



Lake Station Community Schools

Proof of Residence – New Students

All new students must provide the following for proof of residence:

- Copy of the custodial parent's DRIVER'S LICENSE or STATE ID of the custodial parent with current address
- Current copy of a mortgage statement and/or lease (lease MUST include the name of the student)
- 1 current utility bill
- Student's birth certificate
- Legal custody papers (if applicable)
- Verification of immunizations

La prueba de Residencia – Nuevos Estudiantes

Todo estudiante nuevo debe proporcionar lo siguiente como prueba de residencia:

- LICENCIA DE MANEJAR o tarjeta de identificación del Estado de Indiana con la dirección actual del padre o madre con el cual reside legalmente
- Copia actualizada de una declaración de hipoteca y/o una copia del contrato de alquiler (el contrato debe incluir el nombre del estudiante)
- 1 recibos recientes del pago de la luz, agua, o gas
- Acta/certificado de nacimiento del estudiante
- Documentación legal de custodia (si aplicable)
- Cartilla de inmunizaciones

RESIDENCY VERIFICATION

PARENTS PLEASE FILL OUT THE TOP PORTION ONLY

Student Name	Grade	School

Address: _____

FOR OFFICE USE ONLY

MUST HAVE

☐ Driver's License/Federal/State ID

initial

MUST HAVE AT LEAST ONE OF THE FOLLOWING ITEMS:

☐ Mortgage Statement with Current Utility Bill

initial

☐ Current Rent Receipt with Current Utility Bill

initial

☐ Vehicle Registration with Current Utility Bill

initial

☐ Residency Affidavit

initial

☐ Other

initial

Employee please put a check in the box to the left of the items you have seen and initial to the right.
If residency verification is incomplete, please circle the items that have not been provided.

I/We the Parent/Guardian of _____ understand that **all documents are still** necessary and must be provided to Lake Station Community Schools no later than _____ at my child's school. Failure to do so may result in my student being expelled from school. I understand these instructions and have been given this form indicating the missing documentation.

Parent/Guardian Signature

Date: _____

Employee Signature

Date: _____

COMPLETE

Employee, please circle if residency verification is complete or incomplete.

INCOMPLETE

LAKE STATION COMMUNITY SCHOOLS
REGISTRATION FORM FOR SCHOOL ENROLLMENT / IMPRESO MATRICULA

EDISON JR. SR. HIGH SCHOOL
3304 Parkside Avenue
(219) 962-8531

HAMILTON ELEMENTARY SCHOOL
2900 Lake Street
(219)962-1824

BAILEY ELEMENTARY SCHOOL
2100 Union Street
(219)962-1302

Date/fecha: _____ Grade/curso: _____ Transfer Student: _____ male/varón or female/hembra

1. Student's Name/nombre: _____
(last name/apellido paterno) (first name/nombre de pila) (middle/segundo nombre)

2. Birthplace/lugar de nacimiento: _____

Birthdate/fecha de nacimiento: _____ MM/DD/YYYY (mes/día/año)

3. Address/dirección actual: _____

Telephone/teléfono: _____ Cell phone/número celular: _____

Form of Transportation/forma de transporte: _____ bus/autobús _____ car/carro _____ walk/caminar

Former Address/dirección anterior: _____ / _____ / _____ / _____
(city/ciudad) (state/estado) (zip/código postal)

Former School Name/nombre de la escuela anterior: _____ date/fecha: _____

4. Father's name/nombre de padre: _____

Father's Occupation/profesión de padre: _____

Father's Cell Phone/número celular del padre: _____

Father's Birthplace/lugar de Nacimiento del padre: _____

Father's Birthdate/fecha de nacimiento del padre: _____ MM/DD/YYYY (mes/día/año)

Father's email/correo electrónico del padre: _____

5. Mother's name/nombre de madre: _____

Mother's Maiden name/apellido de madre: _____

Mother's Occupation/profesión de madre: _____

Mother's Cell Phone/número celular del madre: _____

Mother's Birthplace/lugar de Nacimiento de la madre: _____

Mother's Birthdate/fecha de nacimiento de la madre: _____ MM/DD/YYYY (mes/día/año)

Mother's email/correo electrónico de la madre: _____

6. Step Parent or Guardian/*Guardián legal*: _____

Occupation/*profesión*: _____

Birthplace/*lugar de nacimiento*: _____

Birthdate/*fecha de nacimiento* : _____ MM/DD/YYYY (*mes/día/año*)

Relationship of Guardian/*Parentesco del guardián*: _____

Guardian's email/*correo electrónico del guardián*: _____

7. Child Lives with/*el estudiante vive con*:

_____ both parents _____ with Mother _____ with Father _____ other: _____
(*los dos padres*) (*con la madre*) (*con el padre*) (*otro*) *List/lista*

8. Outstanding physical or emotional concerns of child/*problemas físicos o emocionales*) _____

9. Circle all those that pertain to your child. (*This information will be kept confidential.*)
Encierra en un círculo todos los que pertenecen a tu hijo. (Esta información se mantendrá confidencial.)

MIMH Mildly Mentally Handicapped/ <i>levemente discapacitados mentales</i>	MOMH Moderately Mentally Handicapped/ <i>Discapacidad mental moderada</i>	LD Learning Disabled/ <i>Problemas de aprendizaje</i>	ELL English Language Learner/ <i>Aprendiz del idioma inglés</i>
ADD Attention Deficit Disorder/ <i>Desorden de déficit de atención</i>	EH Emotionally Handicapped/ <i>Emocionalmente discapacitados</i>	504 Plan <i>plan 504</i>	IEP/Other <i>IEP/otro</i>

10. List all individuals living in household (other than those listed on first page):
(*Nombres de otros individuos que vivan en el hogar*)

Name/ <i>Nombre</i>	Grade/ <i>Grado</i>	Relationship/ <i>Parentesco</i>	Birthdate/ <i>Nacimiento</i> (MM/DD/YYYY)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. In case of accident/illness and parent/guardian(s) cannot be reached. THE FOLLOWING IS A LIST OF OTHER ADULTS THAT CAN BE CALLED. *All emergency contacts are considered people who have permission to pick up your child. En caso de accidente / enfermedad y los padres no pueden ser localizados, Nombre otros adultos que podemos llamar. Todo los contactos de emergencia se consideran personas que tienen permiso para recoger a su hijo/a.*

