

# GOSHEN LOCAL SCHOOLS

## DISTRICT REGISTRATION FORM

*We appreciate your cooperation in providing your student's birth certificate, social security card, custody papers (if applicable), and proof of residency.*

Start Date: \_\_\_\_\_ Grade: Preschool

Male  Female

**Previous School Experience**

Half Time \_\_\_\_\_ Full Time \_\_\_\_\_  
Attended Head Start ? \_\_\_\_\_  
Day Care/Preschool? \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  
*Last* *First* *Middle-Do not use initial*

Student Nickname or otherwise known as: \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_  
*City* *State*

Native Language \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**Health Issues (allergies, etc)** \_\_\_\_\_

**STUDENT'S RESIDENCY INFORMATION**

Student's Address \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Home Phone Number: \_\_\_\_\_

Who does student live with at this address?    \_\_\_ Biological Parents    \_\_\_ Mother    \_\_\_ Father  
\_\_\_ Mother & Stepfather    \_\_\_ Father & Stepmother    \_\_\_ Court Appointed Guardian(s)/Grandparent(s)  
\_\_\_ Foster Parent(s)    \_\_\_ Other (specify) \_\_\_\_\_

**Parents are:** \_\_\_ Married    \_\_\_ Divorced    \_\_\_ Separated    \_\_\_ Never Married    \_\_\_ Deceased

**If student is court-placed at this address, please provide court documents and address of parent(s) at time of court removal:** \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Does this student have siblings attending this district?    \_\_\_ Older    \_\_\_ Younger

**STUDENT'S CONTACT INFORMATION**

(or if student is foster-placed or court-placed, please provide information of residential guardian)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

May we contact Mother? \_\_\_\_\_ May we contact Father? \_\_\_\_\_

If so, best number? \_\_\_\_\_ If so, best number? \_\_\_\_\_

Alternate number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Address (if different than student's address): \_\_\_\_\_ Address (if different from student's address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact other than who student resides with: \_\_\_\_\_

Signature of Person Enrolling Student: \_\_\_\_\_ Date: \_\_\_\_\_

# GOSHEN LOCAL SCHOOLS

## RACE & ETHNICITY FORM

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_

1. Is the student Hispanic, Latino, or of Spanish origin (regardless of race)?

*Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*

Yes       No

2. What race is the student? Check all that apply.

Race	Race Definitions (as defined by the Ohio Department of Education)
<input type="checkbox"/> White (Non-Hispanic)	Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
<input type="checkbox"/> Black or African American (Non-Hispanic)	Persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> American Indian or Alaskan Native	Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Persons having origins in any of the original peoples of Hawaii Guam, Samoa, or other Pacific Islands.

I understand the U. S. Department of Education (Federal Register/Vol.72, No. 202, October, 2007) requires educational institutions to allow parents to "self-identify" or "re-identify" the race and ethnicity of their student. I further understand that if I choose not to indicate my child's race, the Goshen Local School District is required by law to identify my child based on observed identification.

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

## HOME LANGUAGE SURVEY

1. What language did your child first understand or speak? \_\_\_\_\_
  2. What language does your child use most often when speaking with you at home? \_\_\_\_\_
  3. What language do you use most often when speaking to your child at home? \_\_\_\_\_
  4. What language do the adults at home most often speak? \_\_\_\_\_
  5. How long has your son/daughter attended school in the United States? \_\_\_\_\_
  6. What language does your child use most often when speaking with other family members? \_\_\_\_\_
  7. What language does your child use most often when speaking to friends? \_\_\_\_\_
  8. What is the date of the family's most recent entry into the United States? \_\_\_\_\_
  9. Does your child read in English?      Yes      No
  10. Does your child read in a language other than English?      Yes      No      If yes, what language? \_\_\_\_\_
  11. Does your child write in a language other than English?      Yes      No      If yes, what language? \_\_\_\_\_
  12. At what age did your child start attending school? \_\_\_\_\_
  13. Has your child entered school every year since that age?      Yes      No
- If no, please explain: \_\_\_\_\_

