

Franklin Township Community School Corporation CENTRAL REGISTRATION



Attached you will find a packet of information required for registration. In order to facilitate the registration process and minimize your time, it is necessary to complete all enclosed forms. In addition to this packet, the following documentation will be **required** to complete registration:

- Student's birth certificate
- Immunization record
- Proof of residency, please provide one of the following:
 - Current utility bill
 - Lease/Rental Agreement
 - Property tax statement

ADDITIONAL DOCUMENTS NEEDED AS THEY APPLY:

- Current transcript from last school (*high school students*)
OR proof of completion of 8th grade for incoming freshman new to the township
(a final semester report card showing promotion is acceptable)
- A copy of the withdrawal form from previous school (*high school students*)
- Any court orders that prevent or limit access of a parent to a child or the child's educational records
- Any restraining orders or other legal documents specifically limiting the access of any individual to the student(s) being enrolled
- Documentation of any health concerns or allergies of which the school should be aware.
- Copy of IEP/records for special education students

REGISTRATION IS NOT COMPLETE UNTIL ALL NECESSARY INFORMATION
AND DOCUMENTATION IS PROVIDED.

AFTER REGISTRATION AT CENTRAL OFFICE, YOU **MUST** RETURN PACKET
TO YOUR CHILD'S SCHOOL TO FINALIZE ENROLLMENT.

PLEASE CALL THE SCHOOL FOR AN APPOINTMENT. EACH SCHOOL'S
ENROLLMENT HOURS WILL VARY.

Book rental/transportation fees will be collected at the individual school. Cash,
check or charge will be acceptable payments. Full Day Kindergarten deposits
are also required at the schools after Central Office registration.

Franklin Township Community School Corporation



2010-2011 Kindergarten Options Registration Form

Child's Name _____ Male _____ Female _____

Parent/Guardian Name(s) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address _____ Zip Code _____

***** While we will do our best to honor all placement requests, there are no guarantees. *****

Please Check One:

Option 1

_____ I am registering my child for Full Day Classes

**If you selected this option, please read and sign the statement at the bottom of the page.*

Option II

_____ I am registering my child for Half-Day Classes.

Please check your session preference: a.m. _____ p.m. _____

For Parents of All Students Registered for Full Day Kindergarten Classes:

The fee for Full Day Kindergarten students for the 2010-2011 school year is \$1,200.00.

This fee is payable in four equal installments of \$300.00 each. The first installment is due at registration and must be submitted with this registration form. Payment coupons will be mailed to families.

Full Day Kindergarten Payment Schedule

Payments for the 2010-2011 School Year	
Date Due	Amount
April 7, 2010	\$300.00 Deposit is due at registration to be enrolled in Full Day Kindergarten
June 7, 2010	\$300.00
October 7, 2010	\$300.00
February 7, 2011	\$300.00
	Total \$1,200.00

The \$1,200.00 full day Kindergarten fee amount could change depending upon funding received from the state. Any fee adjustments will be determined no later than July 2011.

I understand the fee schedule and agree to pay \$300.00 on the dates listed above.

Signed _____ Date _____

Office use:

Date Received: _____ Time Received: _____ Received by: _____ School: _____

Franklin Township Community School Corporation

K-12 New Student Enrollment Form 2010-2011



If any of your demographic information changes at any time, please contact your school to update your records.

This area will be completed by FTCSC personnel		Homeroom	Locker #	Combo
School Name		Form completed by		Date
Student's name as it appears on the birth certificate				STN
Last Name		Date of Birth		
First Name	Middle Name	Nickname		
Home Address		Zip Code		
Home Phone	Gender (circle) M F	Social Security Number		
Grade	KG: Full AM PM	Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please complete the attached Academic Information Form	
School Previously Attended		Phone		
Is the Student a Ward of the County or State? (legal documentation required)				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 1 Must be answered	Part 1 - Ethnicity: (choose only one) Is individual Hispanic/Latino?	<input type="checkbox"/> No, not Hispanic/Latino	<input type="checkbox"/> Yes, Hispanic/Latino
Part 2 Must be answered	Part 2 - Race: (choose one or more)	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian <input type="checkbox"/> White
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	See Race specifications on next page

Parent/Guardian Information – Please check who the child lives with (please check only one box)

