



## **NECP Orientation Forms: To Be Filled Out**

Within this packet you will find the paperwork required to be filled out and turned in by Summer Orientation. You may mail this packet to the Indiana Academy or you may turn it in at Summer Orientation. **This packet should be filled out and turned in.** Please use black ink when filling out forms.

On the NECP Orientation Forms website, you will find important informational documents to be read as reference while filling out the forms within this packet. The documents to be read can be found on the NECP Orientation forms website, <http://www.bsu.edu/academy/necp/forms/>, under the heading NECP Orientation Forms: For Your Information.

There is an additional packet that includes optional forms for the following areas: Athletics and Band. If you are interested in either of these areas please fill out the corresponding paperwork. You will find this packet under the heading Athletics and Band. Financial Aid forms will become available in the summer, please see the Orientation forms website listed above.

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- Additional items to bring to Orientation along with the required forms:
  - Headphones for placement exams
  - Copy of ECA Score Report
  - **2 Copies of Birth Certificate**
  - Copy of Insurance Card and Prescription Cards (front and back)
  - Copy of Immunization Record
  - AP Test Score (if applicable)
  - Copy of IEP or 504 (if applicable; please submit even if you are not planning to utilize any services or accommodations)

All “to be filled out” forms may be brought to Summer Orientation or mailed to:

**Renee Drumm  
Wagoner Hall  
The Indiana Academy  
Ball State University  
Muncie, IN 47306**



## NECP Form A: Demographic Information

## Junior Demographic Information

Please Print Neatly in Blue or Black Ink

## Student Information

Student's Legal Name \_\_\_\_\_ Goes By \_\_\_\_\_  
First Middle LastStudent's **Home / Residential** Address (This is the address where your house is physically located)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's **Mailing** Address or PO Box (If address is identical as the physical address, please mark SAME)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Land-Line Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Student Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student E-mail Address: \_\_\_\_\_

Birth Certificate Enclosed ☐ US Citizen: ☐ Yes ☐ No Home High School: \_\_\_\_\_  
If No, where was student born: \_\_\_\_\_

## Parental Rights &amp; Responsibilities

Who Has Physical Responsibility of the Student: ☐ Mother ☐ Father ☐ Both ☐ Guardian ☐ Other  
Who has Legal Responsibility of the Student: ☐ Mother ☐ Father ☐ Both ☐ Guardian ☐ Other**\*\*If the answer to the question "Who has legal responsibility is NOT "Both", please provide copy of legal documentation.**FATHER'S NAME \_\_\_\_\_ Father Deceased? ☐Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Land-Line Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

Step-Mother's Name (if applicable) \_\_\_\_\_ Sign Out Permission? ☐

Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ Mother Deceased? ☐Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Land-Line Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

Step-Father's Name (if applicable) \_\_\_\_\_ Sign Out Permission? ☐

Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Land-Line Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

## Emergency Contact Information

The emergency contact person will be contacted ONLY in an emergency and ONLY if the parent/guardian cannot be reached. The emergency contact person should be someone NOT living at the same residence as the student.

Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Land-Line Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Renee Drumm – Original, CC: Candace Manship, Tina Brinkman, Vickie Barton, Joe Turner, Medical File-Judy Wagner, Health Center



NECP Form B: Junior Health Packet

Cover Page

Dear Parent/Guardian:

Welcome to the Indiana Academy ***Non-Resident Early College Program (NECP)***. We look forward to getting to know each of you!! Below you will find a breakdown of the NECP health requirements for the 2014 – 2015 school year:

	NECP Junior Health Requirements	Due Date
1.	<b>Pages 1 – 4</b> of the NECP Junior Health Packet (to be completed by the parent/guardian). <ul style="list-style-type: none"><li>• Student needs to sign the top of page 4.</li><li>• Parent/guardian needs to sign the bottom of page 4.</li></ul>	Summer Orientation
2.	A copy of your child's complete <b>Immunization Record</b> . See page 5 of the health packet for a list of the required vaccinations.	First Day of School
3.	Prescription medication that is to be taken during school hours must be logged in with the nursing office.	First Day of School

Pages 1-4 must be completed by the parent/guardian with signatures required on page 4. Please review the Immunization Requirements on page 5. The Indiana State Department of Health made changes to the Meningitis Vaccine regime. As a junior you are required to have one Meningitis Vaccine. A booster dose (or 2<sup>nd</sup> dose) of Meningitis will be required for the 2015-2016 school year (when your child is a senior). All immunizations must be complete and on file in the nurse's office by the first day of school.

