

MUNCIE CENTRAL HIGH SCHOOL
REGISTRATION 2018-19



STUDENT NAME _____

GRADE _____



WELCOME TO MUNCIE CENTRAL



We are excited for the upcoming school year and believe that this year will be a great one at Muncie Central. It is important for all of you to start the school year on a positive note. Our expectations are bigger than ever and we believe each and every one of you is up to the task. First Day for Students is August 6, 2018.

Registration has been set for students at Muncie Central on the following dates and times:

Tuesday, July 24th

9:00 a.m. -3:00p.m.

Wednesday, July 25th

12:00 p.m.-6:00p.m.

Thursday, July 26th

9:00 a.m.-3:00p.m.

Orientation for everyone: 9:00a.m-12:00 p.m.

As we begin the school year we want to share some very important information with you regarding a few of our policies and procedures.

- **ADMINISTRATORS**
Chris Walker, Principal
Kenna Jones, Associate Principal
Justin Oliver, Assistant Principal
Rhonda Ward, Assistant Principal
Tom Lyon, Athletic Director
- **COUNSELORS**
Sabrina McKnight: Sophomores 2021
Diana Gray: Seniors 2019
Michelle Sebastian: Freshman 2022
TBD Juniors 2020

STARTOFSCHOOL

School starts at 8:05 a.m. on Wednesday, August 6, 2018. The expectation is that all students will be in class and on time every day. Procedures for tardies will be explained to students during their grade level meetings the first week of school.

- **EMERGENCIES**
With over 1400 students attending Muncie Central High School, we want to make sure that every telephone call is handled properly. In an attempt to make sure that 'EMERGENCY' calls are promptly delivered, please make sure to let the secretary know the nature of the emergency. The secretaries have

been instructed to ask what the emergency is and the school will determine if it is necessary to interrupt a class.

- **MEDICAL APPOINTMENTS**

If your student has a medical appointment and a written message was not sent to school with them, please call 747-5268 (attendance) and we will make arrangements for them to be excused at the designated time.

- **OTHER MESSAGES**

If you need to leave a non-emergency/medical message call 747-5282 (Student Services Office). Your message will be sent to the student and they will be permitted to use an available office phone to return your call, if requested.

- **DELIVERIES**

Breakfast/lunch items brought from outside establishments (McDonald's, Wendy's etc) **is strictly prohibited. Balloons, flowers, or special occasion mementos are strongly discouraged.**

- **LEAVING THE BUILDING EARLY**

All students who arrive late or need to leave during the school day need to sign in/out at the Student Service Office. A parent/guardian must also call the office, or send a note to verify any absences or tardies.

- **SCHOOL SUPPLIES**

Individual teachers will tell students what is needed for his/her class. Pocket folders, notebook paper, pencils, and pens are always needed. For your convenience, a pencil machine has been installed and students may purchase pencils for \$.25 each.

- **LUNCH PRICES**

The price for the following school lunch categories was approved by the School Board for the 2018/2019 school year:

::

Lunch

Secondary Students

Adults **Breakfast:\$1.75,Lunch:\$2.95**

Breakfast: \$2.40, Lunch: \$3.90

Students can pay by the day or in advance. If paying by check, please make your check payable to Muncie Community Schools. **Meals can also be paid for@ www.myschoolbuck.com**

- **DRESS CODE**

The dress code approved by the Muncie Community Schools Board of Trustees is included in your packet. The dress code is also in the Student Handbook. We will review the Student Handbook during our grade level meetings the first week of school. **Please make sure students adhere to the new policies. Penalties will be assessed on the first day of school of any violations that occur.**



PHONE NUMBERS:

AVAILABLE 7:30-4:00

747-5260 – ADMINISTRATION

747-5268 – ATTENDANCE

747-5282 – STUDENT SERVICES

747-5273 – GUIDANCE

747-5270 – ATHLETICS

STN# _____ Enrollment Date _____
 Grade _____ Transcript Requested _____
 Student ID _____ Transcript Received _____
 Social Security # _____ Cum Requested _____
 Sp. Ed. Needs _____ Cum Received _____

Muncie Central High School Admission for New Enrollee

Name _____ Telephone No. _____
 Birthdate _____ Age _____ Race _____ Gender _____
 Present Address _____ City _____ Zip _____
 Parent or Guardian _____ Telephone No. _____
 Person with whom you reside relationship _____
 Name _____ Telephone No. _____
 Address _____ City _____ Zip _____
 Have you ever attended a Muncie School _____ Muncie School Last Attended _____
 Reason for withdrawal _____ Date of withdrawal _____
 School last attended (if other than Muncie) _____
 Location _____
 Street Address _____ City _____ State _____ Zip _____

