

RENSSELAER CENTRAL PRIMARY SCHOOL

NOTARIAL AFFIDAVIT

STATE OF INDIANA) ss  
COUNTY OF Jasper

\_\_\_\_\_ being by me duly sworn, did personally appear and state before me, a Notary Public, in and for said County and State, that his/her "legal residence (address) (and that of his/her child/children) is

\_\_\_\_\_  
(Street Number and Street) (City) (State) Zip Code)

\_\_\_\_\_, being by me duly sworn, did personally appear and state before me, a Notary Public, in and for said County and State, that s/he is the owner/lessee of the address sworn to above.

It is understood, that for the purpose of this document the term "legal residence" means that residence where the parent/guardian in question eat their meals and sleep on a regular basis, receive their mail, and if applicable where the parent(s) are registered to vote.

Signed (Affidavit) \_\_\_\_\_

Phone# \_\_\_\_\_

Student's Name \_\_\_\_\_

SWORN TO BEFORE ME AND SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

SIGNED \_\_\_\_\_  
NOTARY PUBLIC  
STATE OF INDIANA

NOTICE: READ CAREFULLY: Knowingly falsifying this document is a violation of the I.C. 35-44-2 which is a Class D felony. Further the affiant will be billed (and prosecuted in court if necessary) to collect all back tuition which may be due.

Inaccurate and/or false information will result in immediate withdrawal of your child(ren) from the Rensselaer Central School Corporation.

## HEARING HISTORY

Child's Name \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Date \_\_\_\_\_ Grade \_\_\_\_\_

To the best of your knowledge, does your child have hearing loss ? YES NO

Does your child fail to respond to speech or environmental sounds? YES NO

Did your child have a hearing problem:

From birth to 1 year of age?	YES	NO
From 3 years to 5 years of age?	YES	NO
From 5 years to 8 years of age?	YES	NO
From 8 years and older?	YES	NO

is there a hearing loss in the child's family? YES NO

Has your child ever had an injury to the head and/or ear? YES NO

YES NO HOW OFTEN AGE

Has your child had a history of:

- Ear infections
- Impacted wax
- Ear aches
- Swimmer's ear
- Upper respiratory infections
- Frequent colds
- Allergies
- Hay fever
- Discharge/bleeding from ear
- Asthma
- Dizziness
- Imbalance
- Ringing in the ears
- Being bothered by loud noises

Does your child have tubes? YES NO  
Which ear? Right Left Both

Has your child has ear surgery? YES NO

Describe \_\_\_\_\_

Does your child's speech and language seem delayed for his age? YES NO

Is your child presently under a doctor's care for ear problems? YES NO

Name of doctor(s) \_\_\_\_\_  
Address \_\_\_\_\_

My child may have his/her speech or hearing tested when there may be a concern or need by our educational team. (teachers, principal, speech pathologist)

\_\_\_\_\_  
parent signature

\_\_\_\_\_  
date



## 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 LAS Links placement test 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:** \_\_\_\_\_

#### **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: \_\_\_\_\_

# BUS STOP SIGN-UP SHEET FOR KINDERGARTEN AND FIRST GRADERS

\*Child's Name \_\_\_\_\_

\*Home Address \_\_\_\_\_

Where child is to be picked up in the morning (AM) (For example location Maple/Milton) - Stop #3

\_\_\_\_\_ Location \_\_\_\_\_ Stop# \_\_\_\_\_

Where child is to be dropped off after school (PM) (For example location Rensselaer Lumber Co.)- Stop #6

\_\_\_\_\_ Location \_\_\_\_\_ Stop# \_\_\_\_\_

\*Phone number where parent can be reached \_\_\_\_\_  
Home# Work#

\*Parent/Guardian Signature \_\_\_\_\_

**A.M. PLEASE GIVE SPECIFIC DIRECTIONS TO YOUR HOME OR WHERE YOUR CHILD WILL BE PICKED UP IN THE A.M. COUNTRY BUSES WILL ONLY STOP AT BABYSITTERS HOMES IF THE SITTER HAS CHILDREN OF HER OWN GOING TO SCHOOL.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**P.M. PARENTS WHO LIVE IN TOWN: GIVE THE LOCATION WHERE YOUR CHILD WILL BE DROPPED OFF AFTER SCHOOL. A LIST OF STOPS IS BELOW. PLEASE MARK THE STOP CLOSEST TO THE DROP-OFF POINT YOU PREFER. BUSES WILL NOT STOP HOUSE TO HOUSE, BUT STOPS ARE PLACED SO THAT NO STUDENT WILL BE WALKING A GREAT DISTANCE.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### BUS STOPS FOR 2015-2016 SCHOOL YEAR

Stop#	Location of bus pick-up/drop-off	Stop#	Location of bus pick-up/drop-off
1	Harris Homes	16	Milroy Park
2	VFW Parking Lot	17	Front/Harrison
3	Maple/Milton	18	River Terrace Trailer Park
4	Vine/Abigail	19	Kamp Kanne Park
5	Rensselaer Lumber	20	Scouts Bluff
6	Knights of Columbus	21	Monnett School
7	Columbia Park	22	MeadowWood/Ren Apts
8	Monroe/Clark	23	Charles St
9	Warner/Elza	24	Fleming/Parks Dr
10	Hal Gray Park	25	Home/John
11	St A School	26	Thompson/Van Rensselaer
12	Angelica/Franklin	27	Thompson/Melville
13	Van School	28	Lutheran Church
14	Treasure Keepers	29	Emilie/Melville
15	Harrison/Weston	30	Iroquois Valley Apts

\*If moving during the summer or change occurs, notify the Transportation Director at 866-7822.