

WESTERN RESERVE LOCAL SCHOOL DISTRICT REGISTRATION FORM

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this for is appreciated.

PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION

STUDENT DATA

(LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE)

Grade: _____

Last Name: _____ First Name: _____ Middle: _____

Nickname/Called Name: _____ Gender (Circle One): M / F Social Security #: _____

Street Address: _____ PO Box #: _____

City/State/Zip: _____

Home Phone (w/Area Code): _____ Cell #: _____

STUDENT BIRTH/ETHNIC DATA

Date of Birth: _____ Birth City/State: _____ Mother's Maiden Name: _____

Ethnic Code: White Multi-Racial Black Asian American-Indian Hispanic

Does student speak a second language: Yes / No _____ Language Spoken in Home if Different than English: _____

STUDENT'S CUSTODIAL FAMILY

Student Resides With: Biological/Adoptive Parents Mother Only Father Only Grandparents

Mother/Stepfather Father/Stepmother Foster Placed Other: _____

Legal Guardian is: Mother Father Both Other (Name): _____

Biological Parent Status: Married Divorced Widowed Single

Parent /Legal Guardian Information:

Female Last Name: _____ First Name: _____

Address (if different from student): _____ City, State, Zip: _____

Male Last Name: _____ First Name: _____

Address (if different from student): _____ City, State, Zip: _____

Court Placement: (If Applicable) Proof of legal custody must be received before a child will be admitted.

Shared Parenting/Residential Parent Guardian Mother Only Father Only Foster Parent

Grandparent (under Power of Attorney) **School district where natural parent resides:** _____

Does your child have an IEP of 504 plan or has he/she received special education services in the past? Yes No / If yes, please indicate services: _____

Please indicate any characteristics relating to the health and personality of your child which would help the teacher(s) to understand your child: _____

Will student ride a bus? Yes / No * If bus will be other than to/from their home address, please fill out a Transportation Form.

Signature of Parent/Legal Guardian: _____ Date: _____

Office Use Only Grade: _____ School Year: _____ Student ID #: _____ Bus#: _____

Homeroom#: _____ Admission Date: _____ Adm Code: _____ Adm Reason: _____

Previous School Attended: _____ Release of Records Signed: Y / N

Birth Certificate: Y / N Shot Records: Y / N SS#: Y / N Custody Papers: Y / N / NA Proof of Residency: Y / N

Western Reserve Local School District

3765 US 20 • Collins, Ohio 44826 • Phone: 419-660-8508 • Fax: 419-660-8429



REQUEST FOR RELEASE OF SCHOOL RECORDS

Request for release of records of: _____
(Student's Name)

Previous School: _____

Address: _____ State: _____ Zip Code: _____

Previous School Phone#: _____ Fax#: _____

Current grade in school: _____ Date of birth: _____
(Month) (Day) (Year)

Person making request: _____
(Please Print)

Relationship to student: _____ Reason for request: _____

Type of information to be released: Transcript, academic progress report,
Achievement test scores
K-3 Reading Diagnostic Scores
Attendance Records
Birth Certificate
Shot Records
Custody/Legal Documentation
Psychological Records
IEP – ETR – 504 Plan
SSID Number _____
Last day attended _____

Please forward records to the following location, marked "ATTN: Student Records":

*I understand that this request will become a part of the student's permanent record.

Date

Parent/Guardian Signature

Date Sent/Faxed

Signature of school official

**Western Reserve Elementary
School K-5 Attn: Records**
3851 US RTE 20 East
Collins, Ohio 44826
Phone: 419-660-9824
Fax: 419-660-8566
Autumn Thomas: athomas@western-reserve.org
Elaine Dauch: edauch@western-reserve.org

**Western Reserve MS/HS 6-12
Attn: Records Brenda Boose**
3841 US RTE 20 East
Collins, Ohio 44826
Phone: 419-668-8470
Fax: 419-663-5916
bboose@western-reserve.org

"Home of the Roughriders"

www.western-reserve.org

**WESTERN RESERVE SCHOOLS
PROOF OF RESIDENCY FORM**

NOTE: This form is to be completed by the parent/guardian of students moving into the Western Reserve School District.

Parent/Guardian Last Name	First Name	Middle Initial
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Student's Last Name	First Name	Middle Initial
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CURRENT WESTERN RESERVE ADDRESS:

Number and Street/Road	County
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City	Zip	Telephone Number
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PREVIOUS ADDRESS:

Number and Street/Road	City	Previous Phone Number
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PROOF OF RESIDENCY: PLEASE SUPPLY TWO OF THE FOLLOWING WHEN REGISTERING STUDENT:

1. Utility bill in the parent/guardian's name for the residency within the W.R. School District.
2. Current driver's license in the parent/guardian's name and address within the W.R. District.
3. Change of address (from the Post Office) in the parent/guardian's name for the new address within the Western Reserve School District.
4. Constructing a Home: A building agreement with completion/move-in date and address listed within the Western Reserve School District.
5. Renting or Leasing: Rental agreement or Lease agreement with address listed, cancelled check or receipt for rent with address listed.
6. Purchasing a home: Purchase agreement with address listed.
7. Sharing a Residency: Notarized statement from owner or landlord verifying that you are living at the address, change of address (from post office) for the new address within the Western Reserve School District.