Both Parents Mother Father Grandparent Foster Parent Other

PRIMARY HOUSEHOLD

PARENT/GUARDIAN WITH WHOM STUDENT RESIDES (LIST BELOW)

Last	First	Relationship
Address		Apt # City/Zip code
Home Phone	Work Phone	Cell Phone
E-Mail Address (required for Guardian portal access)		

OTHER PARENT/GUARDIAN OR SPOUSE WITH WHOM STUDENT RESIDES (LIST BELOW)

Last	First	Relationship
Address		Apt # City/Zip code
Home Phone	Work Phone	Cell Phone
E-Mail Address (required for Guardian portal access)		

SECONDARY HOUSEHOLD

OTHER PARENT/GUARDIAN WITH WHOM STUDENT DOES NOT RESIDE (LIST BELOW)

Last	First	Relationship
Address		Apt # City/Zip code
Home Phone	Work Phone	Cell Phone
E-Mail Address (required for Guardian portal access)		

OTHER PARENT/GUARDIAN OR SPOUSE WITH WHOM STUDENT DOES NOT RESIDE (LIST BELOW)

Last	First	Relationship
Address		Apt # City/Zip code
Home Phone	Work Phone	Cell Phone
E-Mail Address (required for Guardian portal access)		

OTHER SCHOOL AGE CHILDREN IN HOUSEHOLD

Name	School

EMERGENCY CONTACTS

List three neighbors/relatives to whom student may be released if parents cannot be reached.
****Any of the named "Contact Individuals" are competent and no one else has any legal right to be a contact person.**

Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship			
Home Phone			
Cell Phone			
Work Phone			

If custodial issues are involved, please provide the information requested below:

Are there any restrictions legally placed upon non-custodial parent's right to information about, or dealing with, the student named on this form?

Yes No If yes, a copy of the decree needs to be on file at the school

If separated or divorced, which parent(s) or person has legal custody of student? Mother Father Both Parent Other

May we contact non-custodial parent in emergency? Yes No If no, a copy of a decree needs to be on file at school.

Is the student allowed to leave with non-custodial parent? Yes No If no, a copy of a decree needs to be on file at school.

Physician Information Hospital Preference

Physician's Name Phone

Medical Concerns Yes No If Yes, Please complete the attached **Health Concerns Form**

In case of an accident or serious illness, I request that the school contact a parent/guardian. If the school is unable to reach a parent/guardian, I authorize the school to call emergency services (911) if the student has an emergent or urgent health need and/or the parent or other contact cannot be reached, and follow their instructions. I/we agree to hold the Franklin Township School Corporation harmless from any and all liability arising from the above.

Signature of _____
 Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY

- Registration Form Birth Certificate Immunization Record Acceptable Use of Internet Policy
- Proof of Residency Home Language Survey Academic Info Form (any special services required)
- Health Concerns Form Media Information Form – DENIAL to PUBLISH CHIRP Form Records Request
- Transportation SA Form McKinney Vento form School Choice form for AR or WA only

Franklin Township Community School Corporation
K-12 New Student Enrollment Form 2010-2011



Race and Ethnicity

Registration Race and Ethnicity Parts 1 and 2 must be answered.

Part 1: Ethnicity

Is this individual Hispanic/Latino? Registering adult must choose only one.

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

Part 2: Race

What is the individual's race? Registering adult may choose one or more.

- American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



Dr. Walter D. Bourke, Superintendent

Request for Transportation Services

School Year 2010-11

The Franklin Township Community School Corporation Office of Student Transportation is committed to providing safe transportation. In order to ensure that your child is transported for the 2010-11 school year we request that you complete the form below.

The fee for transportation will be approximately \$75 per child. The fee for half day kindergarten will be \$37.50. The exact figure is not known at this time as it will be based on the total number of requests received. The Office anticipates a fee of \$75 if a minimum of 7,000 students request transportation. If less request services, the fee will be higher. If more than 7,000 request services the fee will lower. The Office of Student Transportation will only transport students that have paid for services. This survey will give the transportation office an opportunity to plan appropriately.

The Office of Student Transportation will be implementing permanent bus stops for the 2010-11 school year. Additional information regarding bus stop etiquette, bus stop locations and procedural changes will be forthcoming to all individuals interested in utilizing the transportation services.