Name/*Nombre*: _____

Phone/*Teléfono*: _____

Cell Phone/*número celular*: _____

Relationship to student/
relationshipo a estudiante: _____

Name/*Nombre*: _____

Phone/*Teléfono*: _____

Cell Phone/*número celular*: _____

Relationship to student/
relationshipo a estudiante: _____

12. Family Doctor/*Medico Familiar*: _____

Family Doctor Phone/*teléfono del medico familiar*: _____

13. May a legally licensed, practicing physician administer first aid to your child in case of emergency?
¿En case de emergencia, puede un médico asisir a su niño(a)? _____ Yes/*Si* _____ No

*Si necesita que toda comunicación escrita se haga en Español,
favor de indicario con una X en el espacio siguiente: _____.*

Race and Ethnicity/*Raza y Etnicidad*

(Both Part 1 & 2 of the questions must be answered/*Conteste las dos partes de la pregunta*)

Part 1 Ethnicity/*Primera parte Etnicidad*

Is this individual Hispani/Latio? / *Es Hispano/Latio?*

_____ No, not Hispanic/Latino (*No es Hispano/Latino*)

_____ Yes, Hispanic/Latino (*Si es Hispano/Latino*)

Part 2 Race/*Raza* (Choose all that apply/*elige todo lo que aplique*)

These are federally created codes./*Estos son códigos creados a nivel federal.*

1. _____ American Indian or Alasakn Native/*Indio o Nativo de Alaska*
2. _____ Asian/*Asiático*
3. _____ Black or African American/*negro o afroamericano*
4. _____ Native Hawaiian or Pacific Islander/*Hawaiiano o de las islas del Pacifico*
5. _____ White/*Blanco*

14. Signature of Parent or Guardian/

Firma de padre o guardian: _____

This section to be filled out by office staff only.

Esta sección debe ser completada solo por el personal de la oficina

Proof of Age: We must have a copy of the certified birth certificate.

Comprobante de edad: debemos tener una copia del certificado de nacimiento certificado.

Birth Certificate Number: _____ City: _____ State: _____

Certified By: _____ Date: _____



Student's Former School: _____
Escuela anterior del estudiante

School Address: _____
Dirección de la escuela

School Phone Number: _____
Número de teléfono de la escuela

School Fax (If known): _____
Fax de la escuela

Please forward the records of the following student(s):
Envíe los archivos estudiantiles siguientes:

Student Name <i>Nombre del estudiante</i>	Grade Level <i>Curso/nivel</i>	Birthdate(s) <i>Fecha de nacimiento</i>	Dates Enrolled <i>Fechas enrolado en la escuela</i>

The following records is needed for each child. All information will be for the professional use of authorized Lake Station Community Schools personnel only. Thank you for your cooperation.

- cumulative records (*archivos cumulativos*)
- health records (*informe de salud*)
- test scores (*notas de pruebas estandarizadas*)
- report cards (*boletín de notas*)
- I.E.P. - if applicable (*I.E.P. - Plan de Educación Individualizada - si corresponde*)
- Home Language Survey (*Encuesta Sobre el Idioma del Hogar*)
- Any further information you can give to help us on proper placement will be appreciated.
Toda información que nos pueda facilitar la colocación apropiada de su alumno.

Parent Name (Printed): _____
Nombre de padre (en letra de molde)

Parent Signature: _____ Date: _____
Firma de padre/madre fecha

To be filled out by Lake Station Schools Personnel only:
Sección para el uso exclusivo del personal de las Escuelas de Lake Station:

Current School Name: _____

School Phone Number: _____

School Fax Number: _____

Requesting Individual: _____



DEPARTMENT OF EDUCATION

Dr. Jennifer McCormick
Superintendent of Public Instruction

Working Together for Student Success

Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

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

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

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____



DEPARTMENT OF EDUCATION

Dr. Jennifer McCormick
Superintendent of Public Instruction

Working Together for Student Success

Home Language Survey (HLS) Spanish Version

Encuesta del Idioma en el Hogar

El Decreto de los Derechos Civiles de 1964, Título VI, Cumplimiento de Normas para Minorías en Lenguaje, requiere a los distritos escolares y escuelas semi-autónomas que determinen el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer instrucción útil a todos los estudiantes de acuerdo con Plyler v. Doe, 457 U.S. 202 (1982).

El propósito de esta encuesta es determinar el idioma principal de su hijo/a en el hogar. Esta encuesta (HLS) tiene que darse a todos los estudiantes en el distrito escolar / escuela semi-autónoma. Esta encuesta (HLS) es administrada una vez, durante la matrícula inicial, y permanece en el archivo acumulativo del estudiante.

Por favor tenga en cuenta que las respuestas a la encuesta corresponden solamente a su hijo/a. Si en alguna de las tres preguntas escritas abajo, usted identifica un idioma diferente al inglés, la escuela administrará la Prueba del Desarrollo del Inglés (LAS Links) para determinar si su hijo/a calificará para el programa de desarrollo del idioma inglés.

Por favor responda las siguientes preguntas acerca del idioma(s) hablado por su estudiante:

1. ¿Cuál es el idioma o el dialecto nativo de su **hijo/hija**? _____
2. ¿Cuál es el idioma(s) más hablado por su **hijo/hija**? _____
3. ¿Cuál idioma(s) habla su **hijo/hija** en casa? _____

Nombre del Estudiante: _____ **Grado:** _____

Nombre del Padre, Madre o Guardián: _____

Firma del Padre, Madre o Guardián: _____ **Fecha:** _____

Al firmar aquí, usted certifica que las respuestas a las tres preguntas mencionadas arriba corresponden a su hijo/a. Usted entiende que si se ha identificado un idioma diferente al inglés, su hijo/a tendrá un examen para determinar si él o ella califica para el programa de desarrollo del idioma inglés, para ayudarlo/a a que sea fluente en inglés. Si entra en el programa de desarrollo del idioma inglés, su hijo/a, tendrá derecho a servicios que lo ayudarán a aprender el idioma inglés y tendrá un examen cada año para determinar su nivel de inglés.

For School Use Only / Para Uso de la Escuela Únicamente:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____



Lake Station Community Schools

STUDENT DATA AND EMERGENCY INFORMATION

Datos del Estudiante e informacion de Emergencia

Grade / Grado: _____

Teacher / Profesor: _____

How does your child go home? /

¿Cómo regresa su hijo a casa?

☐ Walk/caminar ☐ car/coche

☐ Bus/autobus AM#: _____ PM#: _____

Student's Full Name: _____

Home Phone / teléfono:

Address:

Person(s) whom has legal custody:

☐ Both Parents / Los dos padres

☐ Mother / Con la madre

☐ Father / Con el padre

☐ Other / otro: _____

FAMILY 1 / Familia 1 --- _____ (home phone number)

GUARDIAN 1 INFORMATION / Información de los Padres ó Tutores 1:

Name / Nombre:

Phone Number / Número de teléfono:

Phone Number / Número de teléfono:

Place of Employment / Lugar de Trabajo:

Employer's Phone Number /
teléfono del empleador:

GUARDIAN 2 INFORMATION / Información de los Padres ó Tutores 2:

Name / Nombre:

Phone Number / Número de teléfono:

Phone Number / Número de teléfono:

Place of Employment / Lugar de Trabajo:

Employer's Phone Number /
teléfono del empleador:

FAMILY 2 / Familia 2 --- _____ (home phone number)

GUARDIAN 1 INFORMATION / Información de los Padres ó Tutores 1:

Name / Nombre:

Phone Number / Número de teléfono:

Phone Number / Número de teléfono:

Place of Employment / Lugar de Trabajo:

Employer's Phone Number /
teléfono del empleador:

GUARDIAN 2 INFORMATION / Información de los Padres ó Tutores 2:

Name / Nombre:

Phone Number / Número de teléfono:

Phone Number / Número de teléfono:

Place of Employment / Lugar de Trabajo:

Employer's Phone Number /
teléfono del empleador:

Student's Full Name: _____

In case of accident/illness and parent/guardian(s) cannot be reached. THE FOLLOWING IS A LIST OF OTHER ADULTS THAT CAN BE CALLED. All emergency contacts are considered people who have permission to pick up your child.

En caso de accidente / enfermedad y los padres no pueden ser localizados, Nombre otros adultos que podemos llamar. Todo los contactos de emergencia se consideran personas que tienen permiso para recoger a su hijo/a.

Emergency Contact 1 / Contacto de Emergencia 1:	
Name/Nombre:	
Phone/Teléfono:	
Relationship to student / <i>arentesco con el estudiante:</i>	

Emergency Contact 2 / Contacto de Emergencia 2:	
Name/Nombre:	
Phone/Teléfono:	
Relationship to student / <i>arentesco con el estudiante:</i>	

Additional People with Permission to Pick up your Child:

Your child will only be able to be signed out of school by an adult listed on this card. Please list names and phone numbers of any other adults that may be allowed to pick your child up from school that you did not include on the emergency call list.

Si su hijo/a necesita salir temprano de la escuela, podrá hacerlo exclusivamente con un adulto escrito en esta carta. Favor de escribir los nombres telefónicos de cualquier otro adulto que pueda recoger a su hijo/a de la escuela, que no haya ya incluido en la lista de contactos de emergencia.

Name / Nombre	Phone / Teléfono

Office Use Only

Office and Nursing Staff, please attach the student Health Information form to this emergency card for students who have medical conditions listed.

Lake Station Community Schools

STUDENT HEALTH INFORMATION



Student Name: _____ Date of Birth: _____

Student Over the Counter Medication Authorization

At any time during the school year your student may report to the nurse for first aid. Please select the over the counter medications that you would like the nurse to administer with your consent. NO medication will be given without parental consent.

Please note: For prescription medications, please go to the Lake Station Schools Health Services website to obtain the necessary school forms.

My child, named above, has my permission to take the following medications as directed by the original manufacturers packaging. All over the counter medications are subject to availability. Please provide the over the counter medication (with your child's name on it) to the school nurse to be kept in the nurse's office.

Circle One: Yes No	Tylenol (generic) <i>dosage determined by original manufacturers packaging.</i>
Circle One: Yes No	Ibuprofen (generic) <i>dosage determined by original manufacturers packaging.</i>
Circle One: Yes No	Tums (generic) <i>for upset stomach; dosage determined by original manufacturers packaging.</i>
Circle One: Yes No	Cough Drops <i>for cough as needed</i>

Circle One: Yes No	<u>CHIRP Authorization</u> Lake Station Community Schools has permission to access and update information concerning my child to the Indiana State Department of Health's Children and Hoosier Immunization Registry Program (CHIRP).
--------------------------	---

Circle One: Yes No	Does your child have any medical conditions or take any medications?
--------------------------	---

If you answered Yes: (*your child has medical conditions and/or takes medications*): then please answer the 6 questions on the following page.

If you answered No (*and your child does not have any medical conditions and does not take any medications*): then you can continue to the next form.

1. List any medical conditions and details about them that the school should be aware of:

2. List all medications (including dosage/time):

3. List any food allergies:

4. List any other allergies:

5. List anything else that you feel is important regarding your child's health care while in school:

<i>Circle One:</i> Yes No	6. I would like a member of the Lake Station Community Schools Health Team to contact me to further discuss my child's care.
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Lake Station Community Schools and NorthShore Community Health Center



Dear Parent or Guardian:

Lake Station Community Schools in cooperation with NorthShore Community Health Center, (NSHC) has established a Teen Clinic, located at Edison High School. Although housed in the same location as the High School, no information is shared between the two. All information pertaining to treatment provided by NorthShore Health Centers will be kept between the Parent/Guardian, Doctor and/or Nurse Practitioner.