Please do not hesitate to let us know if you have any questions or concerns. Thanks so much and we look forward to seeing each of you this summer!!

Sincerely,

Tina Brinkman, RN  
Coordinator of Healthcare Services  
Indiana Academy  
[cbrinkma@bsu.edu](mailto:cbrinkma@bsu.edu)  
(765) 285-7360  
(765) 285-0063 fax

Judy Wagner, LPN  
School Nurse  
Indiana Academy  
[jdwagner2@bsu.edu](mailto:jdwagner2@bsu.edu)  
(765) 285-7367  
(765) 285-0063 fax



## NECP Form B: Junior Health Packet

Student Name: \_\_\_\_\_

Page 1

**HEALTHCARE CONSENT FORM**

*This form allows parent/guardian authorization for the Indiana Academy (and Ball State University) staff to consent to all emergency care for their children while they are enrolled in the Non-Resident Early College Program at the Indiana Academy for Science, Mathematics and Humanities. Delegation of authority will not be transferred to another individual without consent from the parent guardian.*

**Parent/Guardian Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street Address City State Zip Code

**Minor Children Information (including student):**

Names	Birth Dates	Allergies	Special Medical Problems

**DELEGATION OF AUTHORITY TO CONSENT TO EMERGENCY HEALTHCARE:**

I/We, being the parent/legal guardian of the above named minor children, hereby delegate to:

*The Indiana Academy for Science, Mathematics & Humanities and Ball State University  
Ball State University – Wagoner Complex – 301 North Talley  
Muncie, IN 47306*

*The authority to consent to emergency services for the above named minor children (pursuant to IC 16-36-1-6) during the period from:*

**June 1, 2014****To****July 1, 2016****Parent/Guardian & Witness Signatures:****Parent/Guardian Signature:** \_\_\_\_\_**Parent/Guardian Signature:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**The parent/guardian is responsible for all medical expenses incurred while their child is a student in the Non-Resident Early College Program at the Indiana Academy for Science, Mathematics, and Humanities**

NECP Form B: Junior Health Packet

Student Name: \_\_\_\_\_

Page 2

**Family History:**

Name (s)	Age	State of Health	Occupation	Age of Death	Cause of Death
Father:					
Mother:					
Brothers:					
Sisters:					
Children:					

**Do you have relatives with any of the following?**

	Yes	No	Relationship		Yes	No	Relationship
Tuberculosis				Stroke			
Diabetes				Epilepsy/Convulsions			
Kidney Disease				Mental Illness			
Heart Disease				Suicide			
Arthritis				High Blood Pressure			
Stomach Disease				Mother or Sister with Breast Cancer			

**Personal History:** Please answer all questions and comment on all "yes" responses

Have you ever been diagnosed or treated for:	Yes	No	Comment/Answer (if applicable)	Have you ever been diagnosed or treated for:	Yes	No	Comment/Answer (if applicable)
Anxiety			Medicine: ____ Yes ____ No	Insomnia/Trouble Sleeping			Medicine: ____ Yes ____ No
Arthritis			Specify type: _____	Irritable Bowel Syndrome			
Asthma			Inhaler: ____ Yes ____ No	Low Blood Sugar			
Chicken Pox			Date of disease (month/year): _____	Malaria			
Crohn's Disease				Measles			
Depression			Medicine: ____ Yes ____ No	Mental Illness			Medicine: ____ Yes ____ No
Diabetes			Date or age of onset: _____ Medicine: ____ Yes ____ No	Mononucleosis			Date or age of onset: _____
Eating Disorder			Specify type: _____	Mumps			
Epilepsy/Seizure Disorder			Date or age of onset: _____ Medicine: ____ Yes ____ No	Poliomyelitis			
German Measles (Rubella)				Rheumatic Fever			
Headaches			Specify type: _____	Scarlet Fever			
Hearing Impairment			____ Rt ____ Lt ____ Both	Seasonal Allergies			Specify season(s): _____
Heart Murmur			____ Current ____ Resolved	Skin Disorder			Specify type: _____
Hepatitis			Specify type: _____	Thyroid Disorder			Specify type: _____
High or Low Blood Pressure			Specify: ____ High ____ Low	Tuberculosis			Date or age of onset: _____ Date of last chest x-ray: _____
<b>Have you:</b>	<b>Yes</b>	<b>No</b>	<b>Comment/Answer (if applicable)</b>	<b>Females answer:</b>	<b>Yes</b>	<b>No</b>	<b>Comment/Answer (if applicable)</b>
Attempted Suicide			Date: _____	Been Pregnant			
Had Broken Bones			Specify: _____	Had Breast Problems			
Had Seizures			Specify: _____	Menstrual Problems			
Had Surgery							
<b>Do you experience frequent:</b>	<b>Yes</b>	<b>No</b>	<b>Comment/Answer (if applicable)</b>	<b>Do you experience frequent:</b>	<b>Yes</b>	<b>No</b>	<b>Comment/Answer (if applicable)</b>
Headaches				Infections			Specify: _____
Fainting				Urination			
Trouble Sleeping			Medicine: ____ Yes ____ No	Diarrhea			
Anxiety							

Please comment on all "YES" responses or add any additional information:

NECP Form B: Junior Health Packet

Student Name: \_\_\_\_\_

Page 3

PLEASE ANSWER:	Yes	No
Has your physical activity been restricted during the past five years? (If yes, give reason and duration)		
Have you had any illness or injury or been hospitalized other than already noted? (If yes, please explain)		
Have you consulted or been treated by clinics, physician, healers, or other practitioners for any MAJOR medical or emotional problems within the past five years? (If yes, please explain)		

PLEASE LIST ALL ALLERGIES & REACTIONS YOUR CHILD EXPERIENCES: (medication/food/environmental/etc)		PLEASE LIST ALL MEDICAL CONDITIONS YOUR CHILD EXPERIENCES:	
Allergic to	Reaction:	Medical Conditions/Diagnosis	
1)		1)	
2)		2)	
3)		3)	
4)		4)	
5)		5)	
6)		6)	
7)		7)	

Prescription Medication

PRESCRIPTION MEDICATION: Please answer the following	Yes	No
Does your child have prescription medication that he/she will need to take during school hours?		
<ul style="list-style-type: none"> <li>If yes, please answer questions 1 &amp; 2.</li> <li>If no, please proceed to the <i>Over-the-Counter Medication</i> section on the next page.</li> </ul>		

1. Please list all prescription medication that will be taken at school along with the reason it is prescribed:

Medication Name	Reason or Diagnosis for the Medication
1)	
2)	
3)	
4)	

2. Do you want to be notified regarding how your child is taking his/her prescription medication at school?

	Yes	No
If yes, how often: _____ Weekly _____ Twice a Month _____ Monthly		

Over-the Counter Medication (otc)

The following is a list of the OTC medication kept at the IASMH. Please check "yes or no" for EACH medication indicating whether the IASMH staff can provide, as needed, to your student

Over-the-Counter Medication	Indication	Yes	No
Acetaminophen	Pain reliever & fever reducer		
Antacid	Heartburn, sour stomach & indigestion		
Antibiotic Ointment	First aid prophylaxis		
Antihistamine	Cold/allergy symptoms, rash & itch		
Cough Drops	Cough & throat irritation		
Decongestant	Nasal & sinus congestion		
Hydrocortisone Cream	Temporary relief of itch		
Hydrogen Peroxide	First aid prophylaxis		
Ibuprofen	Pain reliever, fever reducer & anti-inflammatory		
Pink Bismuth (equivalent to Pepto Bismol)	Upset stomach, indigestion, heartburn, nausea & diarrhea		



## NECP Form B: Junior Health Packet

Student Name: \_\_\_\_\_

Page 4

### Concussion & Head Injuries

#### Indiana Academy Intramural Sports & School-Sponsored Activities

Due to the law "Student Athletes: Concussions and Head Injuries" (IC 20-34-7), schools are required to distribute information sheets yearly to inform and educate students and their parent/guardian of the nature and risk of concussion and head injury, including the risks of continuing an activity/sport after concussion or head injury. The law states the student and parent/guardian must provide a signature acknowledging receipt of information on Concussion & Head Injuries (**please see pages 1 & 2 of the FYI NECP Form B: Junior Health Packet**). The law further states that a high school student who is suspected of sustaining a concussion or head injury, shall be removed from the activity and may not return until the student has received written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

#### Student:

I am an Indiana Academy/NECP student who may participate in one of the many offered activities/programs/intramural sports. I received and read the *Student Information Fact Sheet* on page 1 of the *FYI NECP Form B: Junior Health Packet*. I understand the nature and risk of concussion and head injury to students, including the risks of continuing an activity/sport after a concussion and head injury.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent & Signatures

