# McKinney Vento Family Survey

McKinney√	/ento Act.		_	y requirements for services under the
Student	<del></del>		Parent/Guard	ian
School			Phone	
Age	Grade	р.о.в		
Address				
	ess Temporary o	- I		
	ose which of the	following situati	ons the student cu	rrently resides in (you can choose more
than one):				
	use or apartment		guardian	
	el, car, or camps			
	lterorothertem			
				on to parent/guardian)
•	_	ousing, please ch	neck all of the follow	ving reasons that apply:
	s of housing			
	nomicsituation			
Tem	porarily waiting	for house or apa	rtment	
Prov	vide care for a far	nily member		
Living	with boyfriend/	girlfriend		
Loss	of employment			
Pare	ent/Guardian is d	eployed		
Oth	er (Please explai	n)		
Are you a s	tudent under the	e age of 18 and l	iving apart from yo	ur parents or guardians? Yes No
Housing an	d Educational Ri	ghts		
Students w	rithout fixed, reg	ular, and adequa	ate nighttime reside	ences have the following rights:
1) Immedia	ate enrollment in	the school they	last attended or th	e local school where they are currently
staying eve	n if they do not l	nave all of the do	ocuments normally	required at the time of enrollment
without fea	ar of being separ	ated or treated (	differently due to th	neir hou sing situations;
		_	the regular school	• •
				, and transportation to extra-curricular
activities to	the same exten	it that it is offere	ed to other stude nt	s.
				1cKinney-Vento liaison at 219-983-9800
			233-3 <mark>372. By signi</mark> n	g below, I acknowledge that I have
received ar	nd understand th	e above rights.		
				<del></del>
Signature o	of Parent/Guardi	an/Unattached`	outh Date	
Signature	f McKinney-Ven	to Liaison Date		
<i>⊃</i> -6παιαι	A MICKERICY-VCI	IC LIGISON DATE		
			国交换设计的ADS/指	
			TO DARLES	
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800	CANONIE DRIVE   PO	IKIŁK, IN 463U4		P. 219-983-9800   DISCOVERYCHARTER.ORG



### Dr. Jennifer McCormick

Superintendent of Public Instruction

## Working Together for Student Success

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**.

Studer	nt's Name:P	arent's Name:	
Addre	ss:	City:	Telephone: ()
Date:_	Parent Sig	gnature:	
1.	Within the last 3 years, have your children m	noved for any reaso	n? <b>YES NO</b>
2.	Has anyone in your household moved from	one school district to	o another within the United States,
	to look for <u>seasonal or temporary work in ac</u>	<u>rriculture</u> ? <b>YES</b> I	NO
	If you answered <b>NO</b> to either of these questi	ons, please stop. 🛐	OP
If you o	answered <b>YES</b> , please continue.		
3.	When was the last time you or anyone in you	ur household has m	oved to look for, or work in an
	agricultural activity within the United States	Month	Year
4.	Please check any of the agricultural activities	es listed below that y	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	Name (mg) (mg) (mg) (mg) (mg)	Dairy farm
	Duck, turkey, chicken, pork or beef processi	ng plant ——	Flora culture/gladiola farm
<del></del>	Aquaculture/fish hatcheries		Green house or plant nursery
	Please list the names of all of the children in	the household unde	er 22 years of age.
	Child's Name		Date of Birth (D.O.B.)
1.			
2.			
3.			
4.			
5.			



Dr. Jennifer McCormick Superintendent of Public Instruction

Working Together for Student Success

#### \*Confidential\*

#### Military Children in Education

2020-21 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:YesNo
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:YesNo
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 StatesYesNo
OR
Is the above named student a member of the National Guard or ReserveYesNo
Signature:Date:
This form shall be bondled by schools in a splitterial manner in accordance with IDOF Oxides a

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

### Waiver, Release, and Hold Harmless Agreement

l,	, as the Parent or Guardian of	("child"), and in
consideration	on of enrollment of my child in Discovery Charter School for the 2020-2	2021 school year, hereby
release and	hold Discovery Charter School and its current or former school boar	d members, employees,
agents and/	or others acting on its behalf, harmless from any and all claims that I or r	ny child may have arising
from transp	orting my child to and from school each school day and/or to school rela	ted events, including but
not limited	to claims for negligence and/or gross negligence. I agree, on behalf of	myself and my child, and
any other p	erson claiming by, under, or through me, as follows:	·

- 1. Iacknowledge Discovery Charter School does not provide transportation to and from school and school related events for my child. I further acknowledge that it is solely my responsibility to provide transportation to and from school each school day and to school related events in order for my child to attend Discovery Charter School. I understand that transporting my child to and from school each day and to school related events involves certain risks which may vary depending on the mode of transportation I provide (some of which I may not fully appreciate) and that injuries, death, property damage, or other harm could occur to me, my child, or others as a result. Specifically, I agree to assume all responsibility and liability for all acts occurring as a result of providing my child with transportation to and from school and/or to school related events by myself, my drivers, my agents, and/or by others who are acting in my capacity for such purposes for any and all damage or injury that may occur in any way growing out of or resulting from transporting my child to and from school each day and/or to school related events. I further acknowledge and agree that Discovery Charter School assumes no duty, liability, or responsibility for my child before my child enters the school building at the beginning of each day or after my child exits the school building at the end of each school day.
- I accept and voluntarily incur and assume all risks of any injuries, damages, or harm that arise during
  or as a result from transporting my child to and from school each school day and to school related
  events, including any associated travel, regardless of whether or not caused in whole or in part by
  the negligence or other fault of Discovery Charter School and/or its current or former school board
  members, employees, agents, or insurers ("Released Parties").
- 3. Iwaive all claims against any of the Released Parties for any bodily injuries, property damages, other damages, liabilities, losses, claims, and wrongful death, whether known or unknown, which arise during or result from the transportation to my child to and from school each school day and to school related events, regardless of the method of transportation, and regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims, including but not limited to claims for negligence.
- 4. Lagree to indemnify and hold the Released Parties harmless from and against any and all losses, liabilities, damages, costs, or expenses (including, but not limited to, reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under, or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses that arise during or result from my participation in transporting my child to and from school each school day and/or school related events, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.
- 5. I have carefully read and reviewed this Waiver, Release, and Hold Harmless Agreement which is governed by Indiana law. I understand it fully, and I execute it voluntarily. I further acknowledge

that any dispute or claim related to the subject matter hereof would be subject to the sole and exclusive jurisdiction of courts of competent authority located in Porter County, Indiana, with such courts to be the sole and exclusive venue for any such action. I hereby waive my and my child's right to a jury trial in relation to any and all claims arising out of or related in any way to this waiver and/or the transportation of my child to and from school and/or school related events.

Executed this	day of	, 2020	
Student's Printed Na	me		
Parent/Guardian Print	ed Name	Parent/Guardian Signature	