Home Language Survey

Date: _____

School District: _____

Name of Student: _____
Family Name/First Name/Middle Initial

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City/State/Country

Name of Parent/Guardian: _____
Family Name/First Name

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

For Parents/Guardians:

Please answer the following questions.

1. What language did your son or daughter speak when he or she first learned to talk?

2. What language does your son or daughter use most frequently at home?

3. What language do you use most frequently to your son or daughter?

4. What language do the adults at home most often speak?

5. How long has your son or daughter attended school in the United States?

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (GI270), and proceed to assess the student's English language proficiency.

Please Print

**Western Reserve Elementary
Emergency Medical Authorization
2019-2020**

Student Name _____ Grade _____ Teacher _____
Address _____ City _____ Zip _____
Home Phone _____ Date of Birth _____

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.

Part I – To Grant Consent

Emergency Contacts

Please list contacts that can come when your child needs to leave school.

Legal Guardian is: Mother ___ Father ___ Both ___ Other (Name) _____
Parents are: Married ___ Divorced ___ Widowed ___ Single ___

Mother's Name _____
Address _____ City _____ State _____ Zip _____
Home # _____ Cell # _____ Daytime # _____
Email Address _____

Father's Name _____
Address _____ City _____ State _____ Zip _____
Home # _____ Cell # _____ Daytime # _____
Email Address _____

Emergency Contact (Non Parent) _____ Relationship _____
Home # _____ Cell # _____ Daytime # _____

Emergency Contact _____ Phone _____
Physician _____ Phone _____
Dentist _____ Phone _____
Hospital Preference _____ Phone _____

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 physician/dentist, or in the event the designated preferred practitioner is not available, 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 prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Parent/Guardian Signature: _____ Date _____

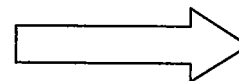
Do not complete Part II, if Part I is completed

Part II-Refusal to Consent

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

Parent/Guardian Signature: _____ Date: _____

Please Fill Out Info On Reverse Side



Please Print

Western Reserve Elementary
Emergency Medical Authorization
2019-2020

Student Name _____ Grade _____ Teacher _____
Address _____ City _____ Zip _____
Home Phone _____ Date of Birth _____

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.

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Emergency Contacts

Please list contacts that can come when your child needs to leave school.

Legal Guardian is: Mother ___ Father ___ Both ___ Other (Name) _____
Parents are: Married ___ Divorced ___ Widowed ___ Single ___

Mother's Name _____
Address _____ City _____ State _____ Zip _____
Home # _____ Cell # _____ Daytime # _____
Email Address _____

Father's Name _____
Address _____ City _____ State _____ Zip _____
Home # _____ Cell # _____ Daytime # _____
Email Address _____

Emergency Contact (Non Parent) _____ Relationship _____
Home # _____ Cell # _____ Daytime # _____

Emergency Contact _____ Phone _____
Physician _____ Phone _____
Dentist _____ Phone _____
Hospital Preference _____ Phone _____

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 physician/dentist, or in the event the designated preferred practitioner is not available, 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 prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Parent/Guardian Signature: _____ Date _____

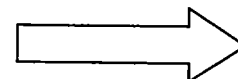
Do not complete Part II, if Part I is completed

Part II-Refusal to Consent

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Parent/Guardian Signature: _____ Date: _____

Please Fill Out Info On Reverse Side



Permission to go to the Middle School/High School

During the course of the school year, students may have opportunities to go to the Middle School/High School or other school grounds. Examples include but are not limited to performing, watching performances and distance learning classes. Students may also use outdoor facilities. Since the Middle School/High School is part of the Western Reserve campus, a permission slip for travel to the Middle School/High School will give permission throughout the course of the current school year. Please sign the following permission slip and return to the classroom teacher.

_____ has permission to walk to the Western Reserve Middle School/High School or school grounds whenever necessary during the 2019-2020 school year. I understand that my child will always be supervised by an adult.

Parent/Guardian Signature: _____ Date _____

Receipt of Student/Parent Handbook

Please see Western Reserve web site / www.western-reserve.org
Copies will be printed upon request.

Emergency Closing/Evacuation

Situations may occur during the year that may result in school being closed or evacuated. In the event of such an emergency it is not always possible to contact parents/guardians. Please indicate how your child is to get home in the event of an emergency closing or evacuation. In the event of an emergency closing/evacuation any notes written for bus changes for that day will **NOT** be honored because adults may not be present. *Current car riders will be expected to be picked up in a timely manner after notification.*

Students Name: _____

Siblings at Western Reserve Elementary

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

My Child is to:

_____ Ride his/her regular bus home

_____ My child is allowed to ride home with an older sibling

_____ If an emergency contact listed in Part I can be reached, my child may go home with him/her

Permission to Photograph/Videotape Release to Utilize Within Media Presentations

I/We as the Parent(s)/Guardian(s) of: _____ Grade _____

DO _____ DO NOT _____ grant permission for our child and their school work to be photographed and/or videotaped by Western Reserve School District. (*i.e. Western Front, Local Newspapers, School Yearbook, School Web Site, Class Photograph, Class Group Photograph, etc.*)

I further understand that if I grant permission, release of any such video and/or audio materials for use within media presentations and/or publications of products, printed or electronic, which may be distributed electronically or otherwise, for the purposes of publicizing programs administered by Western Reserve Local Schools. I/We understand that my/our child's name, school and grade placement may be revealed within such presentations and/or products, but no grades or other evaluative measures of the work will be included. The undersigned holds harmless and releases the Western Reserve Board of Education, its Administration and its staff from any liability arising out of the media presentations.