Services, NorthShore Health Center offers at the Teen Clinic includes but is not limited to the following:

Well Child Checks	Urinary Tract Infection Testing	Evaluation & Treatment of Minor Illness or Injury
Sports Physicals	Testing for Low/High Blood Sugar	Testing for Communicable Diseases
Acne & Rashes	Alcohol/Tobacco/Substance Abuse	Teen Parenting and Nutritional Counseling
Pregnancy Testing	Anemia & Lab Screenings	Adolescent Growth & Development Concerns
Counseling or Referral		

Any student seeking services from the Teen Clinic will be seen regardless of age, sex, race, income, social or cultural standings or health condition.

Any student that is seen by the physician and/or Nurse Practitioner in the Teen Clinic will be provided with an excuse for the time they were in the clinic. If the Physician and/or Nurse Practitioner find it necessary to send the student home, there will be an excuse written and submitted to the high school clinic.

Your signature and Date of Birth as a Parent/Guardian is necessary for your child to receive any of these services at NorthShore inside Edison Jr/Sr High School.

I AUTHORIZE TREATMENT FOR SERVICES AND RELEASE OF MEDICAL AND BILLING INFORMATION RELATIVE TO THESE SERVICES. NORTHSORE HEALTH CENTERS TEEN CLINIC IS ALSO AUTHORIZED TO SEEK THIRD PARTY REIMBURSEMENT FOR THESE SERVICES RENDERED TO THE DEPENDENT CHILD, IF APPROPRIATE. ALSO, IF MY INSURANCE DOES NOT PAY FOR THIS SERVICE DUE TO DEDUCTIBLES AND/OR CO-PAYS, I WILL NOT BE CHARGED FOR THOSE FEES.

This permission is good for school life, unless NorthShore Health Centers is notified otherwise in writing.

By entering in my name and date below, I certify the above information is true and correct.

Student Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Date of Birth: _____

The NorthShore Health Centers will comply with Federal, State and Local Laws and Regulations related to provision of services and reporting to Indiana State Board of Health.

Billing Information:

Health Insurance (*Circle One*): Yes No

Insurance Company: _____ Phone Number: _____

Policy Number: _____ Group/ID Number: _____

Policy Holders Name: _____ Policy Holder's Date of Birth: _____

Is student covered by Medicaid? (*Circle One*): Yes No

Medicaid Number: _____

This page was intentionally left blank for printing purposes.



Dear Parents or Guardians:

The Lake Station Community Schools continues to work hard to update our websites to make them more informative and useful to you.

In doing so, we have opportunities to add photographs/videos of our students, as well as projects by our students to these school websites. Our hope is to provide a place for families to keep in touch with what is happening in our schools and classrooms. We are excited and proud to exhibit the work done by Lake Station students. *We will take every precaution to make sure students are not identified by name and we will not reveal any personal information.*

There is no monetary compensation for the use of work. Your permission grants us approval to publicize without prior notice and remains in effect until evoked in writing by parent or guardian.

Thank you for your time.

The Lake Station Community Schools Staff

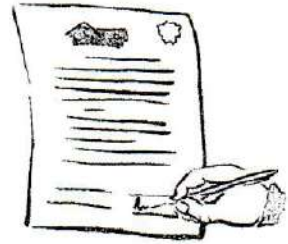
Please fill out the form below and turn in with your registration form.

Student's Name School

_____ **Yes, I agree to allow my child's image and projects to appear on the website and/or in publications for Lake Station Community Schools.**

_____ **No, I do not want my child's image and projects to appear on the website or in publications for Lake Station Community Schools.**

Parent Signature Date



Estimados Padres/guardianes de alumno:

Las Escuelas de la Comunidad de Lake Station trabajan para mantener el contenido de nuestra página en la red informática actualizada, informativa, y útil para ustedes.

Con ese fin, tenemos oportunidades de añadir fotos o videos de nuestros alumnos, además de proyectos estudiantiles a nuestra página web. Así, podemos compartir información con las familias y todo el extraordinario trabajo desarrollado por nuestros alumnos. Nos complace y enorgullece publicar el trabajo de los estudiantes y nos esforzamos por mantener el nombre y datos personales de los estudiantes en el anonimato.

Es importante saber que ningún trabajo y/o proyecto que se exhibe en la página web de nuestras escuelas recibe compensación monetaria. Con esta le pedimos permiso para publicar/añadir a la página web trabajos desarrollados por su estudiante sin más autorización que esta.

Atentamente,

Las Escuelas de La Comunidad de Lake Station

Favor de rellenar este impreso y de entregar con el formulario de inscripción.

Nombre del alumno _____ / Escuela _____

☐ **Sí, doy permiso para que publiquen la imagen y proyectos de mi estudiante en la página web u otras publicaciones de las Escuelas de Lake Station.**

☐ **No, no quiero que la imagen y proyectos de mi estudiante aparezcan en la página web u otras publicaciones de las Escuelas de Lake Station.**

Firma del padre/guardián: _____ Fecha: _____

Confidential

Military Children in Education

2018-19 School Year

Purpose: This questionnaire is the result of a Department of Defense (DOD) program supported by Indiana statute 20-19-3-9.4. Confidentially identifying military children and providing data on their attendance and educational outcomes, states can assist schools and districts by providing access to data to help inform policy and program decisions for this unique student population. In addition, DOD will benefit from this data in developing policy for military child education initiatives.

School Name: _____ Student's Grade Level:

Student's Full Legal Name:

Please print clearly

Please complete the questions that best describe your student's situation. It is possible to answer "yes" to both.

1. Is the above named student connected to an Active Duty military family: _____ Yes _____ No

Meaning a school-aged child, enrolled or in the process of enrolling in KG-12th grade, is claimed as a dependent by an Active Duty member of the Armed Forces of the United States; or the student and an Active Duty member(s) are of the same household whether or not the active duty member(s) claims the student as a dependent.

"Active Duty" means: full-time duty status in the active uniformed service of the United States.

2. Is the above named student connected to a Guard or Reserve military family: _____ Yes _____ No

Meaning a school-aged child, enrolled or in the process of enrolling in KG-12th grade, who is claimed as a dependent by a member of the National Guard or Reserve; or the student and National Guard or Reserve member(s) are of the same household whether or not the National Guard or Reserve member(s) claims the student as a dependent.