Please answer the following questions and sign below

		Yes	No
1.	I, the parent/guardian, received and reviewed the accompanying information about Meningitis & the NECP Medication Policy (FYI NECP Form B pages 3 & 4)?		
2.	I, the parent/guardian, received and read the <i>Concussion Fact Sheet</i> (FYI Form B page 2) and understand the nature and risk of concussion and head injury, including the risks of continuing an activity/sport after a concussion or head injury?		
3.	I, the parent/guardian, understand that a complete and up-to-date copy of my child's <b>Immunization Record</b> must be on file with the nurse's office no later than the first day of school? I, the parent/guardian, understand that my child may be restricted from class without proper documentation of required vaccinations?		
4.	I, the parent/guardian, understand that pertinent medical information on my child may be relayed to appropriate faculty/staff/administration?		
5.	I, the parent/guardian, understand I am responsible for all medical expenses incurred while my child is a student at the IASMH?		
6.	I, the parent/guardian, give permission to the Indiana Academy Nurse's Office to enter my child's immunizations into the <i>Indiana State Department of Health's Children and Hoosier Immunization Program (CHIRP)</i> . I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules. <b>As well, this is the method all school nurses in Indiana must use to report immunization compliance/exemptions/vaccine allergies.</b> I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid Policy and Planning or a contractor of the office of Medicaid Policy and Planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3. Other than the immunization record/exemptions/vaccine allergies, the following information may be needed for CHIRP: student's name, date of birth, address, phone number and parent/guardian name.		
7.	I, the parent/guardian, have completed the IASMH Junior Health Packet & believe it to be true & accurate?		

If there is any further information about your child that you would like us to know, please include the information here or on a separate sheet of paper.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



NECP Form B: Junior Health Packet

Student Name: \_\_\_\_\_

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Immunization Requirements

An up-to-date & complete Immunization Record is required no later than move-in day

Vaccine	Doses Required	Comments
Dtap/DTP/DT/TD	5	4 doses are acceptable <u>ONLY</u> if the 4 <sup>th</sup> dose was administered on or after the 4 <sup>th</sup> birthday, otherwise the student must have 5 doses.
Tdap (acellular pertussis vaccine)	1	All students in grades 6-12 must have 1 documented Tdap Vaccine.
Polio	4	3 doses are acceptable <u>ONLY</u> if the 3 <sup>rd</sup> dose was given on or after the 4 <sup>th</sup> birthday <b>AND</b> at least 6 months after the previous dose with only one type of vaccine used (all OPV or all IPV).
Measles & Mumps	2	2 MMR vaccines are acceptable in place of 2 Measles, 2 Mumps & 1 Rubella Vaccines.
Rubella	1	See above.
Hepatitis B	3	All students must have 3 documented Hepatitis B Vaccines.
Varicella (Chicken Pox)	2	2 doses are required if the student has not had the chicken pox disease. If the student has had the disease then proof of the disease is required (at least the month/year of disease).
Meningitis (MCV4)	1 (junior year) 2 (senior year)	1 dose is required for your junior year. A booster dose (or 2 <sup>nd</sup> dose) will be required for your senior year.

**Please see FYI NECP Form B: Junior Health Packet**

For the following FYI information:

- Page 1 – Concussion Fact Sheet for Students
- Page 2 – Concussion Fact Sheet for Parent/Guardian
- Page 3 – Quick Facts on Meningitis
- Page 4 – NECP Medication Policy





NECP Form C: Guidance

Student's Legal Name: \_\_\_\_\_ Class of \_\_\_\_\_  
First Middle Last

***End-Of-Course Assessment Data Information***

The Indiana Academy must obtain the **ECA scores** from each student. Please indicate scores below and submit a copy of the official appropriate documentation. (If your scores are not yet available, please submit them once they become available.)

English 10 Score \_\_\_\_\_ Algebra I Score \_\_\_\_\_ Biology I Score \_\_\_\_\_

***Academic Advisor Request***

In an effort to assign you an appropriate academic advisor, please fill out the section below. We will attempt to match you with an advisor in a subject area in which you have a particular interest. Please return this sheet with your Orientation Paperwork. Advisors will be assigned in order of receipt of preferences. Advisor groupings are limited to approximately 20 students each.