Name of Parent/Guardian (please print)

Parent/Guardian Signature

Date

**COMPUTER NETWORK, INTERNET AND TECHNOLOGY
ACCEPTABLE USE POLICY AND AGREEMENT
FOR ALL STUDENTS
2019-2020 School Year**

The **Western Reserve Local School District** is pleased to make available to all students access to interconnected computer systems within the District and to the Internet, the world-wide network that provides various means of accessing significant educational materials and opportunities.

In order for the **Western Reserve Local School District** to be able to continue to make its computer network and Internet access available, all students must take responsibility for appropriate and lawful use of this access. All students must understand that one individual's misuse of the network and Internet access may jeopardize the ability of all to enjoy such access.

Upon reviewing, signing, and returning this Policy and Agreement, students will be given access to the network and Internet access at School and will agree to follow the Policy. If a student is under 18 years of age, he or she must have his or her parents or guardians read and sign the Policy. The **Western Reserve Local School District** cannot provide access to any student or user who fails to sign and submit the Policy to the School as directed or, if under 18, does not return the Policy and Agreement as directed with the signatures of the student and his/her parents or guardians.

Listed below are some provisions of your agreement regarding the computer network, Internet use, and other technologies. Other technologies may be defined as, but are not limited to, telephones, storage devices, reader devices, video cameras and other technologies as they are implemented. If you have any questions about these provisions, you should contact the District Technology Coordinator (Trudy Anderson) or your building principal. If any user violates this Policy and Agreement, the individual's access will be denied, if not already provided, or withdrawn and s/he may be subject to additional disciplinary action.

I. Personal Responsibility

By signing this Policy and Agreement, you are agreeing not only to follow the rules in this Policy and Agreement, but are agreeing to report any misuse of technology to a teacher or administrator. Misuse means any violations of this Policy or any other use that is not included in the Policy, but has the effect of harming another or his or her property.

II. Term of the Permitted Use

Students will be asked to sign a new Policy and Agreement each year during which they are students in the **Western Reserve Local School District** before they are given access.

III. Purpose and Use

A. The School District is providing access to its computer networks and the Internet for educational purposes only. If you have any doubt about whether a contemplated activity is educational, you may consult with District Technology Coordinator or the person(s) supervising the activity to help you decide if a use is appropriate.

The following are uses that are unacceptable under any circumstances:

- Installation of any software, sharing of passwords, or making changes in workstation configuration in an attempt to bypass content filters and/or Internet access restrictions.
- the transmission of any language or images which are of a graphic sexual nature
- the transmission of any material, jokes, pictures, or other materials which are obscene, lewd, vulgar, or disparaging of persons based on their race, color, sex, age, religion, national origin, or sexual orientation

**COMPUTER NETWORK, INTERNET AND TECHNOLOGY
ACCEPTABLE USE POLICY AND AGREEMENT
FOR ALL STUDENTS
2019-2020 School Year**

USER agreement: Every student, regardless of age, must read and sign below for access to the District network, the Internet and other technologies. Log-on access will not be given to students until this form is completed and returned.

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use Policy and Agreement. Should I commit any violation or in any way misuse my access to the Western Reserve Local School District 's computer network, the Internet, and other technologies. I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

School: _____ Grade: _____

Student Name: _____ Home phone: _____

User signature: _____ Date: _____

Address: _____

I am 18 or older _____ I am under 18 _____ Birthdate: _____

If I am signing this Policy and Agreement when I am under 18, I understand that when I turn 18, this Policy and Agreement will continue to be in full force and effect and agree to abide by this Policy and Agreement.

Parent or Guardian Network Usage Agreement (to be read and signed by parents or guardians of students who are under 18):

*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 the **Western Reserve Local School District's Acceptable Use Policy and Agreement** for the students' access to the **Western Reserve Local School District's** computer network, the Internet, and other technologies. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the Policy and Agreement. I am therefore signing this Policy and Agreement and agree to indemnify and hold harmless the School, the **Western Reserve Local School District** and Northern Ohio Educational Computer Association that provides the opportunity to the **Western Reserve Local School District** for computer network and Internet access against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such technologies or his or her violation of the foregoing Policy and Agreement. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the School setting. I hereby give permission for my child or ward to use the approved account to access the School District's computer network, the Internet, and other technologies.*

Parent/Guardian Name: (Please print clearly) _____

Signature: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

MICHAEL MCGILL, I.T. DIRECTOR _____ DATE ENTERED _____