"National Guard or Reserve" means: members of the Reserve Component as defined in 10 U.S.C. Section 10101. Includes Army National Guard of US, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard of US, Air Force Reserve or Coast Guard Reserve.

ONLY for Students of an ADULT High School (IC 20-24-1-2.3)

Is the above named student an active member of the Armed Forces of the United States _____ Yes
_____ No

OR

Is the above named student a member of the National Guard or Reserve _____ Yes _____ No

Signature: _____ Date:

This form shall be handled by schools in a confidential manner in accordance with IDOE Guidance (IC 20-19-3-9.4)

Confidencial

La educación de los niños conectados con las fuerzas armadas

Año escolar 2018-2019

Propósito: Esta encuesta es el resultado de un programa del Departamento de Defensa bajo la regla de Indiana 20-19-3-9.4. Por identificar los hijos conectados con las fuerzas armadas de manera confidencial y proveer la información de su asistencia y sus resultados académicos, los estados pueden ayudar las escuelas y los distritos escolares por proveerles acceso a la información que pueda afectar a las decisiones y las reglas para servir mejor a esta población estudiantil única. Esta información también ayudará al Departamento de Defensa desarrollar de mejor manera las reglas para la educación de los niños conectados con las fuerzas armadas.

Escuela: _____ Grado escolar del estudiante: _____

Nombre legal entero del estudiante: _____

Favor de escribir de manera precisa y clara.

Favor de responder a la pregunta que mejor corresponde a la situación del estudiante. Es posible contestar las dos con "sí".

1. ¿Está conectado el niño nombrado arriba con una familia militar del servicio activo? _____ Sí
_____ No

Significa que un miembro del servicio activo de las fuerzas armadas estadounidense sostiene como su dependiente a, o vive en la casa con un niño de edad escolar que está matriculado o está en el proceso de matricularse en los grados de K-12.

"Servicio Activo" significa el estado de servicio del tiempo completo en el servicio uniformado activo de los Estados Unidos.

2. ¿Está conectado el niño nombrado arriba con una familia militar de La Reserva o La Guardia Nacional? _____ Sí _____ No

Significa que un miembro de La Reserva o La Guardia Nacional estadounidense sostiene como su dependiente a o vive en una casa con un niño de edad escolar que está matriculado o está en el proceso de matricularse en los grados de K-12.

"La Reserva o La Guardia Nacional" significa los miembros de La Reserva que se define en la regla estadounidense (10 U.S.C. Sección 10101). Incluye La Guardia Nacional del ejército, La Reserva del ejército, La Reserva de la armada, La Reserva de la infantería de marina, La Guardia Nacional del aire, La Reserva de la fuerza aérea, o La Reserva de los guardacostas.

SOLO para los estudiantes de una escuela secundaria de adultos (IC 20-24-1-2.3)

¿Es el estudiante nombrado arriba un miembro activo de las Fuerzas Armadas de los Estados Unidos?
_____ Sí _____ No

¿Es el estudiante nombrado arriba un miembro de la Reserva o la Guardia Nacional de los Estados Unidos?
_____ Sí _____ No

Firma: _____ Fecha: _____

Hay que mantener este documento de manera confidencial según la regla del Departamento de Educación de Indiana (IC 20-19-3-9.4)

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).

WORK SURVEY


Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone: (____) _____

Date: _____ Parent Signature: _____

1. Within the last **3 years**, have your children moved for any reason? **YES** ____ **NO** ____
2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? **YES** ____ **NO** ____

If you answered **NO** to either of these questions, please stop. 

If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____ Year _____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- | | |
|--|--|
| _____ Plant or harvest vegetables or fruits | _____ Canning vegetables or fruits |
| _____ Detassel corn | _____ Sod farm |
| _____ Tobacco farm | _____ Planting, pruning or cutting trees |
| _____ Poultry and/or egg farm | _____ Dairy farm |
| _____ Duck, turkey, chicken, pork or beef processing plant | _____ Flora culture/gladiola farm |
| _____ Aquaculture/fish hatcheries | _____ Green house or plant nursery |

Please list the names of all of the children in the household under 22 years of age.

Child's Name	Date of Birth (D.O.B.)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

El Programa de Educación Migrante (MEP) provee servicios educativos suplementarios a niños que califican a través de fondos nacionales. El propósito del MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen el GED/HSE).

ENCUESTA DE TRABAJO

Gracias por contestar las siguientes preguntas. Si su hijo/a es elegible para el Programa de Educación Migrante, podría recibir apoyo educativo adicional. La información es **completamente confidencial**.

Nombre del Estudiante: _____ Nombres de los Padres: _____

Dirección: _____ Ciudad: _____ Teléfono: (____) _____

Fecha: _____ Firma de los Padres: _____

1. ¿Durante los **últimos 3 años**, se ha mudado su(s) hijo(s) por cualquier razón? **SÍ** _____ **NO** _____
2. ¿Se ha mudado alguien de su familia dentro de los Estados Unidos para buscar trabajo temporal o de temporada en algo relacionado con la agricultura? **SÍ** _____ **NO** _____

Si contestó **NO** a cualquiera de las dos preguntas, favor de parar aquí. 

Si contestó **SÍ**, favor de continuar.

3. ¿Cuando fue la última vez que usted o un miembro de su familia se mudó para trabajar en la agricultura? Mes _____ Año _____
4. Por favor marque en la parte abajo la actividad agrícola en que usted buscó trabajo o trabajó.

- | | |
|---|--|
| <input type="checkbox"/> Matadero de patos, pavos, pollos, cerdos o vacas | <input type="checkbox"/> Enlatar o congelar verduras o frutas en la bodega |
| <input type="checkbox"/> La espiga (maíz) | <input type="checkbox"/> Trabajar en la siembra o cosecha de césped |
| <input type="checkbox"/> Cultivar tabaco | <input type="checkbox"/> Plantar, emparejar o cortar árboles |
| <input type="checkbox"/> Pollería o granja de huevos | <input type="checkbox"/> Granja de vacas lecheras |
| <input type="checkbox"/> Plantar o cosechar verduras o frutas | <input type="checkbox"/> Cultivar y cosechar flores |
| <input type="checkbox"/> Trabajar en un criadero de peces | <input type="checkbox"/> Trabajar en la cría de plantas |

Por favor escribe los nombres de todos los niños, menores de 22 años de edad, que viven con Usted.