Rank in order according to your level of interest. 1-5

**(1 = Highest Interest and 5 = Least Interest)**

\_\_\_\_\_ Sciences – Circle preference: Biology / Physics / Chemistry

\_\_\_\_\_ Mathematics

\_\_\_\_\_ Humanities – Circle preference: English / Social Studies

\_\_\_\_\_ Foreign Language – Please specify: \_\_\_\_\_

\_\_\_\_\_ Computer Sciences

**Special request or additional information you wish to add:**

**Foreign Language Competency Exam**

During Orientation, you will need to take a foreign language competency exam. Even if you do not plan to continue in the same language, you will need to take the exam.

Please circle the foreign language you have been taking:

French Spanish German Latin Other: \_\_\_\_\_

Please circle the number of **semesters** you will have completed in this language **by the end of your sophomore year.**

1 2 3 4 5 6 7 8



## NECP Form D: Report Data

### Indiana Department of Education Report Data

The Indiana Academy for Science, Mathematics & Humanities is required by the Indiana State Department of Education to file a number of reports that includes data from the questions listed below. Please note that this information is for reporting purposes only and the data will be kept confidential.

Student's Legal Name: \_\_\_\_\_  
First Middle Last

Does Student Reside with: ☐ Mom ☐ Dad ☐ Both Parents ☐ Other ☐ Guardian – Indicate relationship to student: \_\_\_\_\_  
(Please check appropriate item)

#### DISTRICT OF RESIDENCE

County of Legal Residence: \_\_\_\_\_  
(Example: Delaware County)

School District/Corporation of Legal Residence:

\_\_\_\_\_  
(Example: Muncie Community Schools)

Home High School:

\_\_\_\_\_  
(Example: Muncie Central High School)

#### FOR OFFICE USE ONLY

County ID#: \_\_\_\_\_

District of Legal Residence ID#: \_\_\_\_\_

Home High School ID #: \_\_\_\_\_

Race: \_\_\_\_\_ (Options below)

1 – American Indian

2 – Black

3 – Asian

4 – Hispanic/Latino (of any race)

5 – White

6 – Multi-racial (two or more races)

7 – Native Hawaiian or Other Pacific Islander

#### RACIAL & ETHNIC DATA COLLECTION

Race and Ethnicity: (Note: Both Part 1 and Part 2 of the question must be answered.)

##### Part I: Ethnicity

Is this individual Hispanic/Latino? (Choose only one)

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

##### Part II: Race

What is the individual's race? (Choose one or more)

☐ American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.

☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black or African American: A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

#### LANGUAGE QUESTIONNAIRE

Which language did this student learn when he/she first began to talk? \_\_\_\_\_

If Chinese or Indian, please indicate dialect: \_\_\_\_\_

Which language does this student speak most often? \_\_\_\_\_

If Chinese or Indian, please indicate dialect: \_\_\_\_\_

Which language is spoken most often in the home? \_\_\_\_\_

If Chinese or Indian, please indicate dialect: \_\_\_\_\_



## NECP Form D: Report Data

### BIRTHPLACE INFORMATION

Student's Birthplace: \_\_\_\_\_

Birthplace of Mother: \_\_\_\_\_

Birthplace of Father: \_\_\_\_\_

### Section 504 and Special Education Information

Has the student been identified for any services under Special Education or Section 504 of the Rehabilitation Act?

☐ Yes

☐ No

Does he/she seek accommodations related to a documented disability?

☐ Yes

☐ No

\*\*If the student has been identified for services under Special Education or Section 504, please request these records be sent to:

Michael D. McClure  
Assistant Director of Academic Guidance  
Indiana Academy for Science, Mathematics & Humanities  
Wagoner Hall – Room 160  
Ball State University, Muncie, IN 47306

The above information is confidential and will only be used for educational purposes. You are not required to disclose this information. However, the Indiana Academy will need this information if you want your child to continue receiving 504 or Special Education accommodations.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

### Second Mailing Information

*All Mailings are sent only to the custodial families. If families would like to have both parents/guardians notified via regular mail, please fill in the information below to ensure that the non-custodial families receive grades, announcements, and other information.*

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street Address City State Zip



NECP Form E: Computer Agreement and Information

Student's Legal Name: \_\_\_\_\_ Class of \_\_\_\_\_  
First Middle Last

**Indiana Academy for Science, Mathematics, and Humanities**  
PARENT/GUARDIAN AND STUDENT AGREEMENT  
FOR USE OF INDIANA ACADEMY AND BALL STATE UNIVERSITY  
COMPUTERS AND RELATED EQUIPMENT

1. I have read and agree to the provisions in the following:

- A. Regulations for Use of Indiana Academy and Ball State University Computers and Related Equipment
- B. Acceptable Use Policy

2. Because laptop computers are integral to the educational process at the Indiana Academy, I understand that any student who fails to comply with the "Regulations for Use of Indiana Academy and Ball State University Computers and Related Equipment" and the "Acceptable Use Policy" may asked to leave the Academy.

