

Today's Date: _____

Starting Date: _____

School: _____

School Year: _____

Social Security #: _____

Student's Name: _____
(as it appears on birth certificate)

Home Phone #: _____

Address: _____

Date of Birth: _____
Number Street City State Zip

Current Grade: _____

Gender: _____

M F *(circle one)*

Birth City: _____

Is student a U.S. Citizen? _____

Yes No *(circle one)*

Ethnicity - Race Detail Record *(please select all that apply):*

White, Non-Hispanic

Black, African American (Non-Hispanic)

Hispanic/ Latino

American Indian or Alaskan Native

Asian

Multi-Racial

Hispanic/ Latino: _____

No, the student is not Hispanic/ Latino

Yes, the student is Hispanic/ Latino

Summative Race Group: _____

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

White, Non-Hispanic

Black or African American

Asian

Hispanic/ Latino

Last School Attended: _____

School Name

School Address

Who holds LEGAL custody of the student? _____

Student's Home School District? _____

Is your child reciving or is your child being considered for special education services? _____

Yes No *(circle one)*

If so, what type of special education? _____

LD

DH

MH

ED

Speech

Other

(circle one)

Student living with:

Both parents

Father

Mother

Guardian

Step-Parent

Foster parent/ Court placed

Student's Natural Parents:

Parents never married

Parents separated

Parents divorced

Both living

Father deceased

Mother deceased

Father's Name: _____

Address: _____

Employer: _____

A-C District Resident? _____

Yes No *(circle one)*

Home/Cell Number: _____

Work Number: _____

Mother's Name: _____

Address: _____

Employer: _____

A-C District Resident? _____

Yes No *(circle one)*

Home/Cell Number: _____

Work Number: _____

Step-Parent's Name: _____

Address: _____

Employer: _____

A-C District Resident? _____

Yes No *(circle one)*

Home/Cell Number: _____

Work Number: _____

Foster Parent's Name: _____

Address: _____

Employer: _____

A-C District Resident? _____

Yes No *(circle one)*

Home/Cell Number: _____

Work Number: _____

Email Address: _____ Home / Work (circle one)

Mother's Maiden Name: _____

Names & Ages of all other children in the family:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

General Information:

1) Is there anyone to whom the student should NOT be released? Yes No (circle one)
If yes, who? _____

2) If school should be closed early and no one is home, where should the student go?

Health Information:

1) Does this student have any allergies or other physical or emotional problems of which school personnel should be aware? Yes No (circle one)

If yes, please describe: _____

2) If student becomes ill at school and parents cannot be contacted, is there another person that we could call to pick up your child? (This should also appear on the Emergency Medical Form) Yes No (circle one)

Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____

3) Does this student regularly take prescribed medication? Yes No (circle one)
If yes, please describe: _____

4) Is there any information of which school personnel should be aware regarding the student's educational, physical, emotional, family or legal background? Yes No (circle one)

If yes, please describe: _____

Home Language Survey:

- 1) What is the student's native language? _____
- 2) What language did your child speak when her or she first learned to talk? _____
- 3) What language does your child use most frequently at home? _____
- 4) What language do you use most frequently to your child? _____
- 5) What language do the adults at home most often speak? _____
- 6) How long has your child attended school in the United States? _____

I affirm that the information presented here is true and correct to the best of my knowledge.

X _____
Signature of Parent or Guardian

X _____
Date

This form contains changes to information submitted last year Yes No Grade _____

Student: _____ Date of Birth: _____

Address: _____

Parent/Guardian: (custodial) _____ Telephone: (home) _____
(Please check if this address or phone number is different from what you reported last year Yes No)

E-MAIL address: _____

First number you would like to have called when your student is absent

NAME: _____ **PHONE #:** _____

(If school is cancelled or there is a delay in starting school, that information will be broadcast over the radio and television stations. If we need to dismiss school early for any reason, all attempts will be made to reach you via our automated calling system, in addition to radio and television broadcasts.)

Number you would like contacted by automated calling for general announcements/messages _____

Number you would like called for an emergency/early dismissal _____

PART I-TO GRANT CONSENT

EMERGENCY PHONE NUMBERS : List parents, guardians, relatives, or friends who should be contacted in case of an emergency. Purpose: To enable parents to authorize emergency treatment for students who become ill or injured while under school authority, when parents cannot be reached. (MUST HAVE AT LEAST TWO CONTACTS LISTED IN CASE OF EMERGENCY)

| NAME | PHONE(HOME) | PHONE(WORK) | RELATIONSHIP TO STUDENT |
|-------|-------------|-------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PARENT/GUARDIAN

If the above are not available, I give my consent for transfer to the most accessible medical facility and treatment. In extreme emergencies, emergency services will be called first, and then parent/guardian or emergency contacts will be notified. The above individuals listed above will be authorized to give consent for treatment in the event that attempts to reach parents/guardians are unsuccessful. I give my consent for treatment by:

DOCTOR: _____ PHONE: _____

DENTIST: _____ PHONE: _____

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 before the surgery is performed.

