



Lincoln Elementary 2019-2020 Enrollment Information

Contact Kim Trepton, ktrepton@hanover.k12.in.us for any registration assistance

Registration Requirements:

1. Residency: Contact Holly Jones at 374-3506 or hjones@hanover.k12.in.us for an appointment. New students must legally reside within the Hanover Community School boundaries. The required documents must include the name of the parent or legal guardian and their current address within the Hanover school district. These documents are to be presented the day of your residency appointment:

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

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.

2. Online Registration: Complete your online student registration through InfoSnap by typing this link into your browser: <http://www.hanover.k12.in.us/newstudent>

3. Complete the attached forms and bring with you to your registration appointment at Lincoln:

- . Home Language Survey Form

- . Volunteer Release Form: This form is not mandatory. However, if you would like to volunteer at any time in the upcoming school year for field trips, classroom activities, PTO events, etc. the form does have to be completed ahead of time. The submission of the form does not commit you to do anything, it simply permits you to volunteer when your schedule allows. If you have other siblings in the district, you may also include them on the form at this time. An Indiana driver's license is required.

4. Child's legal (not hospital) birth certificate

5. Immunization records of the prospective student

6. In the case of a divorce or separation, a copy of the most recent custody papers showing which parent has custody of the child is required to be submitted at the time of registration.

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. Any additional medical forms are available by contacting our School Nurse, Mrs. Gibson, hgibson@hanover.k12.in.us or 374-3603 or found on the Hanover Community School Corporation's website at www.hanover.k12.in.us. All new students are required to have a physical examination.



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: _____

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

Volunteer Maiden Name (if applicable)

Volunteer Date of Birth

Volunteer Gender

Volunteer State and Country of Birth

Volunteer Phone Number

Volunteer Social Security Number

Today's Date

Superintendent Signature

- 5/08
- 2/2/10
- 4/17/12
- 8/27/19



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

Please send records to: Kim Trepton
ktrepton@hanover.k12.in.us or
Fax: 219-365-1432
Thank you!

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.

Please complete only if you have a child entering Kindergarten

Kindergarten Registration Checklist

Student Name: _____ (to be used in school)

Student's Gender Male _____ Female _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Home Phone Number: _____

Father Work Number: _____

Father Cell Phone Number: _____

Mother Work Number: _____

Mother Cell Phone Number: _____

Child's Birth date: Mo. _____ Day _____ Year _____

Student Information:

Allergies: Yes _____ No _____

If so, explain: _____

Health Condition: Yes _____ No _____

If so, explain: _____

Left Handed _____ Right Handed _____

Speech Problem: Yes _____ No _____

Preschool: Yes _____ No _____

Where? _____

How Many Years? _____

Participated in P.A.T.H.? Yes _____ No _____

School personnel only:

Pre-Kids Score: _____

Bus Number: _____

Notes: