February 2020

Dear Parents/Guardians,

I would like to welcome you to Southwest Allen County Schools. We are happy you have chosen to entrust us with your child's education, and we look forward to being your partner.

Southwest Allen County Schools are pleased to offer Full Day Kindergarten tuition free. In order to efficiently determine the number of classrooms we will need for the 2020-2021 school year, we would ask you to please fill out the necessary enrollment forms which are available in school offices beginning February 3, 2020. We would like to hear from our kindergarten families before March 26, 2020 so we can compile the information and make our staffing decisions as soon as possible. Please be aware many times there can be influx of late enrollees in the fall, which can result in some last minute changes in staffing.

In order to help you plan for next fall, children in kindergarten attend school from 9:00 am to 3:30pm. In addition, while going to kindergarten is not mandatory, once enrolled in kindergarten, the State of Indiana considers children subject to the "compulsory attendance" laws. This means that if you choose to send your child to kindergarten, your child is required to attend school during the days and hours set by Southwest Allen County Schools.

Once enrolled, you will still need to contact your school office to determine what your registration requirements are in August. If you have any questions, please feel free to contact your student's school or my office.

Sincerely,

Dr. Lynn Simmers

Preparing today’s learners for tomorrow’s opportunities.

Dr. Lynn Simmers + Assistant Superintendent
4824 Homestead Road + Fort Wayne, Indiana 46814 + (260) 431-2020 + lsimmers@sacs.k12.in.us
Who Is Eligible and How Do I Enroll My Student?

Per SACS Board Policy 4010: Any child who attains the age of five on or before August 1 of a school year, or has previously attended an accredited kindergarten program in another location, will be admitted to the Southwest Allen County Schools’ kindergarten program. Southwest Allen County Schools will only hear an appeal for early admission to kindergarten for students for whom the State of Indiana will provide funding and such appeals will be routinely granted. (Revised: 11/16/99; 7/24/01; 9/21/04; 5/1/18; 5/21/19)

State funding has been allocated for the 2020-2021 school year allowing any child residing in the SACS district who attains the age of five on or before October 1, 2020 to enroll in kindergarten for the 2020-2021 school year.

You may pick up kindergarten enrollment packets and return them to respective schools beginning Monday, February 3, 2020. If you are not sure which school your child would attend, please call the Southwest Allen County Schools Transportation Department at 260-431-2070. Please turn in completed forms, no later than March 26, 2020. Check with your school for enrollment office hours.

The following documents must be presented at the same time as the completed enrollment forms:

1. Copy of child’s birth certificate
2. Child’s immunization records
3. Proof of residency document and acceptable support material

All new SACS families that have not pre-registered must register at your child’s school on July 27, 2020 from 9am – 6pm. Please contact your respective school for specific instructions regarding registration day.

Please share this information with neighbors and friends who have a child who is ready to enroll in kindergarten.

Elementary School Telephone Numbers:
- Aboite Elementary: 431-2101
- Deer Ridge: 431-0701
- Lafayette: 431-0601
- Meadows
- Covington Elementary: 431-0501
- Haverhill: 431-2901
- Whispering Meadows: 431-2601

Preparing today’s learners for tomorrow’s opportunities.

Dr. Philip G. Downs ♦ Superintendent
4824 Homestead Road ♦ Fort Wayne, Indiana 46814 ♦ (260) 431-2010 ♦ pdowns@sacs.k12.in.us
School Registration Form
2020-2021 School Year

School: ______________________ Today’s Date: ______________________

For Office Use Only:
STN: ______________________ Car Pool Number: ______________________  Home Language Survey
Student ID: ______________________ Birth Certificate  IEP
Teacher: ______________________ Proof of Residency  Records Request Sent:
Enroll Date: ______________________ Immunization Records  Date: ______________________

Student Information (please print)

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>________________</th>
<th>Is this individual Hispanic/Latino?</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>________________</td>
<td>(Must choose one)</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>________________</td>
<td>□ YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>________________</td>
<td>□ NO, not Hispanic/Latino</td>
</tr>
<tr>
<td>Birth Place:</td>
<td>________________</td>
<td>Primary Ethnicity: (Choose one or more)</td>
</tr>
<tr>
<td>Grade:</td>
<td>________________</td>
<td>□ American Indian/Alaskan Native</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female + Male</td>
<td>□ Asian  □ Black  □ White  □ Native Hawaiian or other Pacific Islander</td>
</tr>
</tbody>
</table>

Household Where Student Resides (please print)  Do you: Rent/Lease  Own  
Home Address:
Street: ______________________  City: ______________________  State: ____  Zip: ______
Mailing Address: (If Different)
Street: ______________________  City: ______________________  State: ____  Zip: ______
Home Phone: ______________________

Parents/Guardians: (AS STATED ON BIRTH CERTIFICATE or COURT DOCUMENTS)
(If you are the legal guardian for this student you must provide the school with legal documentation of guardianship and complete the Additional Parent Information section on the back of this form)

Student Lives With:  Both Parents  Father  Mother  Other: ______________________

Parent/Guardian #1
Last Name: ______________________  First Name: ______________________
Relationship to Student: ______________________  Place of Employment: ______________________
Custodial Parent  Email Address: ______________________
Address Same as Student: Yes  No (if no, provide address below)
Home Phone: ______________________  Work Phone: ______________________  Cell Phone: ______________________
(call preference: 1 / 2 / 3)  (call preference: 1 / 2 / 3)  (call preference: 1 / 2 / 3)

Parent/Guardian #2
Last Name: ______________________  First Name: ______________________
Relationship to Student: ______________________  Place of Employment: ______________________
Custodial Parent  Email Address: ______________________
Address Same as Student: Yes  No (if no, provide address below)
Home Phone: ______________________  Work Phone: ______________________  Cell Phone: ______________________
(call preference: 1 / 2 / 3)  (call preference: 1 / 2 / 3)  (call preference: 1 / 2 / 3)

Please turn over and fill out back side  11.6.19
**Additional Parents/Guardians** (if you are the legal guardian for this student you must provide the school with legal documentation of guardianship)

<table>
<thead>
<tr>
<th>Additional Parent/Guardian #1</th>
<th>This person is also an emergency contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td>Place of Employment:</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

Address Same as Student: **YES** **NO** (if no, provide address below)

- Home Phone: ______________
- Work: ______________
- Cell: ______________

(call preference: 1 / 2 / 3)

<table>
<thead>
<tr>
<th>Additional Parent/Guardian #2</th>
<th>This person is also an emergency contact</th>
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<tr>
<td>Last Name:</td>
<td>First Name:</td>
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<tr>
<td>Relationship to Student:</td>
<td>Place of Employment:</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

Address Same as Student: **YES** **NO** (if no, provide address below)

- Home Phone: ______________
- Work Phone: ______________
- Cell Phone: ______________

(call preference: 1 / 2 / 3)

**Enrollment History**

- Previous School Attended: ____________________________
- City: ________________
- State: ____________

Has your student ever been enrolled in a Southwest Allen County School? **YES** **NO**
- If yes, name of SACS school: ____________________________

Has your student ever been enrolled in an Indiana School?
- If yes, name of IN school: ____________________________
  
(Credits from a non-accredited in-state or out-of-state school or home school shall not be accepted)

Student’s siblings:

**Emergency Contacts** (If the parent is unavailable, the individuals listed below will be contacted. These individuals are also authorized to pick up your child if an emergency situation occurs. They will be asked to present your student pick up number or photo ID in such a situation. *We prefer three emergency contact other than parents and require at least one, even if the contact is out-of-state.*)

<table>
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<td>Work:</td>
</tr>
<tr>
<td>Home:</td>
<td>Cell:</td>
</tr>
</tbody>
</table>

Parent/Guardian Signature: ____________________________ Date: _________

*Preparing today’s learners for tomorrow’s opportunities.*
VERIFICATION OF RESIDENCY

Student’s Name__________________________________________________________

I am the parent/legal guardian of the above named child who resides with me within the Southwest Allen County School district at:

_______________________ ___________________ ___________________
Address City Zip

All documents must be provided to the school within 30 days of enrollment and must be current within the past 30 days (e.g., this month’s electric bill). All documents must also be presented in original form, no copies. I am providing proof of residency with the follow document(s):

Group A
- Closing documents from the purchase of your home
- Deed
- Rental agreement on letterhead
- Purchase agreement on letterhead
- Builder agreement on letterhead
- Property tax statement from the most recent billing cycle (May/Nov)

Group B
- Water, septic, electric or gas bill with the service address
- Utility connect notice with service address
- Established bank account statement (Not a newly established account - less than 30 days - or bank papers indicating you have changed your address with them)
- Court documents containing physical address
- Social Security benefits documentation with physical address
- Medical bill with physical address
- Paycheck stub with physical address
- Mortgage statement with physical address

Parent/Legal Guardian Signature_________________________________________ Date _____

Preparing today’s learners for tomorrow’s opportunities.
4824 Homestead Road ♦ Fort Wayne, Indiana 46814
Explanation of Proof of Residency

Thank you for choosing Southwest Allen County Schools! We are excited to partner with you to prepare your young learner for tomorrow’s opportunities. In order to be good stewards of our taxpayer dollars while also operating in accordance with Indiana law, we require proof of residency from you in order for your children to attend Southwest Allen County Schools. Students must attend the school that falls within the boundaries of where you have established your legal settlement.

In the usual circumstances, state law provides that “the legal settlement of the student is in the attendance area of the school corporation where the student’s parents reside.” Ind. Code 20-26-11-2(1)(A). The law also provides that a student will “be expelled from school if the student’s legal settlement is not in the attendance area of the school corporation.” Ind. Code 20-33-8-17. Our goal is to avoid this result by confirming a student has proper legal settlement at the time of their enrollment or very shortly after.

In order to confirm a student has legal settlement within our attendance area, we require three pieces of information from you. Specifically, we require one item from Group A, below, and one item from Group B, below, as well as a government issued photo ID. All documents must be provided to the school within 30 days of enrollment. Also, all documents must be current within the past 30 days (e.g., this month’s electric bill).

If you are new to the area and residing with a friend or family member, they must be present with you at the time of enrollment, sign an Affidavit of Residency, and provide the same items listed above. **You then have 30 days to produce an item from Group B.**
Proof of Residency

Please submit any one item from Group A and any one item from Group B along with a valid state issued photo ID:

**All documents must be provided to the school within 30 days of enrollment and must be current within the past 30 days (e.g., this month’s electric bill).**

**Group A**
- Closing documents from the purchase of your home
- Deed
- Rental agreement on letterhead
- Purchase agreement on letterhead
- Builder agreement on letterhead
- Property Tax Statement from most recent billing cycle (May/Nov)

**Group B**
- Water, septic, electric or gas bill with the service address
- Utility connect notice with service address
- Established bank account statement (Not a newly established account - less than 30 days - or bank papers indicating you have changed your address with them)
- Court documents containing physical address
- Social Security benefits documentation with physical address
- Medical bill with physical address
- Paycheck stub with physical address
- Mortgage statement with physical address

**Additional Information:**
- A student found to be living outside the enrolled school’s boundaries due to falsification of records will be immediately returned to their homeschool
- A student found to be living outside of SACS boundaries due to falsification of records will be expelled for legal settlement
- Failure to provide the requested proofs of residency within 30 days will result in the student being considered for expulsion
- Please contact the school for more information if a student’s parents live in different attendance areas, a student is homeless, or other less typical situations.

If you have questions regarding any of the necessary documentation, please do not hesitate to inquire with your school of enrollment.
AFFIDAVIT OF RESIDENCY WITH THIRD PARTY

MSD Southwest Allen County, 4824 Homestead Road, Fort Wayne, IN 46814
260-431-2051 Telephone / 260-431-2061 Fax

Enrolling School: ____________________________________________
Calendar Year of Verification: __________________________________
Student Name: ______________________________________________
Parent/Guardian Name(s): _____________________________________
Relationship to Student: _______________________________________
Date of Enrollment: ___________________________________________
Address of Residence: _________________________________________
Grade of Student: _____________________________________________

In the usual circumstances, state law provides that “the legal settlement of the student is in the attendance area of the school corporation where the student’s parents reside.” Ind. Code 20-26-11-2(1)(A). The law also provides that a student will “be expelled from school if the student’s legal settlement is not in the attendance area of the school corporation.” Ind. Code 20-33-8-17. Further, the Indiana Department of Education has said, “If it is ultimately determined the student did not have legal settlement within the school corporation, the school may be entitled to recover tuition costs.” Our goal is to avoid this result by confirming a student has proper legal settlement at the time of their enrollment or very shortly after.

By signing this affidavit, you are affirming under the penalty of perjury that the address given on this form is the current legal residence of the parent/guardian enrolling the student and the student. Furthermore, you affirm the address provided is in the attendance area of the MSD of Southwest Allen County. Finally, when residing in the home of another person, that person must also confirm the accuracy of this affidavit and provide proof of residency. Under Indiana law, perjury is punishable by up to 2 ½ years in prison and a fine of up to $10,000.

I declare under penalty of perjury that the foregoing is true and correct

Signature of Parent/Guardian: __________________________________

Name of Person with whom Residing: _______________________________

Signature of Person with whom Residing: ___________________________

Date: ___________________
Special Services Information

Student’s Name (Last, First) _______________________________________________________

Current Grade: _____ Current School: ___________________ Previous School: ___________

City/State of Previous School: _______________________________________________________

1. Did your child participate in a special education or developmental preschool? _____ Yes _____ No

2. Has your child ever been tested for any Special Education Services? _____ Yes _____ No

3. Has your child ever received Special Education Services? _____ Yes _____ No

   If yes, does your child have a current IEP (Individualized Educational Plan)? _____ Yes _____ No

4. Has your child ever received Speech Therapy? _____ Yes _____ No

   If yes, does your child have a current IEP? _____ Yes _____ No

5. Has your child received other services to address special needs? If yes, check all that apply.

   _____ Occupational Therapy   _____ Physical Therapy

   _____ Adapted PE   _____ Special Transportation

6. Does your child have a current 504 Plan? _____ Yes _____ No

   If yes, please state the reason for the plan: ________________________________________

7. Has your child ever participated in a remedial reading program? _____ Yes _____ No

8. If you are moving from another Indiana school, has your child been required to take any ISTEP remediation? _____ Yes _____ No

9. Has your child ever been retained? _____ Yes _____ No If yes, what grade: _____________

10. Has your child participated in a program for gifted and talented children? _____ Yes _____ No

11. Has your child ever skipped a grade level? _____ Yes _____ No If yes, what grade: _____________

Parent/Guardian Signature:_________________________________________________________________

Date: ____________________________

IMPORTANT NOTICE TO OFFICE: If YES is indicated for an IEP on this form, please email it
to mgossett@sacs.k12.in.us or fax it to (431) 2047 within 24 hours of enrollment.

Date copy emailed/faxed: ____________________________ Initial ____________________________

12/9/15
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 in Plyler v. Doe, 457 U.S. 202 (1982).

Home School (mark one):

☐ Aboite Elementary
☐ Covington Elementary
☐ Deer Ridge Elementary
☐ Haverhill Elementary
☐ Lafayette Meadows Elementary
☐ Whispering Meadows Elementary
☐ Summit Middle
☐ Woodside Middle
☐ Homestead High

Today’s Date: ____________________ Student’s Grade: ____________________

Student’s Name: ____________________________________________________

First  Middle  Last

Please answer all six questions below:

1. What is first language learned by student? ________________________________

2. What is the country of origin (birthplace)? ______________________________

3. What is the first date student enrolled in a US school? ____________________

If you indicate a language other than English for any of the following questions, the Department of Education considers the student a language minority student.

4. What is the native language of the student? ______________________________

5. What language(s) does the student speak most often? ____________________

6. What language(s) does the student speak in the home? ____________________

By signing here, you certify that responses to the 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 proficiency.

Parent Name: ____________________ Parent Signature: ____________________

Indiana Department of Education
Language Minority and Migrant Programs
http://www.doe.in.gov.lmmp/
Parents/Guardians of New Students:

Welcome to Southwest Allen County Schools! Please complete this transportation form and return it to your child's school even if you do not plan to use school bus transportation.

Please note the following:

1. If you plan to use school bus services AND if a new bus stop is required, it may take up to (5) five school days to assign your child to a route.
2. If you reside within a “No Transportation Zone” (NTZ) for your attending school, transportation will not be provided.
3. Please circle YES or NO for both AM and PM on the form below.
4. Visit www.sacs.k12.in.us and click on the transportation link for additional information.

Please give the following information when leaving a voicemail:

1. Student full legal name (with spelling)
2. Student address
3. Student start date
4. Parent phone number where you can be reached during school hours

TRANSPORTATION INFORMATION

SCHOOL YEAR (PLEASE ENTER) __________

Date ___________ School: ___________ Grade: ___________

Student Name(s): ____________________________ Parent/Guardian: ____________________________

Home Address: ____________________________ City: ____________ Zip: ___________

Home Phone: ____________________________

Cell Phone Mom: ____________________________ Cell Phone Dad: ____________________________

_____ My child lives within a NTZ.

Transportation is needed TO school in the AM? YES or NO (circle one)
Transportation is needed FROM school in the PM? YES or NO (circle one)

*For students starting prior to the first day of school: Please note that you will receive an email regarding your School Bus information once all the transportation logistics have been set for your student, and ready to be viewed in Power School.

*For students starting after the first day of school: Please call the Transportation Department to get your student’s pick-up/drop-off location and time, and to let us know when you would like to start transportation.

*You must call us to set up alternate pick up/drop off locations. The Transportation Department must have this information prior to riding.
Dear Parents/Guardians,

The MSD of Southwest Allen County (“SACS”) utilizes certain web-based tools for students, teachers, and staff, such as Google Apps for Education. This permission form generally describes these tools and student responsibilities for using them. As with any educational endeavor, a strong partnership with families is essential to a successful experience.

By way of example, the following services may be available to students as part of SACS’s online presence:

- **Mail** - an individual email account for school use managed by SACS
- **Calendar** - an individual calendar providing the ability to organize schedules, daily activities, and assignments
- **Docs** - a word processing, spreadsheet, drawing, and presentation toolset that is very similar to Microsoft Office
- **Sites** - an individual and collaborative website creation tool

Using these and other tools, students can collaboratively create, edit and share files and websites for school related projects and communicate with other students and teachers. Many of these services are entirely online and available 24/7 from any Internet-connected computer. Examples of student use include showcasing class projects, building an electronic portfolio of school learning experiences, and working in small groups on presentations to share with others.

Technology use at SACS is governed, in part, by federal law, including:

- **Child Internet Protection Act (CIPA)**: CIPA is a federal law that requires the School to have technology measures and policies in place that protect students from harmful materials including those that are obscene and pornographic. The School employs reasonable efforts to comply with CIPA as set forth in its Technology Acceptable Use Policy accessible at [http://www.sacs.k12.in.us/page/3137](http://www.sacs.k12.in.us/page/3137). See also [http://fcc.gov/cgb/consumerfacts/cipa.html](http://fcc.gov/cgb/consumerfacts/cipa.html)

- **Children's Online Privacy Protection Act (COPPA)**: COPPA is a federal law that applies to commercial companies and website operators and limits their ability to collect personal information from children under the age of 13. COPPA also impacts school districts that use third-party website operators to offer online services to students. COPPA requires school districts to obtain parental permission if personal information is collected from students under the age of 13 by any third-party website operator, such as Google. See also [http://www.ftc.gov/privacy/coppafaqs.shtm](http://www.ftc.gov/privacy/coppafaqs.shtm)

- **Family Educational Rights and Privacy Act (FERPA)**: FERPA is a federal law that protects the privacy of student education records. Generally under FERPA, school districts must obtain parental or student consent prior to disclosure of student records. However, schools may disclose directory information without prior consent, except that parents may request the school not disclose this information. See also [http://www.ed.gov/policy/gen/guid/fpco/ferpa](http://www.ed.gov/policy/gen/guid/fpco/ferpa)
Guidelines for the responsible use of web-based tools, including Google Apps for Education, by students:

1. **Official Email Address.** Students will be assigned a school email account. This account will be considered the student's official SACS email address until such time as the student is no longer enrolled with the SACS.

2. **Prohibited Conduct.** Please refer to SACS School Board Policies, most notably the Internet Acceptable Use policy at Policy No. 6210, and the Student Handbook.

3. **Access Restriction.** Access to and use of student email is considered a privilege accorded at the discretion of the SACS. SACS maintains the right to immediately withdraw the access and use of these services including email when there is reason to believe that violations of law or SACS policies have occurred. In such cases, the alleged violation will be referred to a building administrator for further investigation and adjudication.

4. **Security.** SACS cannot and does not guarantee the security of electronic files located on web-based systems, including those provided by Google. Although Google does have a powerful content filter in place for email, SACS cannot guarantee that users will not be exposed to unsolicited information.

5. **Privacy.** All electronic users should treat electronically stored information in individuals' files as confidential and private. Students are strictly prohibited from accessing files and information other than their own. SACS reserves the right to access students’ web-based accounts, including Google Apps for Education accounts, in accordance with the School’s monitoring requirements set forth in its Technology Acceptable Use Policy accessible at [http://www.sacs.k12.in.us/page/3137](http://www.sacs.k12.in.us/page/3137).

**Permission Form for Use of Web-Based Educational Tools**

By signing below, I confirm that I have read and understood the following:

Under certain federal and state laws, including FERPA and COPPA, a student's education records are protected from disclosure to third parties. I understand that as a part of my student’s use of web-based education tools, certain education records will be stored in a web-based service, such as Google Apps for Education, and may be accessible to someone other than my student and SACS by virtue of this online environment. My signature below confirms my consent to allow my student's education records to be stored by such a web-based service, such as Google, as part of my student’s educational use of such services. I understand that by participating in a web-based service, such as Google Apps for Education, information about my child may be collected and stored electronically. I understand that I may ask for my child’s access to cease and their account to be removed at any time. I also understand that the School will notify me of the web-based tools, if any, that my child will use in addition to Google Apps for Education.

_________**YES,** I give permission for my child to have an account for and access to web-based educational tools, including Google Apps for Education. This means, for example, that my child will receive an email account, and access to Google Docs, Calendar, and Sites.

_________**NO,** I do not give permission for my child to have an account for and access to web-based educational tools, including Google App for Education. This means, for example, that my child will NOT receive an email account or access to Google Docs, Calendar, and Sites.

Student Name: ____________________________
Parent/Guardian Signature: ____________________________
Date: ____________________________
Permission Form for Publication of Student Work

By signing below, I confirm that I have read and understood the following:

The School seeks to recognize and encourage student participation and success. On occasion, the School may do so by publishing a student’s work, either in print or electronically. For example, the School might post an image of a student’s painting to the district’s public website. The School will only post such work if your permission is provided below. Moreover, your permission can be revoked at any time by notifying the School in writing.

_____ YES, I give permission for the School to publish my child’s work for purposes of recognition and/or the encouragement of my child or others even though it might otherwise be an education record not subject to such publication.

_____ NO, I do not give permission for the School to publish my child’s work.

Student Name: __________________________
Parent/Guardian Signature: __________________________
Date: __________________________
Permission to Photograph/Video Tape
2020 - 2021

Students may be photographed or videotaped by school or media personnel while attending a school in SACS. The photographs and videotapes may be used for any school or district publication, educational programming or training, or for television, newspaper or magazine coverage. If parents do not wish to have their children’s names, student work, or photo/videos of their student(s) published, they should contact the school principal and make this request in writing.

NOTE: Please complete one form per student.

Student Name: ___________________________ Grade: ____________

Teacher Name: ______________________________________

**By signing this form, I acknowledge that I have read and understood the statement above.

Parent Signature_________________________ Date:___________

Preparing today’s learners for tomorrow’s opportunities.
Southwest Allen County Schools
4824 Homestead Road ♦ Fort Wayne, Indiana 46814
Parent/Student Receipt of Handbook
2020 - 2021

Southwest Allen County Schools Elementary Handbook contains the guidelines and policies for all students. By signing this handbook receipt, you are acknowledging the following:

1. I have web access to the school’s handbook and agree to review the handbook with my student(s). If I do not have web access to the handbook I will request a hard copy from the school office or pick one up at registration.

2. I promise to read the handbook with my student(s) to ensure that I, as the parent/guardian(s) and my student(s) understand the school policies and procedures.

We appreciate your help in assisting us in our efforts to provide a positive, safe, and supportive learning environment for our students and staff. Please fill out one form for each student.

Student Name: _____________________________ Grade: ____________

Parent Signature _____________________________ Date: ______________

Student Signature _____________________________ Date: ______________

Preparing today’s learners for tomorrow’s opportunities.

Southwest Allen County Schools
4824 Homestead Road ♦ Fort Wayne, Indiana 46814
Dear Parents:

During the school year, your child may be given an opportunity to participate in educational field trips. Please sign this permission slip and return it to the teacher immediately. This form will be kept on file as permission for your child to attend all activities held away from the school building this year.

You will be informed of the time and place of each trip in which your child will be involved. If you prefer that your child not participate on a trip, please contact the teacher. Provisions will be made at school for your child on that day.

I give my permission for my student to participate in the educational field trip(s) provided by Southwest Allen County Schools during the 2020 – 2021 school year.

Name of School ________________________________

Student Name (Please Print) ________________________________

Teacher______________________________ Grade _____

Parent Signature ________________________ Date: ____
I, _____________________________, give Southwest Allen County Schools permission to release the following information concerning my child, _____________________________ to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

The following information to be released:

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 LC. 16-38-5-3.

I hereby consent to the release of such information.

__________________________________________________________________________
Signature Date

__________________________________________________________________________
Printed Name of Parent or Guardian Telephone number

__________________________________________________________________________
Address

__________________________________________________________________________
Child's Name Child's Birthdate

__________________________________________________________________________
School Grade Level
Dear Parent or Guardian:

The Indiana State Department of Health and the Indiana Department of Education have mandated that all schools enter immunization data on the CHIRP (Children and Hoosiers Immunization Registry Program) web site. CHIRP is an internet-based immunization program through the Indiana State Department of Health.

- It is confidential and secure.
- It helps determine when students are due or overdue for vaccinations based on up-to-date guidelines with immunization forecasting.
- It reduces under and over immunization of students by viewing consolidated immunization records from multiple providers.
- It helps notify students of recommended vaccinations using a Reminder/Recall feature.
- Doctor’s offices can print Official Immunization Cards for school, day care or camp registration.

A consent form must be signed before immunizations are entered into CHIRP by the school nurse. This form is to be filled out only once.

Southwest Allen County Schools (SACS) encourages but does not require parents to give the SACS school nurses permission to release information to CHIRP regarding their child’s immunizations.

If you should have any questions, please contact your school nurse.
To: All SACS Volunteers  
Re: Volunteer Bully Prevention and Intervention Training Video

Indiana State law and Southwest Allen County School Board policy require that all school employees as well as all volunteers in our schools complete Bullying Prevention and Intervention training along with a limited criminal background check.

The training takes less than 10 minutes to complete. When you have completed the training and the sign off page, an email will be sent to our Director of Student Services for documentation purposes. All volunteers will be expected to complete the training no later than their first volunteer assignment.

Unlike the background checks which need to be updated every 3 years, the Volunteer Bullying Prevention and Intervention training only has to be completed once.

The training is available now and can be completed at any time.

The Volunteer Bullying Prevention and Intervention training is now available through the district’s website under the parent tab; https://projects.sacs.k12.in.us/bullying/.

Thank you!
NOTICE TO PARENT VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

This is the Southwest Allen County Schools Background Check Information and Authorization Form. If you wish to volunteer at any of the Southwest Allen County Schools or accompany your child on a field trip, you will need to complete this form. By signing, you are authorizing Southwest Allen County Schools to perform a criminal history check. You will need to fill out the information listed below. Please make sure that your information is printed legibly. Make sure you provide your full name, date of birth, and signature or we will not be able to allow you to volunteer.

You only need to complete one form for the district. If you have more than one child in SACS, please list all children on the same form. DO NOT COMPLETE MULTIPLE FORMS! Once you are authorized as a volunteer, you may go on field trips or volunteer in the classroom throughout the current school year with teacher/principal permission. You will need to have a new criminal history check completed every three years. In addition, adults who have lived in Indiana less than one year must pay for an out-of-state Safe Hire background check at the Central Office and pass a check of the sex offender registry. Should you have any questions regarding this form, please contact Rebecca Bell at the Southwest Allen County Schools’ Administration Building at (260) 431-2051.

Please Complete Both Sides of this Form

Student’s Name: ___________________________ School: __________ Grade ___ Teacher: __________
Student’s Name: ___________________________ School: __________ Grade ___ Teacher: __________
Student’s Name: ___________________________ School: __________ Grade ___ Teacher: __________
Reasons for visitation/volunteering: ________________________________________________________________

PLEASE PRINT

Volunteer Name: ________________________________________________________________

Last   First   Middle Initial

Please list any other names you have been known by: ____________________________________________

Volunteer CurrentAddress: ________________________________________________________________

Number and Street Name      Apt.#

City: ___________________________ County: ___________________________ State: __________ Zip: __________

Previous Addresses (Last 10 years): ____________________________________________________________

Telephone Number: (_______) _______ - _______ Birth State: ____________________________

Volunteer Date of Birth: (MM/DD/YYYY) _______/_____/_________ (for ID purposes only/required)

EmailAddress: ____________________________

Gender:     Male     Female

Ethnicity and Race: Please check the description(s) corresponding to the ethnic or race group with which you identify:

☐ American Indian or Alaska Native   ☐ Asian   ☐ Black or African American
☐ Hispanic/Latino   ☐ Native Hawaiian or other ☐ White
                                 Pacific Islander

* * PLEASE CONTINUE ON THE BACKSIDE OF THIS FORM * *
VOLUNTEER – REQUEST FOR BACKGROUND INFORMATION

Volunteering with Southwest Allen County Schools involves contact with our student population. The following questions are designed to help Southwest Allen County Schools evaluate your suitability to work with these students. Having been convicted of a crime or answering “yes” to any of the following questions will not automatically bar you from consideration. However, the school corporation’s administrators will consider the nature of any conviction or alleged conduct resulting in a “yes” response; the date of the alleged conduct, your intervening conduct, and the relationship between the offense or alleged conduct and volunteering.

If you answer yes to any of the following questions, please explain the circumstances on a separate sheet and attach it to this form.

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or have you offered a resignation to your previous employer?
   Yes_________ No _________

2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?
   Yes_________ No _________

3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer’s investigation of your alleged sexual contact with another person, alleged mishandling of fund or alleged criminal conduct?
   Yes_________ No _________

4. Have you ever pleaded guilty or “no contest” (nolo contendere) to, or been convicted of any crime of moral turpitude? (Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to, theft, attempted theft, murder, rape, swindling and indecency with a minor).
   Yes_________ No _________

5. Have you (a) ever been convicted of a crime, other than a minor traffic offense; (b) ever entered a plea of guilty or a plea of “no contest” (nolo contendere), or (c) has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense?
   Yes_________ No _________

AUTHORIZATION AND RELEASE

I authorize Southwest Allen County Schools to check my volunteer service history and work history and to perform a criminal history background investigation. I further authorize those persons, agencies, or entities that Southwest Allen County Schools contacts in connection with my application to volunteer to fully provide Southwest Allen County Schools any information on the matters set forth above. I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Southwest Allen County Schools, its officials, employees, or agents, or against any provider of such information. I have read this authorization and release of all claims and I expressly agree to the terms set out therein.

Date: ______________________________

Signature of Volunteer

Printed Name of Volunteer

SACS. 06/2019
Southwest Allen County Schools Lunch Information

Pre-Payment Options

Please take advantage of the option to prepay on your student’s meal account. Prepaid meal accounts help the meal lines go faster and give students more time to eat and enjoy their meal. It also gives you the peace of mind of not worrying about looking for meal money each day or worrying about lost or stolen lunch money.

Online Payments

Step 1
Online Deposits can now be made through our new partner, Titan School Solutions, by visiting their site at https://family.titank12.com

Step 2
Create Your Account. You will need your child’s student ID number to link them to your account.

Step 3
After your account is established, you will be able to manage your child’s account by adding funds, monitoring spending, or applying for free and reduced meals.

Online deposit will immediately appear in the students account, and be available for purchases. **A small convenience fee will apply for online deposits**

To avoid the convenience fee, you will still be able to send payments with your child or directly to the food service department at your child’s school. When sending payments, please include the following: Students full name, Student ID number, payment amount, and Check #.

Applications for Free & Reduced meals for school year 2020-2021 will be take after July 1, 2020 at: https://family.titank12.com. You can also obtain a hard copy from the school after this date.

The USDA and the State of Indiana are equal opportunity providers and employers.

If you have any questions, please reach out to the food service staff at your school, or the District office at 260-431-2262 or 260-431-2282
### SOUTHWEST ALLEN COUNTY SCHOOLS
### SCHOOL CALENDAR
### 2020-2021

**Board Approved: 11-6-18; Rev 3-17-2020**

<table>
<thead>
<tr>
<th>T- 0</th>
<th>S- 0</th>
<th>T- 21</th>
<th>S- 19</th>
<th>T- 21</th>
<th>S- 21</th>
<th>T- 17</th>
<th>S- 16</th>
<th>T- 18</th>
<th>S- 18</th>
<th>T- 14</th>
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</thead>
<tbody>
<tr>
<td><strong>Jul</strong></td>
<td><strong>Aug</strong></td>
<td><strong>Sep</strong></td>
<td><strong>Oct</strong></td>
<td><strong>Nov</strong></td>
<td><strong>Dec</strong></td>
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<tr>
<td><strong>Teachers Only</strong></td>
<td><strong>No School</strong></td>
<td><strong>Parent/Teacher Conf.</strong></td>
<td><strong>First/Last Student Day</strong></td>
<td><strong>Registration Days</strong></td>
<td><strong>Total Days</strong></td>
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<tr>
<td><strong>First Semester</strong></td>
<td><strong>Second Semester</strong></td>
<td><strong>Teachers Only</strong></td>
<td><strong>No School</strong></td>
<td><strong>Parent/Teacher Conf.</strong></td>
<td><strong>First/Last Student Day</strong></td>
<td><strong>Registration Days</strong></td>
<td><strong>Total Days</strong></td>
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<tr>
<td>Jan 5 - Begin Second Semester</td>
<td>Jan 18 - Martin Luther King Day-No School or Snow Make-up Day</td>
<td>Jan 18 - Martin Luther King Day-No School or Snow Make-up Day</td>
<td>Jan 18 - Martin Luther King Day-No School or Snow Make-up Day</td>
<td><strong>Mar 12 - End Third Grading Period</strong></td>
<td>Apr 2 - Good Friday-No School</td>
<td>Apr 5 - Apr 9-SPRING BREAK-No School</td>
<td>May 25 - Last Day for Students</td>
<td>May 26 - Teacher Records</td>
<td>June - High School Graduation - Coliseum</td>
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<tr>
<td><strong>Jan</strong></td>
<td><strong>Feb</strong></td>
<td><strong>Mar</strong></td>
<td><strong>Apr</strong></td>
<td><strong>May</strong></td>
<td><strong>Jun</strong></td>
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<td><strong>Teachers Only</strong></td>
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<td><strong>First/Last Student Day</strong></td>
<td><strong>Registration Days</strong></td>
<td><strong>Total Days</strong></td>
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<td><strong>First Semester</strong></td>
<td><strong>Second Semester</strong></td>
<td><strong>Teachers Only</strong></td>
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<td><strong>Parent/Teacher Conf.</strong></td>
<td><strong>First/Last Student Day</strong></td>
<td><strong>Registration Days</strong></td>
<td><strong>Total Days</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong># of Days in Grading Periods</strong></td>
<td>1 - 42</td>
<td>2 - 46</td>
<td>3 - 46</td>
<td>4 - 46</td>
<td></td>
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<td><strong>Semester 1</strong></td>
<td><strong>Semester 2</strong></td>
<td><strong>Semester 1</strong></td>
<td><strong>Semester 2</strong></td>
<td><strong>Semester 1</strong></td>
<td><strong>Semester 2</strong></td>
<td><strong>Semester 1</strong></td>
<td><strong>Semester 2</strong></td>
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</tr>
<tr>
<td>Total Student Days: 88</td>
<td>Total Student Days: 92</td>
<td>Total Student Days: 180</td>
<td>Total Student Days: 180</td>
<td>Total Teacher Days: 91</td>
<td>Total Teacher Days: 95</td>
<td>Total Teacher Days: 186</td>
<td>Total Teacher Days: 180</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Inclement weather make-up days: Jan. 18 & Feb. 15: These will remain holidays if not declared snow make-up days at least one week (Jan 11, Feb 8) prior to their occurrence.
IN CASE OF SCHOOL DELAYS AND CLOSINGS

*Please do not call the school office with questions about delays and cancellations!* *

School delay and closing announcements are immediately posted on the SACS Web Site (www.sacs.k12.in.us).

**FOLLOW SACS ON TWITTER** (@sacsk12tweets) - All delay and closing information will be Tweeted to followers.

**LIKE US ON FACEBOOK** (@welovesacs) - All delay and closing information will be posted on our Facebook page.

Information is also recorded on the District’s Information Line (431-2002) and released for play on these local radio and television stations:

**Television Stations**
WANE, WPTA21, FORT WAYNE’S NBC

**Radio Stations**
WBCL, WAJI, WLDE, WBNI, WOWO

AUTO TEXT MESSAGE: You can also sign up with the local news stations so that you receive a text when there is a delay or cancellation. Visit their website for details.
MEDICAL INFORMATION

Grade: __/Teacher: ____________

Student Name: __________________________ M/F: __ Birth Date: __________

Address: ___________________ (last) City: ___________________ (first) Zip Code: __________

Home Phone: ________ Student lives with: □ Both Parents □ Mom only □ Dad only □ Shared Custody

Father’s Name: __________________________ Employment: __________________________

Father’s Home Phone: __________ Work Phone: __________ Cell Phone: __________

Mother’s Name: __________________________ Employment: __________________________

Mother’s Home Phone: __________ Work Phone: __________ Cell Phone: __________

IN CASE OF ILLNESS OR EMERGENCY, FIRST CONTACT IS MADE TO THE PARENT(S). Please list two contacts other than parents for emergency situations.