**MISSING CHILD ACT**  
**OHIO REVISED CODE 3313.672**

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

A pupil at the time of his initial entry to a public or nonpublic school shall present to the person in charge of admission a copy of the original certificate of his birth and copies of those records pertaining to him maintained by the school that he most recently attended. If a pupil does not present copies of the items as required by this section ANY RECORDS GIVEN HIM BY THE ELEMENTARY OR SECONDARY SCHOOL HE MOST RECENTLY ATTENDED AND A CERTIFICATION OF BIRTH ISSUED PURSUANT TO SECTION 3705.05 OF THE REVISED CODE OR A COMPARABLE CERTIFICATE OF CERTIFICATION ISSUED PURSUANT TO THE STATUTES OF ANOTHER STATE, TERRITORY, POSSESSION, OR NATION. WITHIN TWENTY-FOUR HOURS OF THE PUPIL'S ENTRY INTO THE SCHOOL, A SCHOOL OFFICIAL SHALL REQUEST THE PUPIL'S OFFICIAL RECORDS FROM THE ELEMENTARY OR SECONDARY SCHOOL HE MOST RECENTLY ATTENDED. IF THE SCHOOL THE PUPIL CLAIMS TO HAVE MOST RECENTLY ATTENDED INDICATES THAT IT HAS NO RECORD OF THE PUPIL'S ATTENDANCE OR THE RECORDS ARE NOT RECEIVED WITHIN FOURTEEN DAYS OF THE DATE OF REQUEST, OR IF THE PUPIL DOES NOT PRESENT A CERTIFICATION OF BIRTH OR COMPARABLE CERTIFICATE OR CERTIFICATION FROM ANOTHER STATE, TERRITORY, POSSESSION, OR NATION, the principal or chief administrative officer of the school shall notify the law enforcement agency having JURISDICTION in the area where the pupil resides of this fact and of the possibility that the pupil may be a missing child, as this term is defined in section 2901.30 of the Revised Code.

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

\_\_\_\_\_  
Date

**CHILD RELEASE FORM**

**Child's Full Name:** \_\_\_\_\_

**Names of Persons to Whom Your Child Can Be Released (including parents):**

Name	Relationship	Phone Number
Parent/Guardian:		
Parent/Guardian:		

\*\*\*\*\*

**PRESCHOOL ROSTER**

Please \_\_\_\_\_ include/ \_\_\_\_\_ do not include the following information for the purpose of distribution to other parents of children enrolled at the school. This information will not be distributed for commercial use.

1. Child's Name \_\_\_\_\_
2. Parent/Guardian's Name \_\_\_\_\_
3. Home Address \_\_\_\_\_  
*(Street Address)*  
\_\_\_\_\_  
*(City) (State) (Zip Code)*
4. Home Telephone Number \_\_\_\_\_
5. Child's Birthday \_\_\_\_\_

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**PHOTO RELEASE**

I, \_\_\_\_\_, do hereby \_\_\_\_\_ give \_\_\_\_\_ do not give permission  
*Parent or Guardian (please print)*  
for my child \_\_\_\_\_ to be photographed as a participant in the preschool  
*(Child's Name)*

program. Any program, presentation, or representation will be used to show the preschool program as a whole, and will not identify a specific child. School and District displays. Bulletin boards, slide shows and videos, school newsletters and newspapers, yearbooks, school website, miscellaneous projects, etc. will be exempt from withholding permission, as will photos with more than six children. There will be no commercial use of any photographs.

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

# EMERGENCY MEDICAL AUTHORIZATION FORM

(Required per HB 639)

Student Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Street/P.O. Box

City

Zip

Home Phone ( ) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

## PARENT CONTACT INFORMATION

**MOTHER/GUARDIAN:**

**FATHER/GUARDIAN:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell/Mobile Number \_\_\_\_\_

Cell/Mobile Number \_\_\_\_\_

Is there a legal custody order that applies to this child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Parents are: \_\_\_Married \_\_\_separated \_\_\_divorced \_\_\_mother deceased \_\_\_father deceased

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached. Please list the (3) people (other than yourself) to whom you give permission to pick up your child from school in case of illness or an emergency. In an emergency situation (if we are unable to reach a parent/guardian), we will contact the people listed below in the order they are listed.

Name	Home#	Cell#	Work#	Relationship to Child

## PART I OR II MUST BE COMPLETED

### **PART I - TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Phone( ) \_\_\_\_\_ Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone( ) \_\_\_\_\_ Hospital \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or in the event the designated practitioner is unavailable, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained to the performance of such surgery.

