harm to other people nor will I trespass in another person’s folder, work, data, or files.
2. I will not cause damage to district technology equipment in any way.
3. I will not interfere with the operation of any district technology equipment.
4. I will not install, remove, or alter computer software, firmware, or hardware without the express permission of the technology coordinator.
5. I will not violate copyright laws or other federal, state, or local laws.
6. I will not create, view, download, send, or display inappropriate or offensive messages or pictures.
7. I will not share my user ID or password with another student.
8. I will not waste limited resources such as disk space or printing supplies.
9. If, by accident, I encounter web sites that contain inappropriate or offensive materials, I will back out of the site (or quit the browser) and notify my supervising teacher immediately.
10. I will not access any personal e-mail accounts except for the purpose of transferring course related data from school to home or home to school. Such transfer must be with the permission of and under the supervision of the course instructor involved.
11. I will not use pictures, images, or information regarding other students, staff, faculty or members of the administration without their express consent. I understand that all images, graphics, information and content collected and published on the hanover.k12.in.us web server are copyright protected and may not be used without the express written permission of the Superintendent of schools.
12. I will ask my supervising teacher for advice/permission if I am in doubt regarding an activity I would like to perform using district technology equipment.

If these rules are violated, you will be held accountable for your actions, which may include the loss of computer, Internet, and network privileges and/or discipline, including, but not limited to, detention and/or suspension. The extent of the discipline will be at the sole discretion of the student’s principal.

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As a parent/guardian of a student in the Hanover Community School Corporation, I have read the above information about the acceptable use of district technology equipment, and I understand this agreement will be kept on file at the school. (Questions should be directed to the principal for clarification or refer to Board of School Trustees Policy 5545 – Students).

Please indicate with your **initials** the appropriate item for your child.

\_\_\_\_\_ My child may use the Internet while at school according to the rules outlined above.

\_\_\_\_\_ I would prefer that my child not use the Internet while at school except in situations where Internet use is mandatory for completion of state standards or testing purposes. (Other equivalent, appropriate activities will be provided; i.e., research conducted from the library, etc.)

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

As a user of the Hanover Community School Corporation district technology equipment, I agree to comply with the above stated rules and sanctions. I shall use all district technology equipment in a solely constructive manner to complete my educational objectives.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student I.D. Number

\_\_\_\_\_  
Date



VOLUNTEER RELEASE FORM

PLEASE ATTACH A COPY OF VOLUNTEER'S DRIVER'S LICENSE TO THIS FORM BEFORE IT CAN BE SUBMITTED FOR APPROVAL.

Please select: \_\_\_ Hanover Central High \_\_\_ Hanover Central Middle \_\_\_ Jane Ball \_\_\_ Lincoln

Student name \_\_\_\_\_ Teacher \_\_\_\_\_
Student name \_\_\_\_\_ Teacher \_\_\_\_\_
Student name \_\_\_\_\_ Teacher \_\_\_\_\_

I have offered my services as a volunteer to help the School Corporation in the following areas:

\_\_\_\_\_

I agree to abide by all relevant School Board policies and administrative guidelines while on duty for the Corporation. I understand that, although I am covered under the Corporation's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the Corporation, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the Corporation or entitled to any benefits provided to employees. I further release the Board from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, the Corporation is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.

For the protection of the children in the school, the Corporation shall perform an Indiana Criminal History Check on approved volunteers. History Check performed on \_\_\_\_\_. Additional findings on the criminal history check, other than those specifically named above, will be reviewed by the Superintendent for approval or denial.

Please print clearly.

Volunteer Printed Name

Volunteer Signature

Today's Date

Volunteer Current Address

Volunteer Date of Birth

Previous address (if current is less than 2 years)

Volunteer Phone Number

Hanover Staff Supervisor Signature

Superintendent Signature

5/08
2/2/10
4/17/12



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**Lincoln Elementary School**  
12245 W. 109<sup>th</sup> Ave.  
Cedar Lake, IN 46303  
219-374-3600

New Student Transportation Form

Please add the following student to your bus route. The completion of this form does not require you to ride the bus daily, but simply assigns you to a designated route.