Nombre del niño(a)	Fecha de nacimiento
1.	
2.	
3.	
4.	
5.	

Lake Station Community Schools Title I



Parent/Teacher/Student Compact

Pacto entre Alumnos/Padres/Maestros

Lake Station is dedicated to preparing all of our students to become good citizens. To this end the involvement and responsibility for assuring that our children are successful becomes the responsibility of the parent/guardian, teacher, and student.

Bailey & Hamilton Parent/Guardian Pledge

- I will participate in decisions concerning my child's education, serve on parent committees, attend conferences and volunteer when needed.
- I will be sure my child gets enough rest and healthy foods.
- I will be sure my child misses school only when absolutely necessary and will provide a written excuse when my child returns.
- Monitor my child's progress and contact the teacher right away if I notice any problems.
- I will make transportation arrangements should my child need to stay after school or come in early for extended learning time.
- Read and sign my child's agenda book daily.
- Check homework nightly and give help when needed. Make sure homework time is a quiet time.
- Read to and with my child daily.
- Monitor and limit my child's TV viewing/video games.

Edison Jr. Sr. High Parent/Guardian Pledge

Edison Jr. Sr. High School and the parents of students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA), agree with this compact. The compact outlines how the parents, the entire school staff, and the students will share responsibility for improved student academic achievement as well as the means by which the school, parents, and students will build and develop a partnership that will achieve Indiana's high standards. This school-parent compact is in effect during school year 2018-2019.

We, as parents, will support our child's learning in the following ways:

- I will participate in decisions concerning my child's education, serve on parent committees, attend conferences and volunteer when needed.
- I will be sure my child gets enough rest and healthy foods.
- I will be sure my child misses school only when absolutely necessary and will provide a written excuse when my child returns.
- Monitor my child's progress and contact the teacher right away if I notice any problems.
- I will make transportation arrangements should my child need to stay after school or come in early for extended learning time.
- Monitor my child's agenda book.
- Make sure that homework is completed.
- Check Skyward for grades and missing work.
- Request additional meetings with staff as needed.

Sign below, verifying you've read and received the information above.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____

Bailey & Hamilton Student Pledge*(Students will sign in class on the first day of school.)*

- I will follow the Lifelong Guidelines.
- Take my agenda book home daily and discuss it with my family.
- Write down my assignments and turn them in when they are due.
- I will follow the rules and procedures of my school and teacher. I will treat others with respect.
- Read on my own and with my family daily and be sure my homework is completed.

Edison Jr. Sr. High School Student Pledge*(Students will sign in class on the first day of school.)*

We, as students, will share the responsibility to improve our academic achievement and achieve the state's high standards. Specifically, we will:

- Do homework every day and ask for help when needed.
- Be respectful and cooperative with the teachers and other students.
- Be in school.
- Report to class on time.
- Be an active participant in class
- Assist parents in the use of Skyward.
- Complete agenda book
- Be prepared for class
- Give my parents or the adult who is responsible for my welfare all notices and information received by me from my school in a timely manner.
- Encourage parents to communicate with teachers.

Bailey & Hamilton Staff Pledge*(Teachers will sign in class on the first day of school.)*

- Use data from DIBELS and ISTEP to be sure all students are receiving the instruction needed to meet the Common Core Standards.
- Communicate with parents frequently in the student's agenda book. Grades K-5.
- Schedule a conference if necessary to explain student progress.
- Explain procedures, expectations, and grading to students and parents.
- We will invite parents to our school to volunteer, participate, and observe.
- We will participate in professional development opportunities that improve our teaching skills and support family involvement.

Edison Jr. Sr. High School Staff Pledge*(Staff will sign in class on the first day of school.)*

- Use data from Diagnostic Tests and ISTEP to be sure all students are receiving the instruction needed to meet the Indiana Academic Standards.
- Communicate with parents frequently.
- Schedule a conference if necessary to explain student progress.
- Explain procedures, expectations, and grading to students and parents.
- We will invite parents to our school to volunteer, participate, and observe.
- We will participate in professional development opportunities that improve our teaching skills and support family involvement.
- Provide parents with frequent reports on their child's progress. Specifically, the school will provide reports as follows:
 - Progress Reports will be sent home. Approximate dates are: Sept. 21, Nov. 16, Feb. 22, and May 3.
 - Report cards will be sent home. Approximate dates are: Oct. 26, Jan. 11, April 5, and June 7.

Lake Station Community Schools Title I

3304 PARKSIDE AVENUE / LAKE STATION, IN 46405

TELEPHONE (219) 962-8531 ext. 4604 / FAX (219) 962-2064

Janine Sheppard Title I Coordinator



PARENTS' RIGHT – TO – KNOW

Dear Parents and Guardians:

In accordance with the Elementary and Secondary Education Act, Section 1111(h)(6) PARENTS' RIGHT TO KNOW, this is a notification from Lake Station Community Schools to every parent of a student in a Title I school that you have the right to request and receive information in a timely manner regarding the professional qualifications of your student's classroom teachers. This information regarding the professional qualifications of your student's classroom teachers shall include the following:

- If the teacher has met state qualification and licensing criteria for the grade level and subject areas taught;
- If the teacher is teaching under emergency or temporary status in which Indiana qualifications and licensing criteria are waived;
- The teachers baccalaureate degree major, graduate certification, and field of discipline; and
- Whether the student is provided services by paraprofessionals, and if so, their qualifications

If you have questions or concerns, please feel free to contact your building principal.

Sincerely,
Mrs. Janine Sheppard
Title I Coordinator

NOTA: Si no puede leer el texto anterior, llame a su escuela y pregunte por la maestra de ESL (inglés).

EDUCATIONAL RIGHTS OF HOMELESS STUDENTS

In compliance with the McKinney-Vento Act, U.S.C. 42 & 11432(a), students who are considered homeless 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 the Office of the Superintendent at (219) 962-1159.

