



NORTH VERMILLION ELEMENTARY SCHOOL

5585 North Falcon Drive
Cayuga, IN 47928

Mr. Brian Byrum, Principal
Mr. Dan Nelson, Superintendent

Phone (765) 492-7010
Fax (765) 492-7017
www.nvc.k12.in.us

How to Enroll a New Student for the 2022-2023 School Year:

*Note: Kindergarten students must be five years old by August 1, 2022.

If you are planning to enroll a **new** (to North Vermillion Community School Corporation) student in grades K-6 for the 2022-2023 school year, you may use our online enrollment. Go to our school website: www.nvc.k12.in.us and select the Harmony badge. **If you have a Harmony account**, you may sign-in, click "manage account" and "enroll new student." **If you do not have a Harmony account**, you will need to create a new account with a username and password that you will need to keep for future log-ins. Click "manage account" and "enroll new student." In July, you will receive a registration code and further instructions to complete the enrollment process. Be sure to use the grade the student **will be** in for the 2022-2023 school year.

Required Documentation:

- Copy of Birth Certificate
- Copy of Immunization Record
- Verifiable Proof of Residency (utility bill, tax return, bank statement, rental/lease agreement, medical bill, etc.)
- Copy of Custodial/Guardianship documents

Required Forms (pdf files available on our school website):

- Transportation/Emergency Dismissal Form
- Medical Information Form
- WRSSC Student Enrollment Form
- Record Release Form

An Open House for New Students will be scheduled for later this spring.

You may call the school office at 765-492-7010 if you have any questions.

NORTH VERMILLION ELEMENTARY SCHOOL

MEDICAL INFORMATION SHEET

Student _____

Grade _____

Circle any health problems or concerns.

ADD

ADHD

Allergies

Bee Stings Reaction _____

Food Reaction _____

Other Reaction _____

Asthma

Diabetic

Digestive Problems

Heart Condition

Hemophilia

Incontinence of Urine or Bowel

Migraine Headaches

Seizures

Other _____

Please explain anything circled above. _____

List any medications taken at home on a daily basis.

Circle anything that your child may need special assistance with.

Braces (arms, legs)

Crutches

Catheterization

Daily Medication

Diabetic Sugar Tests

Hickman/Intervenous Medication

Respiratory Assistance; such as Nebulizer machine

Tube Feeding

Wheelchair

Feeding Difficulties

Other _____

Please explain anything circles above.

My child's hair color is _____

My child's eye color is _____

Parent Signature _____

Date _____



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RECORD RELEASE FORM

The following student(s) has/have enrolled in our school. Please send the following records and transcripts at your earliest convenience.

- Transcript of grades and records
- Health and immunization records
- Special education information
- Last psychological evaluation
- Current I.E.P.
- Test assessment data
- STN number (Indiana schools only)

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Previous School Attended: _____

Address: _____

According to the Family Education Rights and Privacy Act (Public Law 93-380), parental consent is not required when records are requested by authorized school personnel.
Thank you.

Brian Byrum, Principal

School official requesting records

Title

Date



NORTH VERMILLION ELEMENTARY SCHOOL

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For Office use only: Bus # _____

DATE: _____

STUDENT TRANSPORTATION/EMERGENCY DISMISSAL INFORMATION

STUDENT _____ GRADE _____ STUDENT _____ GRADE _____

STUDENT _____ GRADE _____ STUDENT _____ GRADE _____

PARENT/GUARDIAN NAME _____

911 ADDRESS _____

HOME PHONE _____ CELL PHONE _____

Please provide a detailed description as to how to get to your home from the school. If road numbers or names are not known and you know the names of nearby neighbors who have school age children, please indicate these names and where you are located from them. A description of your home would also be helpful.

Due to weather conditions or various other emergency situations, it is sometimes necessary to send children home early from school. Many times there is very little extra time before buses arrive to make arrangements for students. We want to be sure that when this must occur that all students have a safe place to go and that the children and our office know where they are to go in this situation. If at all possible, we would like to have prearrangements made so that phone calls will not be necessary unless in last minute emergency situations. Please be aware that unless we receive a call or letter from you indicating a change in procedure, this is the procedure that will be followed on days of early dismissal.

IN THE EVENT OF EARLY DISMISSAL, MY CHILD SHOULD BE SENT:

WABASH RIVER SPECIAL SERVICES COOPERATIVE

1329 2nd St. Covington, IN 47932 PHONE (765) 231-3180 FAX (765) 231-3183

Attica Consolidated School Corporation
Covington Community Schools

M.S.D. Warren County
North Central Parke Community Schools

North Vermillion Community Schools
Southeast Fountain School Corporation
Southwest Parke Community Schools

New Student Enrollment Questionnaire/Temporary Placement Form

To remain in compliance with *Indiana Title 511, Article 7 IAC 7-42-5 (a) (4)*, ALL parents/guardians are asked to respond to the following questions when they enroll a new student.

Student LEGAL Name:		Enrolling School:	
Date of Birth:		Grade: <input type="checkbox"/> M <input type="checkbox"/> F	Name of Previous School:
Parent/Guardian:			STN:
Address:			Home/Cell Phone:

1. Has your student been referred for educational testing? No Yes (If no, skip to #6)

2. Has your student been determined eligible for special educational services? No Yes (If no, skip to #6)

3. Does your student have a current Individualized Education Plan? No Yes If yes, please check all the correct eligibilities.

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Blind/Low Vision | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Language Impairment | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Unsure |

4. Does the student receive Occupational Therapy Physical Therapy Transportation

5. Name of previous Special Education Teacher:

6. Has the student been suspended or expelled from the last school attended? No Yes, indicate Suspended, Expelled

- I have provided the above information and agree that to the best of my knowledge all information is accurate. I understand that this information will be used to help determine appropriate class assignment for my child.
- If my child was receiving special education services at the previous school, I am requesting that my child be temporarily placed in special education programming until a move-in conference is held (not to exceed 10 school days).
- If assessment information is not received or if it is not in compliance with Article VII for Special Education, I understand I will be contacted for permission to conduct evaluations required for special education placement under Indiana standards. I understand I will be invited to any case conferences conducted when evaluation information and special education services are to be discussed.

Signature of Parent/Guardian

Date

Signature of School Personnel Receiving Part A