3. I understand, like textbooks, students are responsible for the Academy laptop computer and switches they have been assigned. If they are lost, stolen, or damaged, the parent/guardian is responsible for the replacement costs. The parent/guardian or student may purchase insurance to cover Academy laptop computer repairs for \$60.00 with a \$350 deductible from the Academy. This should be paid when the student textbook fees are collected on move-in day or you may be billed for the amount. Please check below the option you choose:

\_\_\_\_\_ Assume responsibility for the Academy laptop computer if it is lost, stolen, or damaged

\_\_\_\_\_ Purchase insurance with a \$350 deductible to cover the cost of Academy laptop computer repairs.  
(The insurance coverage is not applicable in cases of gross negligence or abuse as determined by Academy personnel or if the computer is lost or stolen)

\_\_\_\_\_ Provide personally owned laptop. I understand that though I have provided my own laptop, I still must adhere to the Acceptable Use Policy and I choose not to purchase the computer insurance.

4. I understand that the computers and related equipment are owned by the Indiana Academy and Ball State University and are to be used for educational purposes and approved activities.

I understand and agree to the provisions set forth above. I understand and accept all financial and legal liabilities that may result from my child's use of the Indiana Academy and Ball State University computers and related equipment, networks, and Internet service.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Student Signature Date

Office Use Only

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Reference #: \_\_\_\_\_



NECP Form F: Media Release Form

RELEASE FORM

Indiana Academy for Science, Mathematics, and Humanities

I, the undersigned, grant my consent for the use of the following items by Indiana Academy for Science, Mathematics, and Humanities in which I am included or I produced: photographs (both individual and in a group with or without names included), video, and voluntarily submitted blogs, vocal recordings, written communication, testimonials, and creative works (art, posters, music, visual aides, etc). I understand these items may be used by the Indiana Academy for the sole purpose of *providing information about its programs* through the Indiana Academy website, social media sites created by the Indiana Academy, printed promotional materials, e-mail communications, presentations, TV/radio/newspapers, and newsletters. I understand that the above items may be edited as needed for a particular purpose.

I and my heirs hereby release and forever discharge the Indiana Academy for Science, Mathematics, and Humanities and Ball State University and their trustees, agents, employees, and representatives from and against any and all actions or causes of action, claims, demands, liabilities, loss, damage, or expense of whatsoever kind and nature, including attorney fees, which I have or may have for invasion of privacy, libel, defamation, or any other cause of action arising out of production, distribution, broadcast, or exhibition of item in which I am included or produced as indicated above.

I, the undersigned, am under eighteen (18) years of age and as countersigned by my parents or legal guardians: (please initial)

\_\_\_\_\_ accept the conditions of the release as stated.

\_\_\_\_\_ accept the conditions of the release with the following exceptions or conditions.

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(If you need more space, please use the reverse side)

\_\_\_\_\_ do not accept the conditions of this release.

\_\_\_\_\_  
Print Name (Student)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Note: This release reflects permission for both junior and senior years at the Indiana Academy for Science, Mathematics and Humanities. If any updates need to be made regarding this release, please contact Sarah Shaffer in the Office of Admissions. Email: [srshaffer@bsu.edu](mailto:srshaffer@bsu.edu) Telephone: 765-285-3281

Sarah Shaffer

NECP Form G: Birth Order and Myers Briggs Assessment

Name:		Date of Birth:	
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### Birth Order Information

This is important information to help us understand our student population. Your name(s) will be kept confidential. In instances where this information will be used for research, your name(s) will be kept anonymous.