#1 Name: __________________________ Phone: __________ Relationship: __________

#2 Name: __________________________ Phone: __________ Relationship: __________

Medical Information for School Personnel

□ My child has no medical problems that impact the school day.

Please list any medication your child is currently taking:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Time</th>
</tr>
</thead>
</table>

List any severe/life threatening allergies that require medication.

Please list specifics

[ ] Food [ ] Needs Epi-Pen
[ ] Insect/Bee [ ] Needs Epi-Pen
[ ] Medications [ ] Needs Epi-Pen
[ ] Other

Please check the boxes if your child has any of the following issues:

[ ] ADD/ADHD
[ ] Asthma non-life threatening
[ ] Cystic Fibrosis
[ ] Diabetes Type I [ ] Type II
[ ] Cancer Type __________
[ ] Head Injury/Concussion date ______
[ ] Migraines with prescription medication
[ ] Seizure Disorder [ ] Needs Diastat
[ ] Psychological/Emotional Disorder
[ ] Sickle Cell Disease [ ] trait
[ ] Other
[ ] Type __________

Is physical activity restricted? □ Yes □ No

If yes in what way? __________________________

Does the student have a 504 or an IEP? □ Yes □ No

Child’s Primary Physician: __________

Physician’s Phone Number: __________

Individual Health Plans should be in place for students with Asthma, Diabetes, Seizures and Severe Allergies. Some of these Health Plans require the signature of a physician. To ensure the safety of your child, please contact your school nurse as soon as possible to complete these plans.

Consent for Medical Treatment of a Minor Child (This form MUST be signed by a parent/guardian for the current year)

I (We) do hereby state that I am (we are) the parent(s) or legal guardian(s) of the above named student. I (We) realize that my (our) child, while attending school or participating in extracurricular events or field trips sponsored by or attended by his/her school, may become injured or ill to a degree which would require emergency medical attention. In the event of a serious medical emergency and none of the designated contacts can be reached, the above named student may be transported to the emergency room of the nearest hospital to receive medical treatment beyond what can be provided at school. I (We) authorize __________________________________________, Principal of ________________________, or her designee (an adult over 18 years of age) to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the State in which the event is being held. This consent for medical treatment will remain in effect for the ________________________ school year.

Parent/Guardian Signature: __________________________ Date: __________
Be on time at bus stop
Be at your bus stop two minutes early.

Stand back from Curb
Stand in a safe place while waiting for your bus.

Never run to or from a bus
Wait for the bus to come to a complete stop. Walk on and off the bus. Do not push or shove.

Stay in your seat at all times
Stay seated when the bus is in motion (moving). Keep yourself and your book bag out of the aisle. Your back should be touching the back of the seat at all times.

Never ride with things in your mouth or hands
Keep all food, pens, toys, etc. in your book bag. You should not have any items in your hands or seat.

Don't distract your driver
Talk softly on the bus. Yelling, shouting and moving is unsafe for you and the driver. You need to obey the driver's directions for your safety.

Keep everything inside the bus
Don't throw or put hand, arms, etc. out the window of the bus. Yelling to other students outside the bus from the window brings them into the danger zone.

Danger Zone
Keep at least 10 feet from the bus at all times. Never walk behind or along the sides of the bus.

I//you drop anything by the bus, tell the driver
Never try to pick up or reach under the bus for an item you dropped. Go to the driver and tell him/her you dropped something by or under the bus.

Make sure the bus driver signals you across
Look both ways after the driver's signal for traffic, then cross.

Your dress
Make sure your clothes don't have loose items that could catch on the bus when entering or leaving.

Use Respect, Manners, and Listen
Use these three methods when riding the bus.
Danger Zone

- Stay at least 10 feet from the bus at all times.
- Never walk behind or along the sides of the bus.
- Look for your driver's signal to cross. Then look both ways before crossing.
Attn: Parents and Guardians,

PowerSchool now offers Single Sign On for parents where Parents can use a Single Account to view their children grades in PowerSchool. This new sign on option is very useful for parents where you have more than one child enrolled with the SACS school district. Please take a moment to create your new account and attach your child(ren) to the Account. You can create multiple accounts as long as you know your Existing Parent User ID and Password for your child.

In order to create a new account, Please follow these steps as described below.

Step 1

Click on Create Account button.
Step 2

Type your First Name, Last Name, E-Mail Address and Desired Username. Type and Re-Enter your password (Your password must be 6 characters long).

Step 3

Type your Child's Name in Student Name box

Type your Existing Powerschool Parent User ID (for the student that you are adding to your account) in Access ID box

Type your existing PowerSchool password in the Access Password box

Select your Relationship to student from the drop-down list.

You can repeat STEP 3 for each additional child that you would like to add to your account or you can add additional Children later after you log in by clicking on the Account Preferences link.
Step 4
Click Enter button to create your account.

Step 5
Now log in to PowerSchool using your new User ID and password to access your children grades. After you log in, you can switch between PowerSchool screens for each child by clicking on your child’s name on the Top bar.