Please give facts concerning the student's medical history, including allergies, and medications being taken.

Medical problems: _____

Medicine student is currently taking: _____

Allergies: _____

Any other needed information regarding student: _____

INSURANCE COMPANY: _____ POLICY #: _____

EMPLOYER: _____

X _____
Signature of Parent or Guardian

X _____
Date



DO NOT COMPLETE PART II IF YOU COMPLETED PART I
PART II-REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my son/daughter. In the event of illness or injury requiring emergency treatment I wish for school authorities to take no action or to: _____

X _____
Signature of Parent or Guardian

X _____
Date

Amanda-Clearcreek Local Schools
2018-19 School Year

Student Name: _____ **Grade:** _____

Please check each section below, giving or withholding permission/ acknowledgment.

Publicity

I hereby give permission for the school to release any positive publicity or pictures to the media, newsletters, and yearbook, (and/or websites) relating to the accomplishments of the above named student. Yes _____ No _____

Field Trip Permission

The above named student has permission to attend all field trips throughout the 2018-19 school year. All field trips will utilize school buses and will be chaperoned by school employees. I realize that school rules will be in effect and that the school cannot be held liable for my child's negligence. If for some reason my student may not participate in a particular field trip, I will notify the school in writing. Yes _____ No _____

Fundraisers

My student has permission to participate in school fundraisers. Yes _____ No _____

Student Handbook

I indicate that I have received and read the 2018-19 student handbook. Yes _____ No _____

Automated calls

I indicate that I want to participate in the district's automated calling system in case of school closures or delays; and acknowledge the fact that those calls may come late in the evening, or very early in the morning, outside of the normal protocol for making phone calls. Yes _____ No _____

Directory Information

School districts receiving federal funds are required to provide, upon request, to military recruiters, colleges and universities access to names, addresses and telephone numbers of secondary students. However, you may request that this information NOT be released, or not released without prior written parental consent. This form must be completed for all students and signed by the parent/guardian. Please check the appropriate lines.

Military Recruiters

____ Do not release information at any time
____ Do not release information without prior written consent

Colleges, Universities or Institutions of Higher Learning

____ Do not release information at any time
____ Do not release information without prior written consent

In addition, the following information is considered "directory information" and may be disclosed without prior consent. The parent has the right to refuse any or all of this information to be released: Student's name; address; birth date; extra-curricular participation; student's achievement awards & honors; student's weight & height if a member of an athletic team.

____ Yes, you may release the directory information

____ No, do not release the following: _____

ACCEPTABLE USE AGREEMENT POLICY SIGNATURE

As a student, I have read, understand, and agree to abide by the terms of the Acceptable Use Policy and Agreement. Should I commit any violation or in any way misuse my access to the Amanda-Clearcreek computer network and the internet, I understand and agree that my access privilege may be revoked and disciplinary action may be taken against me.

Student Signature: _____ **Date:** _____

As the parent or legal guardian of this student, I have read, understand and agree that my child or ward shall comply with the terms of Amanda-Clearcreek's Acceptable Use Policy and Agreement for the students' access to the District's computer network and the internet. I understand that access is being provided to the students for educational purposes only.

I also acknowledge the permissions I have indicated above for the 2018-19 school year.

Parent Signature: _____ **Date:** _____

I, _____, certify that I am a resident of
the Amanda-Clearcreek Local School District at:

Address _____
City/ State/ Zip _____
Date of Occupancy _____

Verification of the above residence provided by copy of one of the following items:

- Signed Rental Agreement
- Rent Receipt with current address
- Mortgage Coupon
- Property Tax Statement
- Current Utility Bill
- Special Circumstances

Letter describing circumstances - Applicant must have a notarized letter from the owner you are residing with. Upon return, resident will be verified by district truant officer.

I, _____, further certify that the above
information is true and accurate. Should any of this information be false, I agree to pay tuition cost per day
for each student listed below, while illegally attending Amanda-Clearcreek Local School District. I understand
that immediate withdrawal will occur. I am aware that the Amanda-Clearcreek Local School District may
use legal means to verify my residence.

| <u>Child(ren)</u> | <u>Birthdate(s)</u> | <u>Grade(s)</u> |
|-------------------|---------------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

X _____
Parent or Guardian Signature **Relationship to child**

Date

Amanda-Clearcreek Local Schools
District IRN: 046847

RELEASE OF RECORDS

Student Name: _____ DOB: _____
Address: _____ City/State: _____ Zip: _____
SS#: _____ Current Grade: _____

Amanda Clearcreek Primary
Barb Kraft - (740) 969-7767 FAX: (740) 969-3086
414 N. School Street
Amanda, OH 43102
bkraft@amanda.k12.oh.us