**Facts concerning the child's medical history including allergies, medications being taken and any impairments or health concerns:**

\_\_\_\_\_

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

### **PART II - REFUSAL TO GRANT CONSENT - Complete only if action described above is refused**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school authorities to take the following action:

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

## **COMPUTER/ON-LINE SERVICES ACCEPTABLE USE AND INTERNET SAFETY**

Staff, students or community members who are specifically authorized to use the District's computers or on-line services shall comply with the following guidelines and procedures.

1. Use appropriate language. Do not use profanity, obscenity or other language, which may be offensive to other users. Illegal activities are strictly forbidden.
2. Do not reveal your personal home address or phone number or those of other students or colleagues.
3. Note that electronic mail (e-mail) is not guaranteed to be private. Systems managers have access to all messages relating to or in support of illegal activities and such activities may be reported to the authorities.
4. Use of the computer and/or network is not for financial gain or for any commercial or illegal activity.
5. The network should not be used in such a way that it disrupts the use of the network by others.
6. All communications and information accessible via the network should be assumed to be property of the District.
7. Rules and regulations of on-line etiquette are subject to change by the administration.
8. The user in whose name an on-line service account is issued is responsible for its proper use at all times. Users shall keep personal account numbers, home addresses and telephone numbers private. They shall use this system only under their account numbers issued by the District.
9. The system shall be used only for purposes related to education or administration. Commercial, political and/or personal use of the system is strictly prohibited. The administration reserves the right to monitor any computer activity and on-line communications for improper use.
10. Users shall not use the system to encourage the use of drugs, alcohol or tobacco nor shall they promote unethical practices or any activity prohibited by law or Board policy.
11. Users shall not view, download or transmit material that is threatening, obscene, disruptive or sexually explicit or that could be construed as harassment or disparagement of others based on their race, national origin, citizen ship status, sex, sexual orientation, age, disability, religion or political beliefs.
12. Copyrighted material may not be placed on the system without the author's permission.
13. Vandalism results in the cancellation of user privileges. Vandalism includes uploading/downloading any inappropriate material, creating computer viruses and/or any malicious attempt to harm or destroy equipment or materials or the data of any other user.
14. Users shall not read other users' mail or files; they shall not attempt to interfere with other users' ability to send or receive electronic mail, nor shall they attempt to read, delete, copy, modify or forge other users' mail.
15. The use of chat rooms or any other email programs not approved by the school, such as AOL, hotmail, yahoo mail, or any instant messenger program, are strictly prohibited.
16. Users are expected to keep messages brief and use appropriate language.
17. Users shall report any security problem or misuse of the network to the teacher or the principal or immediate supervisor.

**PUBLIC SCHOOL STUDENT CONSENT AND WAIVER FORM  
FOR INTERNET USAGE**

STUDENT INFORMATION:

Student Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Grade: Preschool

School System: GOSHEN LOCAL SCHOOLS  
School: Marr / Cook Elementary School  
School Address: 6696 Goshen Road  
Goshen, Ohio 45122  
School Phone: 513-722-2224

Purpose for which student wishes to use the HCCA Network: INTERNET ACCESS

I have read the NETWORK ACCEPTABLE USE POLICY FOR GOSHEN LOCAL SCHOOLS. I understand that although administrators of the HCCA network have taken reasonable precautions to ensure that controversial material is eliminated on the HCCA network, I will not hold Goshen Schools or HCCA liable for any controversial material with which my child comes in contact. I hereby give my permission to allow my child to access the Internet at school and certify that the information contained on this form is correct.

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

Home Address (street, city, zip) \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Approval by Teacher: \_\_\_\_\_ Date \_\_\_\_\_

**TAMPERING WITH FILES, SETTINGS, ETC. AND HARDWARE IS STRICTLY PROHIBITED AND MAY RESULT IN LOSS OF COMPUTER PRIVILEGES, SCHOOL DISCIPLINARY MEASURES, AND/OR LEGAL ACTION.**

**STUDENTS MUST HAVE THE SIGNED INTERNET ACCEPTABLE USE POLICY WITH THEM IN ORDER TO USE THE INTERNET AT ANY OF THE GOSHEN SCHOOLS.**