Please fill in the following diagram chronologically with the appropriate information regarding your birth order. Please use current age and gender of all siblings and include yourself in this diagram:

Order	Name	Age	Gender
1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			
4 <sup>th</sup>			
5 <sup>th</sup>			
6 <sup>th</sup>			
7 <sup>th</sup>			

If there were instances in your life in which your birth order changed (e.g. a parent remarried who had children older or younger than you, or perhaps the death of a sibling), please fill out the following diagram of your birth order in that circumstance. **Use specific dates when the changes occurred. Include your age at the time of the change or changes occurred.**

Order	Name	Current Age	Age When Change Occurred	Gender
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				
5 <sup>th</sup>				
6 <sup>th</sup>				
7 <sup>th</sup>				

In addition to birth order, we are also interested in your Myers-Briggs Code (MBTI). **Please visit the following site and complete the assessment. (<http://similarminds.com/embj.html>)** Answer the questions from a utopian perspective. If you could have a perfect world, what would your answer be? Once you have answered all of the questions your results will appear on the screen. Please enter the four letter code in the box below. Your code will be one of the following: ENFJ, ENFP, ENTJ, ENTP, ESFJ, ESFP, ESTJ, ESTP, INFJ, INFP, INTJ, INTP, ISFJ, ISFP, ISTJ, or ISTP.

Myers-Briggs Four Letter Code:

Thank you,  
Vickie Barton  
Executive Co-Director, Director of Residential Affairs  
Sarah Shaffer



## NECP Form H: Hometown Release Form

### Hometown News Release

The Academy is eager to publicize the honors and achievements of your Indiana Academy student. We are requesting your permission to do so. Examples of newsworthy items are Academy admission and graduation, competitions, scholarships, and other awards.

**Please print clearly or type.**

**Student Name** \_\_\_\_\_ [ ]Male [ ]Female  
First/middle/last

#### Hometown Address

\_\_\_\_\_  
Street City Zip County

**Phone** \_\_\_\_\_ **e-mail** \_\_\_\_\_

**Custodial Parent/Guardian Name(s)** \_\_\_\_\_

*If different from above:*

#### Address

\_\_\_\_\_  
Street City Zip Phone

**Phone** \_\_\_\_\_ **e-mail** \_\_\_\_\_

\_\_\_\_\_ I give permission for a news story to be release to my hometown newspaper.

\_\_\_\_\_ I do not wish to have the Academy contact my hometown newspaper regarding the achievements/honors of my academy student

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

#### Hometown Newspaper(s)

\_\_\_\_\_  
Full Name of Publication

\_\_\_\_\_  
Full Name of Publication

\_\_\_\_\_  
Full Name of Publication

## GPA Permission Form

The College and Career Counseling Center (CCCC) does not report a student's GPA to colleges and universities without the parent's and student's permission. Below is a form for you to complete if you wish the CCCC to include your weighted GPA on college application and scholarship forms. We use a weighted GPA in our reports to colleges in an effort to compensate for the increased difficulty level of the Indiana Academy curriculum.

It is important to understand that many colleges and universities recalculate an applicant's GPA based on their own criteria if a GPA is not submitted. This could result in a lower GPA rating than the one the CCCC would report. However, even if the CCCC reports your weighted GPA the college still could generate their own GPA.

If you want the CCCC Office to report your weighted GPA, please complete and sign the section below on this form and return it to the CCCC Office. If a student is over 18 years of age he/she does not need a parental or guardian signature. If we do not receive a signed copy of this form we will not report your weighted GPA to the colleges and universities to which you apply. If you have any questions, comments or concerns about this form please contact Jim Patterson at 765.285.7322 or e-mail at [jpatter2@bsu.edu](mailto:jpatter2@bsu.edu).

I, \_\_\_\_\_ the undersigned, do hereby permit to the College and Career Counseling Center at the Indiana Academy to use a weighted GPA for college and scholarship applications for \_\_\_\_\_.

(print student name here)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(a parent signature is required if student is under 18)





NECP Form J: Elected Official Form

## Indiana General Assembly

### Elected State Officials

Indiana Academy for Science, Mathematics, and Humanities

Your student has been admitted to the Indiana Academy. We would like to notify your elected state official about this outstanding accomplishment. Please provide us with the name of your elected state Senator and Representative. You can find this information at <http://district.iga.in.gov/DistrictLookup>. Please complete this form.

Student Name \_\_\_\_\_  
First/middle/last

Home County/State \_\_\_\_\_

Parent (s) Name \_\_\_\_\_  
First/Last

Student Hometown Address

\_\_\_\_\_  
Street City Zip

Student will graduate high school in what year: \_\_\_\_\_

State Senator Name \_\_\_\_\_  
First/Last

State Representative Name \_\_\_\_\_  
First/Last