Student Information:

Student Last Name: _____ First Name: _____

Current Home Address (*house number, street*) _____

Kindergarten: (choose one) A.M. ____ P.M. ____ Full Day ____

Grade: _____ School of Attendance: _____

Current Phone Number: () _____ - _____

Emergency Phone Number: () _____ - _____

Parent/Guardian Name (print):

Parent/Guardian Signature:

Date Submitted: _____

I will NOT request transportation for the 2010-2011 school year. ____



Academic Information Form

Child's Name: _____ Date: _____

Previous School: _____ Phone: _____

City: _____ State: _____ Fax: _____

In order to assist the school in determining special needs that your child may have, please mark the following areas which apply to your child. Mark only those services provided for your child in their previous school.

- | | | |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | English as a Second Language/English as a New Language Services (ESL/ENL) |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | High Ability (Gifted/Talented Services) |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Title 1 Tutoring Services |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Special Education Services (including Speech) |
| | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Was your child given additional support outside of their regular classroom? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Does your student have an individualized education plan (IEP) or 504 plan? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did your child work with the speech therapist? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did your child take ISTEP with his/her classroom or in a small group setting? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did you ever meet with the principal or administrator to develop a plan to help your child be successful in school? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Does your child have any academic challenges we should be aware of? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Does your child have any behavior problems we should be aware of? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Has your child ever been suspended or expelled from school? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Is there anything we should know about your child's learning style? |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Has your child ever been tested or evaluated by the school psychologist? |

Date

Parent Signature

Once completed, the registration staff for FTCSC will return this to Debbie Sandberg for processing.



Home Language Survey

School _____

Student's Name _____ Date _____

Date of Birth ____/____/____ Grade _____ School Year _____

Name of Parent(s)/Guardian _____

Place of Birth _____ / _____ / _____
City State Country

How long has your son/daughter attended school in the United States?

To be completed by parents upon student enrollment to determine student's status as language minority.

1. What language did the student first speak? _____

2. What language is spoken most often by the student? _____

3. What language is spoken by the student in the home? _____

Franklin Township Community School Corporation



Media Information Form

The Franklin Township Community School Corp. is often asked by Indianapolis newspapers, television stations and web news sites to supply photographs and names of students involved in a variety of activities, clubs and special events. We will release this information to those outlets unless we have this refusal on file.

Return this form ONLY if you DO NOT want your child to be identified in media reports including newspapers, TV and web news outlets.

By signing this, I am saying that **I do not want my child's photo and name used in media reports** such as *The Indianapolis Star*, *The Franklin Township Informer* or TV stations.

This signed form will stay in effect until it is revoked in writing to the school corporation. Please sign and return the form to the school office.

*Note: This form **does not** pertain to school publications or announcements. Unless you notify us in a separate writing, your child's name and identifying photo **WILL** appear in, but would not be limited to, the following:*

- 1. Lists of names released to the media of participants in activities and sports recognized by the Franklin Township Community School Corporation*
- 2. Lists of students on honor rolls or those who receive honors, awards and scholarships; or*
- 3. School yearbooks, school newspapers, school newsletters or other publications showing and identifying your child in recognized school-related activities.*

Student Name

Signature of Parent or Guardian

Date

Contact phone number

Franklin Township Community School Corporation



STUDENT'S NAME _____ **GRADE** _____
BIRTHDATE _____
SCHOOL _____

Dear Parents,

It is important for the school to be aware of any special health concerns your child may have that affect him/her while during the school day. Because health needs change, current information should be updated each year. Please fill out the section below and return this form to school.

_____ My child has no health problems or physical limitations that will affect him/her at school.

_____ My child has the following medically-diagnosed health concerns that may affect him/her during the school day: (Please check box/boxes and EXPLAIN below):

- | | |
|-------------------------------------|--|
| _____ Asthma | _____ Eye conditions, <u>not</u> including glasses |
| _____ Allergies (please list below) | _____ Heart conditions |
| _____ Bee sting requiring meds | _____ High blood pressure |
| _____ Cancer | _____ Kidney problems |
| _____ Diabetes | _____ Seizure/Epilepsy |
| _____ Hearing problems | _____ Other (explain) |

PLEASE LIST ANY ALLERGIES TO FOOD OR MEDICINE, OR EXPLAIN ABOVE:

Health information is considered confidential. The school nurse cannot share this information with the faculty & staff at your child's school unless there is signed parent permission on file. If it is medically necessary for the above medical information to be shared with the faculty/staff please sign below and contact the school nurse at your child's school.