BE SURE TO INCLUDE ADDRESS

Reason for withdrawal _____ Date of withdrawal _____
 Are you interested in participating in sports _____ What sport _____
 Are you currently under a suspension, recommendation for expulsion or expulsion from another school? _____
 Please list any names of friends you may have at Muncie Central _____

Foster placement _____ 3rd party custody _____

Mother _____ Phone _____

Father _____ Phone _____

 Signature of Applicant Date

Admission Approved _____ Denied _____

 Signature of School Official Date

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MUNCIE COMMUNITY SCHOOLS

ENROLLMENT INFORMATION

OFFICE USE ONLY (DO NOT WRITE IN THIS SECTION)

Student # (STI) _____

Cum Requested _____

School Year 20 _____ -20 _____

STN # (State Number) _____

Cum Received _____

Grade _____

Bus # _____

Transcript Requested _____

Teacher/Team/Counselor _____

Birth Certificate _____

Transcript Received _____

Alerts: _____

Release of Directory Info Denied _____

Please complete items listed below:

LAST NAME FIRST NAME MIDDLE NAME NAME SUFFIX GRADE DATE OF ENROLLMENT

SOCIAL SECURITY NUMBER* BIRTH DATE mm/dd/yy RACIAL/ETHNIC* (Use codes listed below) GENDER*M/F

CURRENT STREET ADDRESS ZIP CODE

STUDENT RESIDES WITH: NAME RELATIONSHIP PHONE

WORKPLACE & PHONE NUMBER/S OF PERSON/S WITH WHOM STUDENT RESIDES PARENT EMAIL CONTACT (IF AVAILABLE)

MOTHER'S NAME ADDRESS PHONE

FATHER'S NAME ADDRESS PHONE

*This information is voluntarily collected for statistical purposes only.

*Racial/Ethnic Codes: 1. American Indian/Alaskan Native, 2. Black, 3. Asian, 4. Hispanic Ethnicity and of any race, 5. White, 6. Multiracial (two or more races), 7. Native Hawaiian or Other Pacific Islander



MUNCIE COMMUNITY SCHOOLS STUDENT HEALTH HISTORY

Student Name _____ Date of Birth _____ Grade _____ Teacher _____

Mother's Name _____ Father's Name _____ Home Phone _____

Child Lives With _____ Address _____

Dear parent/guardian:

When deemed necessary, the information below will be given to staff members by the school nurse. All teachers will be given a list of students with health concerns. The teacher will be informed that this information is confidential.

I _____ give permission to the school nurse to release the information listed below.

SIGNATURE _____ **DATE** _____

Circle any condition that applies to your child:

FREQUENT COLDS

EARACHES

FAINTING

DIABETES

PREMATURE BIRTH

SEIZURES

HEART CONDITION

ASTHMA

HEADACHES

EPILEPSY

RHEUMATIC FEVER

NOSEBLEEDS

List ALL known allergies (specify): _____

Has ASTHMA (specify instructions, provide meds and doctor's verification by prescription): _____

Allergy to BEE STINGS (Specify reaction to bee sting and provide meds): _____

Medical condition which would require specific procedure to follow: _____

Currently taking medication/**reason and name** _____

Surgical Operation/**specify:** _____

PLEASE ADD ANY INFORMATION WHICH MIGHT HELP US IN PROTECTING YOUR CHILD'S HEALTH _____

MEDICAL AUTHORIZATION PERMIT

In case of accident, serious illness, or health issues, I request the school to contact me. If the school officials are unable to contact me, I hereby authorize the school to make whatever arrangements which may be appropriate or necessary.

SIGNATURE _____ **DATE** _____

Mother's place of employment _____ work phone _____

Father's place of employment _____ work phone _____

Doctor's name _____ phone _____ Dentist's name _____ phone _____

PLEASE LIST ANY OTHER EMERGENCY NUMBERS. THOSE INDIVIDUALS LISTED ARE PERMITTED TO PICK YOUR CHILD UP FROM SCHOOL AND WOULD TAKE RESPONSIBILITY FOR THE CARE OF YOUR CHILD IF AN ILLNESS, INJURY, OR OTHER SCHOOL EMERGENCY SHOULD OCCUR.

Name _____ Relation _____ Phone _____

Address _____

Name _____ Relation _____ Phone _____

Address _____

Muncie Community Schools

2500 N. Elgin Street, Muncie, IN 47303

CONSENT TO BROADCAST OR PUBLISH

I, _____, as the parent or guardian of the student mentioned below, consent to the use of the student's name, likeness or voice in a broadcast, social media, publication on the internet, website or videotape, photographs, recordings, or interviews at Muncie Community Schools while participating in a school program, activity or extra-curricular event, including, but not limited to:

All Muncie Community Schools' District and Schools publications; newsletters, and brochures,
All Muncie Community Schools' Facebook, Twitter Accounts and Comcast Cable Channel,
The (Muncie) Star Press, the Muncie Journal and other local media,
Ball State University's publications, WIPB, WBST, Newslink IN,
On some occasion, Indianapolis and other television and news media.