Student Name \_\_\_\_\_

Start Date \_\_\_\_\_

School/Grade \_\_\_\_\_

Address & City \_\_\_\_\_

Subdivision \_\_\_\_\_

Home & Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

**OFFICE USE ONLY**

Bus # \_\_\_\_\_

Driver's Name \_\_\_\_\_

**Submit the original to the administration building.**



LINCOLN ELEMENTARY  
12245 W. 109<sup>th</sup> Ave.  
Cedar Lake, IN 46303

I, \_\_\_\_\_, give Lincoln Elementary permission to release the following information concerning my child \_\_\_\_\_ to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

INCLUDING NAME, IMMUNIZATION DATA AND OTHER INFORMATION SUCH AS DATE OF BIRTH OR OTHER IDENTIFYING INFORMATION AS APPLICABLE

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

( ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade Level



## 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, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the LAS Links placement test will be administered to determine whether or not the student will qualify for additional English language development support.

### Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? \_\_\_\_\_

2. What language(s) is spoken most often by the **student**? \_\_\_\_\_

3. What language(s) is spoken by the **student** in the home? \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**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: \_\_\_\_\_



## Home Language Survey (HLS) Spanish Version

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

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

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

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

1. ¿Cual es el idioma o el dialecto nativo de su **hijo/hija**?

\_\_\_\_\_

2. ¿Cual idioma(s) es hablado más por su **hijo/hija**?

\_\_\_\_\_

3. ¿Cual idioma habla su **hijo/hija** en casa con más frecuencia?

\_\_\_\_\_

**Nombre Legal del Estudiante:** \_\_\_\_\_

**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 son relacionadas con su hijo/a. Usted entiende que si se ha identificado que el idioma no es 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. Todos los estudiantes en el programa de Desarrollo del idioma Inglés tienen el derecho a servicios que lo ayudaran a aprender el idioma Inglés y tendrá un examen cada año para determinar el nivel de inglés.

### **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: \_\_\_\_\_



**Lincoln Elementary School**  
12245 W. 109<sup>th</sup> Ave., Cedar Lake, IN 46303  
Phone: 219-374-3600 Fax: 219-365-1432  
www.hanover.k12.in.us

**TRANSFER/RECORDS RELEASE REQUEST**

Date: \_\_\_\_\_

Name and Address of School Last Attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Dear Registrar or School Secretary:

(Student Name) \_\_\_\_\_ has requested enrollment in \_\_\_\_\_ grade at our school as of \_\_\_\_\_ (date).

Please send us the following records:

- Transcript of Grades
- Test Results
- Psychological testing information
- Current Grade Assignment
- Health Records including all immunization records
- Attendance records to date
- Student Test Number
- Student Discipline Records (including suspension/expulsion history)
- Any Other Pertinent Information

\_\_\_\_\_  
Parent /Guardian or Principal Signature

Note: It is not necessary for parents to sign a release when records are being passed from school to school. See Federal Register June 17, 1976, Part II H.E.W. Privacy Rights to Parents & Students. Vol 41 No. 118-24673.



## COPPA Consent Form

Dear Parents/Guardians,

In 1998, before Web 2.0 software was invented, the Federal Trade Commission created a rule called COPPA (Children's Online Privacy Protection Act) that causes any website that collects information (name, email address; the information needed to create a unique account) to prohibit use by children under 13 without parental consent. We are asking for your consent to allow your child to use these services in the classroom as part of the educational process.

Here are some things you should know:

- Students are all assigned district email addresses.
- Students are supervised when using technology services at school.
- Students are always directed to age and subject appropriate sites.
- Teachers have researched the tools being used and determined age and subject appropriateness.

We are requesting consent for your child's use of technology services in the classroom. If you have a concern about your child's education or tools being used, please contact the teacher.

Please sign below indicating that you will allow your child to use technology services at Hanover Community School Corporation and return to the school your child attends. If under 13 years of age, this consent must be on file for your child to proceed with use of technology services. We are asking all parents/guardians to complete and return this consent.

Sincerely,  
John Flanagin  
Systems Support, Hanover Community School Corporation

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Student's Name (printed)

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Parent/Guardian Signature

Hanover Community School Corporation  
Elementary Student Handbook Agreement Page

Please turn this form into your homeroom teacher by the end of the first full week of school.

I have read the Hanover Elementary Student Handbook, including the Title I documents enclosed, and understand its contents. I will maintain responsibility to abide by these policies and guidelines. If I do not understand any of the content contained in this handbook, I will communicate with the teacher or school principal to receive clarification. I understand that my child will be subject to consequences upon violation of the expectations contained in this handbook.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Homeroom Teacher    \_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher initials/ Date received