_____ Date _____ Parent/Guardian Signature and Telephone Number

Thank you,

Faith Muston RN

803-5573

Margie Townsend RN

803-5416

Peg Stanish RN

803-5011

Kerra Waters RN

803-8161

FTCSC Nurses

Franklin Township Community School Corporation



Children and Hoosiers Immunization Registry Program (CHIRP)

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

Name, Date of Birth, Immunization Data, Race

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 will be available to the immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school that is attended by the individual, a child care center, and the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

Signature

Date

Printed Name of Parent or Guardian

Address

Telephone Number

Child's Name

Grade Level

Dear Parent/Guardian:

Children need healthy meals to learn. Franklin Township Community School Corporation offers healthy meals every school day. The breakfast regular price is \$1.25 for all students; lunch is \$2.10 for K-6 and \$2.15 for 7-12. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

1. **Who can get free or reduced price meals?** Children in households receiving Food Stamps or TANF and most foster children can receive free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children may qualify for free or reduced price meals.
2. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to any school office.
3. **My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application.
4. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you received carefully and follow the instructions. If you have questions, call 862-2411.
5. **I receive WIC. Will my children qualify for free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please complete an application.
6. **Can migrant, homeless, or runaway children get free meals?** If you have not been informed that they will receive free meals, please call 862-2411 (homeless liaison) to see if your children qualify,
7. **May I apply if someone in my household is not a U. S. citizen?** Yes. You or your children do not have to be a U.S. citizen to qualify for free or reduced price meals.
8. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends).
9. **Will the information I give be checked?** Yes, we may ask you to provide written verification.
10. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime include it, but do not include it if you only work overtime sometimes.
11. **We are in the military; do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
12. **My spouse is deployed to a combat zone. Is her/his combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income.
13. **If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if there are any changes to your household income or size.
14. **My family needs more help. Are there other programs available?** To find out how to apply for food stamps or other assistance benefits, contact your local assistance office.
15. **What if I disagree with the school's decision about my application?** You should talk to the school officials. You also may ask for a hearing by calling or writing to Ronald L. Blackgrave, 6141 S. Franklin Road, Indianapolis, Indiana 46259, (862-2411).

We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to any Franklin Township School Office. The District is allotted 10 days to process the application and benefits may not begin until the process is complete, nor are benefits prorated.

If you have other questions or need help, call 862-2411.

Si necesita ayuda, por favor llame al teléfono: 862-2411.

Si vous voudriez d'aide, contactez nous au numéro: 862-2411.

Sincerely,

Dr. Walter Bourke
Superintendent of Schools

INSTRUCTIONS for APPLYING

Households getting TANF or Food Stamps:

1. In Part 1, list each enrolled child and include the TANF or Food Stamp Case Number for any child. **EBT and Hoosier Healthwise numbers DO NOT qualify you for benefits.**
2. In Part 2, check the appropriate box, if any.
3. In Part 4 A, enter the name of any other household member who has a valid TANF or Food Stamp Case Number.
4. Part 5. An adult must sign the application. A Social Security number is not required.
5. Part 6 and Part 7 are optional for meals benefits.

Migrant, Homeless, or Runaway: Check the appropriate box and contact the school's homeless liaison or migrant coordinator.

Foster Child: Use a separate application for each foster child.

1. Complete Part 1, Part 3, and Part 5
2. INCOME: Write only the child's personal use income or '0' if the child has no income.
3. Part 5. An adult must sign the application. A Social Security number is not required.
4. Part 6 and Part 7 are optional for meals benefits.

All Other Household Types: Including WIC households

1. In Part 1, list each enrolled child.
2. In Part 2, check the appropriate box, if any. Skip Part 3.
3. In Part 4, list everyone related or not living in your household. Include yourself, spouse, all children, grandparents, other relatives, and unrelated people. Use another sheet of paper if you need to.
4. Write the amount of gross income each person received before taxes or anything else is taken out for this month or last month, how often, and where it came from, such as earnings, welfare, pensions, and other income. See list. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative, do not include this housing allowance. If you have no income, put a checkmark (✓) in the box.
5. Part 5. An adult must sign the application and list his/her Social Security number, or put a checkmark (✓) in the box if you have no social security number.
6. Part 6 and Part 7 are optional for meals benefits.