Sign below, verifying you've read the Lake Station Community School's Title I "Right to Know" letter and "Educational Rights of Homeless Students" Notice.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____

Lake Station Community Schools

2500 PIKE STREET / LAKE STATION, IN 46405 / TELEPHONE (219) 962-1159
FAX (219) 962-4011



Rescore Consent Form

Dear Parent/Guardian,

Sometimes students come very close to passing the mandated standardized tests; as a parent/guardian, you can ask for a rescore of the test. We are not allowed to ask for a rescore unless you grant us the permission to use your login and password to request it. In case the need arises, we would like your permission to request a rescore on your behalf.

By signing this form you give us your permission to use your login and password if needed to ask for a rescore. This does not mean that the new score will be passing. This permission will remain in effect throughout your student's school years.

If you have any questions please email your school contact listed below.

Choose One:

_____ I agree to allow Lake Station Community Schools to submit a rescore request on my behalf for the student listed above.

_____ I do not agree to allow Lake Station Community Schools to submit a rescore request on my behalf for the student listed above.

Sign below, verifying you've read and received the information above.

Student Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Thomas Edison Jr. Sr. High School Christine Pepa - Principal 3304 PARKSIDE AVENUE LAKE STATION, IN 46405 TELEPHONE (219) 962-8531 FAX (219) 962-8307 Contacts: Junior High Guidance Counselor Nona Mackey nmackey@lakes.k12.in.us ext 1011	Virgil I. Bailey Elementary School Terry Kolopanis - Principal 2100 UNION LAKE STATION, IN 46405 TELEPHONE (219) 962-1302 FAX (219) 962-5222 Contacts: Principal Terry Kolopanis kolopanist@lakes.k12.in.us	Alexander Hamilton Elementary School Tara Gordon- Principal 2900 LAKE STREET LAKE STATION, IN 46405 TELEPHONE (219) 962-1824 FAX (219) 962-4559 Contacts: Principal Tara Gordon tgordon@lakes.k12.in.us
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Lake Station Community Schools

Student Handbooks



PDF copies of the student handbooks are available online. View the student handbooks for district rules, school rules and other information. All students and parents/guardians should review this information at the start of each school year to familiarize themselves with changes that have been made. Questions about the rules and information contained within the handbook can be directed to the school principals. Rules are subject to change without prior notification.

Edison Handbook (Grades 6-12): www.lakes.k12.in.us/EDISONhandbook

Elementary Handbook (Grades K-5): www.lakes.k12.in.us/ELEMENTARYhandbook

Copies of the student handbooks are also available at the front of student agendas.
Please sign and date below indicating you understand how to access the student handbook.

By signing below, I certify that I have read and received the student handbook for the 2018-2019 school year.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____



Lake Station Community Schools

The following forms are required only for students attending
Edison Jr. Sr. High School (Grades 6-12)

- Extra-Curricular Consent Form
- Athletic Consent Form

Lake Station Community Schools

2500 PIKE STREET / LAKE STATION, IN 46405 / TELEPHONE (219) 962-1159
FAX (219) 962-4011



Athletic Consent Acknowledgement and Release

Edison Students Only

PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports ***not marked out:***

Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.

Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.

Undersigned understands that participation may necessitate an early dismissal from classes.

Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.

Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.

Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.

Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.
(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)**

By entering in my name and date below, I certify the above information is true and correct.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

You can View the Eagle Code of Conduct at: <https://www.lakes.k12.in.us/domain/218>

Lake Station Community Schools

2500 PIKE STREET / LAKE STATION, IN 46405 / TELEPHONE (219) 962-1159
FAX (219) 962-4011



Extra-Curricular Consent Form

Edison Students Only

I have received, read, and understand a copy of the "Lake Station Community Schools Random and Reasonable Suspicion Drug Testing Program."

Circle One: Yes No

- By selecting **Yes**, my student voluntarily agrees to be subject to its terms and conditions of the program. *This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.*
- If you select **No**, this student will not be eligible to participate in any LSCSC extracurricular activities/driving privileges for this school year.

Sign below, verifying you've read and received the information above.

Student Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Random Student Drug Testing Policy

Lake Station Community School Corporation (LSCSC) has a responsibility to ensure the safety, health, and well-being of students, faculty, and staff. LSCSC believes that drug and alcohol abuse in the school presents a substantive threat to safety, health and well-being, as well as jeopardizes the quality and the efficiency of our educational programs. LSCSC will implement a Random Student Drug Testing Policy along with Reasonable Suspicion guidelines with the goal of providing a healthy, safe, and secure drug-free learning environment for all students, faculty, and staff.

STATEMENT OF PURPOSE

The primary purpose of the Random Student Drug Testing Policy is to educate our students, and is not intended to be disciplinary or punitive in nature. This testing program is intended as an integral component of the overall LSCSC education process in an effort to direct students away from drug and alcohol abuse and toward a healthy, safe, and drug free life. Its purpose is intended as a diagnostic aid in discovering possible drug and alcohol related problems and as an extension of our education programs. A student who has consumed alcohol or drugs is considered to present a REAL and SUBSTANTIAL THREAT to his/her own health and safety, and to the safety of others, especially within the educational environment of our schools and school activities.

The Goals of the Random Student Drug Testing Policy are to:

- identify a student with alcohol or drugs present in his/her body
- provide notification to the custodial parent/guardian
- educate, assist, and direct students away from drug and alcohol use and toward healthy, safe and drug-free participation in activities leading toward a healthy lifestyle

OBLIGATION TO GOVERN THE MEDICAL CONDITION OF STUDENTS

Indiana Code 20-8.1-7 sets health measures to be governed by school officials. Most specifically, Indiana Code 20-8.1-7-2 establishes the responsibility of schools to assist children found to be ill or in need of treatment.

PARTICIPANTS

Every student in grades 6-12 intending to take part in any extra-curricular/co-curricular activity or driving to school must sign and submit the LSCSC consent form to participate in the Random Student Drug Testing Policy. The extra-curricular/co-curricular activity programs are an integral part of the LSCSC student experience. It is a ***privilege*** offered to students and necessitates that students meet the high standards set by the LSCSC. Driving to school is also a ***privilege*** granted to students under conditions that include operating the vehicle in a safe and legal manner. If selected, students shall submit to the LSCSC testing process or privileges will be revoked.