Amanda-Clearcreek Elementary
Jennie Cowdrey - (740) 969-7253 FAX: (740) 969-4764
328 E. Main Street
Amanda, OH 43102
jcowdrey@amanda.k12.oh.us

Amanda-Clearcreek Middle School
Stephanie Hedges - (740) 969-7283 FAX: (740) 969-4764
328 E. Main Street
Amanda, OH 43102
shedges@amanda.k12.oh.us

Amanda-Clearcreek Central Enrollment
Keena Rich - (740) 969-7959 FAX: (740) 969-7960
328 E. Main Street
Amanda, OH 43102
krich@amanda.k12.oh.us

Last School Attended: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Date of Withdrawal: _____

Type of Information Requested:

- | | |
|---------------------------|--------------------------|
| * Transcript | * Individual Career Plan |
| * Proficiency Test Scores | * Birth Certificate |
| * Last Report Card | * Copy of SS Card |
| * Grades at time of W/D | * Latest Psychological |
| * Health Records | * Current IEP |
| * Immunization Records | * Evaluation Team Report |

I certify that if the information is provided, I agree not to transfer information to any other person without the written consent of parent.

X _____
Parent or Guardian Signature *Date*

X _____
A-C Schools Representative Signature *Date*

Date Sent

Office Use Only: Bus Nbr. _____ Pick-up Time _____ Drop-off Time _____

*****PLEASE RETURN THIS FORM *NOW* SO WE CAN ENSURE YOUR CHILD A SEAT FOR THE 2018-2019 SCHOOL YEAR.**

Amanda-Clearcreek Local School District
Transportation Application for 2018-2019

Please complete this form as a projection for bus transportation for the 2018-2019 school year.
School your child will attend 2018-19 (check one):

Primary Elementary Middle School High School

Child's Name: _____ Grade: _____
Home Address: _____
(City) _____ (Zip Code) _____

Parent(s) Name: _____ Phone _____ Alternate PH _____

My child will NOT be riding a school bus during the 2018-2019 school year. Please sign this agreement at the bottom of the page and return this form to school.

Any changes made to a transportation requests requires a five-day notice and approval by the transportation coordinator. NO last minute transportation change requests can be made via phone; only fax or email.

Child Care Provider (Daycare Facility or In-Home Child Care):

(Name) _____ (Phone) _____ (Alternate Phone) _____
(Street Address) _____ (City) _____ (Zip Code) _____

Student's pick-up location MUST be the same every day of the week and student's drop-off location MUST be the same every day of the week.

ANY EXCEPTIONS TO THIS POLICY MUST HAVE PRIOR APPROVAL OF THE BOARD OF EDUCATION OR THE SUPERINTENDENT TO ALLOW FOR COURT ORDERED DOCUMENTS

Thinking about your child's safety, complete the following for transportation TO SCHOOL: it must be at the same location every school day:

Pick up at home.

Pick up at Child Care Provider (as named above).

Planning allows school staff to deliver your child to a safe place after school, complete the following for transportation FROM SCHOOL, as it must be at the same location every school day:

Drop off at home.

Drop off at Child Care Provider (as named above).

My signature indicates that I have read the bus code of conduct rules on the back of this form.

(Parent/Guardian Signature) _____

(Date) _____

For questions, please contact the Transportation Department; 740-969-7257 or 740-969-7366.

Email: j_lee@amanda.k12.oh.us

Approved: Board Resolution - April 13, 2009; revised 2010-11; 2011-12; 2012-13; 2013-14, 2014-15, 2015-16, 6-13-2016, 4-11-2017

Student Name: _____ Date of Birth: _____

Social Security #: _____ Grade: _____

Enrollment Date: _____ School: _____

Does student require special education services? Yes No

MFE received IEP received

School District of *parental* residence:

Parent(s) Name: _____

Parent(s) Address: _____

Current student is in custody of: _____

Agency: _____ Agency Phone Number: _____

Agency Contact Person: _____

Copy of custody papers obtained? Yes No

Foster Parent: _____ Foster Parent Phone: _____

Foster Parent Address: _____

Complete this form, upon enrollment, for all students involved in foster care and/or court placement. Send one copy to the district office and retain a copy in student file. Also, include with district office copy, documentation from court designating the school district that has financial responsibility.

X _____
Custodial Guardian Signature **Date**

Name: _____

Grade: _____

Building of Attendance:

- Primary
- Elementary
- Middle School
- High School

Date of Birth: _____

Parent(s) Names:

Address: _____

Home Phone: _____

Alt Phone: _____

The student is living with:

Natural Parent

Foster Parent

Other Relative

_____ I have confirmed that this student was receiving special education services at the previous school of attendance (*please initial*).

_____ I have requested an IEP/MFE from this student's previous school district (*please initial*).

Previous school district of attendance: _____

School District location (City & State): _____

X

Parent or Guardian Signature

Date