INCOME TO REPORT:

Earnings from Work

Wages/salaries/tips

Strike benefits

Unemployment compensation

Workman's compensation

Net income from self-owned business or farm

Welfare/Child Support/Alimony

Public assistance payments

Welfare payments

Alimony payments

Child support payments

Pensions/Retirement/Social Security

Pensions

Retirement income

Social Security

Veteran payments

Supplemental Social Security Income

Other Income

Earnings from second job

Disability benefits

Interest/Dividends

Cash withdrawn from savings

Income from Estates/Trusts/Investments

Regular contributions from persons not living in the household

Royalties/Annuities/Rental Income

Any other monies that may be available to pay for the child's meals

OTHER BENEFITS: Put a checkmark (✓) where you want the information released. By signing this section you will allow the school to release information that shows you have applied for free or reduced price benefits under the National School Lunch Program. The information will only be used for the programs you have marked on the application.

Textbook Assistance

– In 1999 the passage of Indiana House Enrolled Act 1001, includes assistance for children approved for free or reduced price meals.

You must answer this question and sign, in order to receive textbook assistance. You are not required to answer this question to receive meal benefits.

PLEASE NOTE: For **Textbook Assistance**, these are specific things that you must complete in addition to the required items for meal benefits.

1) Living with parent/caretaker relative,

(The definition of a caretaker relative is a relative, either by blood or by law, who lives with the child and exercises parental responsibility [care and control] in the absence of the child's parent. Examples include, but are not limited to: Grandparents, Aunts, Uncles, Cousins, Step-Parents, and Adult Siblings.)

2) grade, and

3) check if you are applying for textbook assistance and sign under Other Benefits.

Your application must contain 2 signatures for meals and textbooks.

Twenty-first Century Scholars

– If your child is a U.S. citizen and currently in grades 6-8, ask your school for information on how to apply for Indiana's Twenty-first Century Scholars program – an early promise program to help prepare and pay for college.

Hoosier Healthwise

– Your child(ren) may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you **DO WANT** this information released for the purpose of Hoosier Healthwise, please sign. For more information about Hoosier Healthwise health insurance, call 1-800-889-9949.

This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of information for this purpose.

X _____
Signature of Parent/Guardian _____ Date _____

For information about Hoosier Healthwise health insurance, call 1-800-889-9949.

Part 7. RACE AND ETHNICITY: Optional - You are not required to answer this question. No child will be discriminated against because of race, color, sex, national origin, age, or disability.	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
	(This section is currently blank in the image)	

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410* or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

INCOME CONVERSION to ANNUAL:	WEEKLY INCOME X 52
BIWEEKLY INCOME X 26	MONTHLY INCOME X 12

ELIGIBILITY DETERMINATION

Income Eligibility: Total Household Size: _____ Total Income:\$ _____ per: Week Month Annual
 OR Categorical Eligibility: Food Stamps TANF Migrant Homeless Runaway
 Eligibility Determination: Approved Free Approved Reduced price Denied
 Reason for Denial: Income Too High Incomplete Application Other(Reason) _____
 Temporary: Free Reduced Time Period: _____ (expires after _____ days)
 Signature of Determining Official: _____ Date: _____
 Date Withdrawn: _____

VERIFICATION

Confirmation Review Official: _____

Date Verification Notice Sent: _____ Date Response Due from Households: _____ Date Second Notice Sent (or N/A): _____	Approval Based On: <input type="checkbox"/> Food Stamps / TANF Case Number <input type="checkbox"/> Household Size and Income <input type="checkbox"/> Other _____	Verification Results: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid	Reason for Change: <input type="checkbox"/> Income: _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Change in Food Stamps /TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other: _____	Date Notice of Change Sent: _____ Date Change Made: _____
Date Hearing Requested: _____ Hearing Decision: _____		Verifying Official's Signature: _____ Date: _____		

Updated: June, 2010

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C.A. 42 Section 11302(a). Your answers will help the administrator determine residency documents necessary for enrollment of your student(s). All Franklin Township Community Schools will send this questionnaire to all parent(s)/guardian(s)/unattached youth **August 31 and Jan. 31** in accordance with legal requirements. **Please return the completed form to your school counselor.**

Student _____ Parent/Guardian _____

School _____ Phone/Pager _____

Age _____ Grade _____ Date of Birth _____ Date: _____

Current Address _____ City _____

Zip Code _____

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

_____ House or apartment with parent or guardian

_____ Motel, car, or campsite

_____ In the streets, abandoned buildings, or living in a public place

_____ Shelter or other temporary housing: Name of shelter: _____

_____ **Shared housing** with friends or family members (other than parent/guardian). If checked, please state reason below.

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

_____ Economic situation

_____ Temporarily waiting for house or apartment

_____ Provide care for a family member

_____ Living with boyfriend/girlfriend

_____ To enable child to attend Franklin Township Community Schools

_____ Loss of employment

_____ Other (Please explain) _____

Are you a student living without your parents or guardians? Yes No

Residency and Educational Rights

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

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

Any questions about these rights can be directed to **Martha Johnson**, the local McKinney-Vento Liaison, at (317) 862-2411 or the State Coordinator at (800) 833-2199.

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

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date



2010-2011

Textbook Rental Information

GRADE	FTCSC	REACH
Kindergarten	\$99.53	~~~
Grade One	\$138.78	~~~
Grade Two	\$129.15	~~~
Grade Three	\$137.12	\$153.58
Grade Four	\$133.38	\$150.71
Grade Five	\$133.38	\$121.01
Grade Six	\$139.22	\$129.41

FTCSC School Board Approved June 21, 2010

BOARD OF EDUCATION
FRANKLIN TOWNSHIP COMMUNITY
SCHOOL CORPORATION

STUDENT NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY

Advances in telecommunications and other related technologies have fundamentally altered the ways in which information is accessed, communicated, and transferred in our society. Such changes are driving the need for educators to adapt their means and methods of instruction, and the way they approach student learning, to harness and utilize the vast, diverse, and unique resources available on the Internet. The School Board is pleased to provide Internet services to its students.

The Corporation's Internet system has a limited educational purpose. The Corporation's Internet system has not been established as a public access service or a public forum. The Corporation has the right to place restrictions on its use to assure that use of the Corporation's Internet system is in accord with its limited educational purpose. Student use of the Corporation's computers, network and Internet services ("Network") will be governed by this policy and the related administrative guidelines and the Student Code of Conduct. The due process rights of all users will be respected in the event there is a suspicion of inappropriate use of the network. Users have a limited privacy expectation in the content of their personal files and records of their online activity while on the Network.

The Board encourages students to utilize the Internet in order to promote educational excellence in our schools by providing them with the opportunity to develop the resource sharing, innovation, and communication skills and tools that are essential to both life and work. The instructional use of the Internet will be guided by the Corporation's policy on instructional materials.

First, and foremost, the Corporation may not be able to technologically limit access to services through the Corporation's Internet connection to only those that have been authorized for the purpose of instruction, study and research related to the curriculum. Unlike in the past when educators and community members had the opportunity to review and screen materials to assess their appropriateness for supporting and enriching the curriculum according to adopted guidelines and reasonable selection criteria (taking into account the varied instructional needs, learning styles, abilities, and developmental levels of the students who would be exposed to them), access to the Internet, because it serves as a gateway to any publicly available file server in the world, will open classrooms and students to electronic information resources which have not been screened by educators for use by students of various ages.

The Corporation has implemented the use of technology protection measures which are specific technologies that will protect against (e.g. filter or block) access to visual displays/depictions that are obscene, child pornography, and materials that are harmful to minors, as defined by the Children's Internet Protection Act. At the discretion of the Corporation or the Superintendent, the technology protection measures may be configured to protect against access to other material considered inappropriate for students to access. The technology protection measures may not be disabled at any time that students may be using the Network, if such disabling will cease to protect against access to materials that are prohibited under the Children's Internet Protection act. The Superintendent or his designee may temporarily or

permanently unblock access to sites containing appropriate material, if access to such sites has been inappropriately blocked by the technology protection measures. The determination of whether material is appropriate or inappropriate shall be based on the content of the material and the intended use of the material, not on the protection actions of the technology protection measures.

The Corporation utilizes software and/or hardware to monitor online activity of students to restrict access to child pornography and other materials that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that a determined user may be able to gain access to services on the Internet that the Corporation has not authorized for educational purposes. In fact, it is impossible to guarantee students will not gain access through the Internet to information and communications that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardians assume risks by consenting to allow their child to participate in the use of the Internet. Parents/Guardians of minors are responsible for setting and conveying the standards that their children should follow when using the Internet. The Board supports and respects each family's right to decide whether to apply for independent student access to the Internet.