This consent includes permission for any rebroadcast, republication, display, distribution, or use of media for the purpose of providing information to the public about the Muncie Community Schools or an individual school program or activity or for any other educational purpose. The undersigned waives any claim of ownership or copyright of the material used for media purposes.

PARENTAL CONSENT FOR STUDENT

I certify that I am the parent/guardian of _____, and I agree to the terms of this Consent.

Date: _____
(Parent/Guardian)

School: _____
(Street Address)

(City, State, Zip) (Phone)

ADULT STUDENT CONSENT

I certify that I am an emancipated student over eighteen (18) years of age and I agree to the terms of the Consent.

Date: _____
(Student)

School: _____
(Street Address)

(City, State, Zip) (Phone)

MUNCIE COMMUNITY SCHOOLS (MCS)
RESIDENCY VERIFICATION FORM

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Current School _____

Please check box, if address is different than last year.

Muncie Community Schools requires students to attend the school in their district. This form has been provided to help us verify the location of your school district boundaries. Falsification of information provided on this form will be grounds for immediate disenrollment and student to be sent to school in his/her district. Transfer request forms are available at the Administration Office, 2500 North Elgin Street, Door 16, Muncie, Indiana 47303. Request must be applied for yearly.

Student Name _____ Relation _____ Grade _____

Parent/Guardian Name _____ Phone _____

Additional siblings who attend MCS:

Student Name _____ School _____ Grade _____

Student Name _____ School _____ Grade _____

Student Name _____ School _____ Grade _____

Address _____
City/Zip _____

Please provide one of the following items for verification of residence:

Current Cable bill	Current Insurance bill	Current Proof of Mortgage	Current Water bill
Current Electric bill	Current Payroll Stub	Current Sewage bill	Current Social Services documents
Current Gas Bill	Current Phone bill	Current Rental Agreement	

I acknowledge and agree to the following:

Initial Student(s) listed above reside(s) with me at the above address.

Initial I agree to notify School within five (5) days, when I change my residence.

Initial Falsification of information provided on this form will be grounds for immediate disenrollment and student to be sent to school in his/her district.

Signature of Parent/Guardian

Date

MUNCIE COMMUNITY SCHOOLS

VERIFICATION Of student Handbook RECEIPT
2018-2019

The Student Handbook contains policies and procedures for the daily operation of our schools.

Within this handbook are important policies that substantiate expected student behavior, academic performance and other specific information. Please note the two policies that require signed parent permission:

- RUP-Responsible Use Policy:
 - o The RUP establishes student responsibility while he/she accesses the Internet using computers owned by the Muncie Community Schools. Permission for students to access the Internet (RUP) while attending the Muncie Community Schools is signed by parents when students enter Kindergarten, 6th and 9th grades, and/or as a first time enrollee in the Muncie Community Schools.
 - o To change the permission status for your child's access to the Internet, contact the school principal or forward to him/her the completed form found in the Student Handbook.

Responsible Use Policy Parental Consent: ___ Yes ___ No

- Consent to Broadcast:
 - o Consent to Broadcast extends permission for students to have a picture appear in the media. Permission for media release while attending the Muncie Community Schools is signed by parents when students enter Kindergarten, 6th and 9th grades, and/or as a first time enrollee in the Muncie Community Schools.
 - o To change the permission status for your child in regards to media coverage, contact the school principal or forward to him/her the completed form found in the Student Handbook.

Consent to Broadcast Parental Consent: ___ Yes ___ No

My signature below is verification that I have either received the Elementary Student Handbook or that I am aware the Secondary Student Handbook for 2018-2019 school year is online at my schools' website and can also be found at www.muncie.k12.in.us/chs

STUDENT NAME

PARENT SIGNATURE

DATE



Denial of Permission to Release Student Directory Information to Recruiting Representatives of Military Services and Military Academies

Dear Parent and Student:

Student directory information as defined below, must be released to any recruiting representative of any military service or academy who requests it unless the parent or student provides a written request stating that no student directory information is to be released to any military recruiting representative. If you do not want this directory information released to any military recruiting representative, please fill out the form below and return it to the principal's office.

Thank you.

Student Directory Information is defined as follows:

- 1. Name of Student
- 2. Address
- 3. Telephone number(s) if listed or published

_____ Initial here to **deny** the release of Student Directory Information to all military recruiting representatives.

_____ Muncie Central High School
Name of Student

Grade Level _____

Parent's Signature

Date

Students Signature

Date

Must be filled out and signed by all students and parents

Confidential

Military Children in Education

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 describes 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)