Who does the policy include?

- Students who drive to school
- Student athletes
- Students who participate in extracurricular/co-curricular activities
- Any other student whose parents wish to enroll them in the program

Each year, students will be provided with an educational program to prepare them for participating in the Random Student Drug Testing Policy when they enter the 6th grade at Edison Jr. Sr. High School.

ENROLLMENT

1. Enrollment for the drug testing pool must be completed within the first five days of the current school year.
2. Once enrolled in the LSCSC Random Student Drug Testing Policy, the student will remain enrolled for the duration of their time at LSCSC.
3. Current or future student drivers must be enrolled in the pool before they receive a parking permit.
EXAMPLE: A student who receives his/her driving license in the spring must enroll in the Lake Station Community Schools Drug and Alcohol Random Testing Program during the initial enrollment period. He/She must be in the testing pool for the entire school year.
4. All forms for new students at LSCSC will be signed during the enrollment. New students must decide to enroll in the program within five school days of registration.
5. Enrollment in the pool after the deadline will be allowed with a negative test furnished at the parent/ student expense. Testing is performed by North Shore Health Clinic, located at Edison Jr-Sr High School. The expense is approximately \$35 dollars.
EXAMPLE: A student who is not enrolled but wishes to join an activity after the initial enrollment period must furnish a negative test at parent/student expense. The student will remain enrolled in the LSCSC Random Student Drug Testing Program.

Self-Reporting. Any student who self-reports for use/abuse in violation of applicable school drug/alcohol policies will be referred to an alcohol and drug abuse program at the expense of the parent. Documentation of enrollment and/or ongoing treatment in a certified counseling program and successful completion must be presented to the building principal. Refusal to follow the above procedure will be treated as a first offense/positive test. The next offense or positive test will count as a second offense/positive test.

Refusals. A refusal to provide a specimen is a violation of the Random Student Drug Testing Policy and will result in the same consequences as a second positive test. A decision of the testing staff as to whether the student is unable or is refusing to provide a specimen may be appealed to the building principal and that decision may be appealed to the LSCSC Superintendent. The decision of the LSCSC Superintendent shall be final.

Drugs that may be included, but not limited to, in the screening process are:

Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Opiates, Phencyclidine (PCP), Cannabinoids, Ethanol (Alcohol), Cotinine (Nicotine Metabolite), LSD, Anabolic Steroids, K2 Spice and/or Synthetic Cannabinoids

In addition to testing for drugs, LSCSC will also test each sample for Creatinine. Creatinine is a chemical that is in everyone's body. LSCSC reserves the right to retest an individual who produces a specimen with a Creatinine level of less than 0.2. (mg/ml).

TEST RESULTS

A record of all testing will be kept in a file separate from each students' school records. This file will be destroyed after graduation.

The LSCSC administration will contact the parent/ guardian with results if or when their child is tested.

POSITIVE TEST RESULT PROCEDURE

No individual shall be expelled or suspended from school as a result of a positive test from the Random Student Drug Testing Policy. No policy enforcement shall occur until the administration has had a conference with the parents/guardians of the student.

FIRST POSITIVE TEST RESULT

- Exclusion from participation in extra-curricular/co-curricular activities, and driving privileges for **30 consecutive calendar days**. Involvement in activities over the summer will be at the discretion of the Furthermore, any exclusion not completed prior to the end of the school year will carry over to the beginning of the next school year.
- Enter a school recommended drug treatment/counseling program at parent/student expense.
- Return to participation in extra-curricular/co-curricular activities and reinstatement of driving privileges upon completion of **all** the following requirements:
 - Successfully completing a drug treatment/counseling program and shown to be non-dependent.
 - Negative drug screening test at parent/student expense.
 - Time requirement is completed.
- Positive result from cotinine and nicotine metabolite will not result in loss of privileges for those 18 years of age or older. However, parents will be notified of positive test.

SECOND POSITIVE TEST RESULT

- Exclusion from participation in extra-curricular/co-curricular activities, and driving privileges for **365 calendar days**. Exclusion will be carried over from one school year to the next.
- The same process will be followed regarding drug treatment/ counseling, return to participation/ reinstatement of privileges, and positive nicotine results for students 18 years or older as described above under the *First Positive Test Result section*.

THIRD POSITIVE TEST RESULT

- Exclusion from participation in extra-curricular/co-curricular activities and driving privileges for the remaining time they are a student in LSCSC
- Any student who is under the penalty for the third violation of the substance abuse policy may request a review after 2 years by a committee composed of administration and guidance counselors. The student will present just cause for The decision of the committee must be a majority vote for reinstatement to occur. Students who are reinstated will submit to testing for drugs, alcohol, and nicotine at their personal expense. If a positive test is obtained, the student will be banned from extra-curricular/co-curricular activities and driving for the remainder of their school career.
- Positive result from cotinine and nicotine metabolite will not result in loss of privileges for those 18 years of age or older. However, parents will be notified of positive test.

Students who transfer to another school district while under the exclusionary period and then return to LSCSC MUST fulfill any remaining requirements of that exclusionary period.

FINANCIAL RESPONSIBILITY

1. Under this policy, LSCSC will pay for all random drug Any “follow-up” drug test due to a positive result will be paid for by the student or his/her parent/guardian.
2. On appeal of a “positive” urine specimen, further testing is the financial responsibility of the student or his/her parent/guardian.
3. Counseling and subsequent treatment by non-school agencies is the financial responsibility of the student or his/her parent/guardian.

CONFIDENTIALITY

Under this drug testing program, any staff, coach or sponsor of LSCSC who may have knowledge of the results of a drug test will not divulge to anyone the results of the test or the disposition of the student involved, other than in the case of a legal subpoena being made upon that person in the course of a legal investigation. This will underscore the LSCSC commitment to confidentiality with regards to the program.

The implementation of this program will not affect the policies, practices, or rights of the Lake Station Community Schools in dealing with drug and alcohol use where ‘reasonable suspicion’ is obtained by means other than the random sampling provided within this program.

View the Policy Online: <https://www.lakes.k12.in.us/Page/2616>