The Superintendent shall prepare guidelines that address students' safety and security while using e-mail, chat rooms, instant messaging and other forms of direct electronic communications, and prohibit disclosure of personal identification information of minors and unauthorized access (e.g., "hacking") and other unlawful activities by minors online.

Building principals are responsible for providing training so that Internet users under their supervision are knowledgeable about this policy and its accompanying guidelines. The Board expects that staff members will provide guidance and instruction to students in the appropriate use of the Internet. All Internet users (and their parents if they are minors) are required to sign a written agreement to abide by the terms and conditions of this policy and its accompanying guidelines.

Students and staff members are responsible for good behavior on the Corporation's computers/network and the Internet just as they are in classrooms, school hallways, and other school premises and school sponsored events. Communications on the Internet are often public in nature. General school rules for behavior and communication apply. The Corporation does not sanction any use of the Internet that is not authorized by or conducted strictly in compliance with this policy and its accompanying guidelines. Users who disregard this policy and its accompanying guidelines may have their use privileges suspended or revoked, and disciplinary action taken against them. Users granted access to the Internet through the Corporation's computers assume personal responsibility and liability, both civil and criminal, for uses of the Internet not authorized by this Board policy and its accompanying guidelines.

The Board designates the Superintendent as the administrator responsible for initiating, implementing, and enforcing this policy and its accompanying guidelines as they apply to the students' use of the Network.

Adopted 5/18/09

Infinite Campus Student Information System

We are excited to offer you the ability to access your child's grades, attendance records, homework, and other pertinent information via the internet.

After the enrollment process is complete at the school level, please send an email to ichelp@ftcsc.k12.in.us from the email address that is on file with the school to receive your Activation Key to create your Infinite Campus portal account.

To create your new portal account after you receive your Activation Key, please go to the Franklin Township Community School Corporation webpage at **<http://www.ftcsc.k12.in.us>**.

1. Click on the Infinite Campus button near the top of the page.
2. Follow the instructions to **create** your child's account using the Activation Key you receive via email.
3. You will now have access to your child's information. You may click on the links on the left side of the screen to view your child's information.
4. When you are finished, please click "LOG OUT" to exit the system.

If you have a problem, please send an email to ichelp@ftcsc.k12.in.us. You will receive a response to your request via email.

As you become familiar with the portal please remember a few tips:

Teachers have a two week window from the time a test, quiz, or homework assignment is posted to the portal. In many cases it will be sooner, but please consider that some of our teachers are working with very high class sizes. A high school assignment of a 5 page report multiplied over 6 classes by 30 students in a class is a whopping 900 pages that must be read and scored.

1. Grade book information is in real time. It is also a work in progress. For example, if a teacher has already created and planned an assignment for the next week and entered it into the system but has not yet actually given or scored it, the future assignment could influence the actual grade showing when you are previewing the grades.
2. While it is possible to print report cards or other documents, this option will not always be available (depending on the time of year) and will not be the "official" transcript, grade report card or other document. Those can only be issued by the school.
3. Teachers and others have only been working with the system for a short time. They, like you, will be on a learning curve to learn the ins/outs of the database.

Franklin Township Community School Corporation

2010-2011 Student Calendar (Adopted 12/14/09)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="7">AUGUST '10</th></tr> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>Th</td><td>F</td><td>S</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	AUGUST '10							S	M	T	W	Th	F	S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					<p>August 11 First Day for Students</p>	<p>February 9 Mid-Term Grades Sent Home 21 President's Day, No School Snow Make-Up Day</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="7">FEBRUARY '11</th></tr> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>Th</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr> <tr><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr> <tr><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td></tr> <tr><td>27</td><td>28</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	FEBRUARY '11							S	M	T	W	Th	F	S			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28																			
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Revised 5/11/10

Key	School Day	Wednesday Dismissal Times	Student Days	Grading Period Ends
Yellow = Early Release Day	FCHS 7:10 am–2:15 pm	1:40	1 st Sem. 88	October 8
Blue = No School/Holiday	FTMSE & FTMSW 7:10 am–2:15 pm	1:40	2 nd Sem. 92	December 17
	AD, AR, BH, EI 8:05 am–3:05 pm	2:35	Total Days 180	March 11
	AC, SC, TC, WA, KI 8:50 am–3:50 pm	3:20		May 20

