

# Girard City Schools

## Registration Packet for 2025-2026 School Year

Preschool (330) 545-3854 – Ext. 450 or Ext. 340  
Prospect Elementary School (330) 545-3854 - Grades K-3  
Girard Intermediate School (330) 545-5219 - Ext. 332 - Grades 4-6  
Girard Junior High School - (330) 545-5431 Ext. 150 - Grades 7-8  
Girard Senior High School (330) 545-5431 - Ext. 153 - Grades 9-12

Dear Parents:

With limited exceptions, Ohio law states that the parent(s) or legal guardian(s) of a student must live in a school district in order for their child (children) to attend school in that district. The law also requires nonresident students to pay tuition unless the district is an open enrollment district. (Special rules apply to students who receive special education or are not in the legal custody of their parents.)

Under Ohio law, nonresident students may be enrolled for a limited period of time if their parents are buying or building a home in a new district. In the Girard City School District, this period has been established as ninety (90) calendar days. If you wish to take advantage of this 90-day exception, you will need to obtain a notarized statement from your real estate agent or builder.

If you are claiming a current residency in the Girard City School District, you must confirm your residency by completing the enclosed forms as required by the instructions. All forms must be signed and notarized. Please note that supplying the requested forms and documentation does not guarantee that your child (children) will be enrolled in the District.. All of the information must be reviewed before a determination can be made as to whether legal residency has been established.

### GIRARD CITY SCHOOL DISTRICT

#### INSTRUCTIONS

In order to establish your residency in the Girard City School District for purposes of enrolling your child (children) in school, We ask that you provide the following information:

1. Complete the attached Affidavit of Current Residency/Custody and swear (or affirm) its truthfulness before a Notary Public of the State of Ohio. **(Form RES-1)**
2. Complete the attached Affidavit Regarding Prior Residence (Homeowner or Renter) and swear (or affirm) its truthfulness before a Notary Public of the State of Ohio. **(Form RES-2)**
3. If you are currently living with someone who is a Girard City School District resident, have the property owner complete the attached Affidavit of Resident Homeowner **(Form RES-3-a)** and you complete Form **RES-3b**.
4. Submit the following items showing a current address in the Girard City School District:
  - Mortgage/bank payment book with name and address OR Lease with name and address two pieces of business mail, utility bills and/or one of the following:
  - Proof of Car Insurance (In Ohio, it is illegal to drive any motor vehicle without insurance proof) Government Assistance Program showing current address
  - Official Voter Registration Card from the Board of Elections
  - Doctor bill or similar business mail

Submitting the above information does not guarantee that your child (children) will be enrolled. Once the above information has been submitted, it must be carefully reviewed to determine whether you meet the requirements for residency under Ohio law. You will then be notified to meet with the building principal.

If it is determined that you do not meet the requirements for residency, you may appeal to the State Superintendent of Public Instruction. The contact information for the State Superintendent is:

Superintendent of Public Instruction  
Ohio Department of Education  
25 S. Front Street  
Columbus, Ohio 43215-4183

Enrollment Date: \_\_\_\_\_

**STUDENT RESIDENCY/ENROLLMENT FORM  
GIRARD CITY SCHOOL DISTRICT**

Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(As listed on birth certificate) Last First Middle

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_ M \_\_\_ F

Student Birthplace (City and State): \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Student Living With: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Foster Parents \_\_\_ Grandparent Agreement (on file)

Name of Legal Custodial Parent/Guardian: \_\_\_\_\_  
**(Court Documents Required)**

**\*Grandparent Agreement/Affidavit must be processed through and stamped by the court annually.  
\*Power of Attorney forms will not be accepted.**

MARITAL STATUS: M = Married D = Divorced S = Single SEP = Separated SO = Significant Other

Mother's Name: \_\_\_\_\_ Marital Status \_\_\_\_\_

Father's Name: \_\_\_\_\_ Marital Status \_\_\_\_\_

Foster Parent's Name: \_\_\_\_\_ Marital Status \_\_\_\_\_

Others Living in Household

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

\*\*\*\*\*

**ALL OF THE FOLLOWING ARE REQUIRED TO ENROLL A STUDENT:**

- |                                    |                                 |                                 |
|------------------------------------|---------------------------------|---------------------------------|
| _____ Birth Certificate (original) | _____ Food Stamp Number/ADC     | _____ RES 1 (Must be Notarized) |
| _____ Social Security Card         | _____ Child's Medicaid Card     | _____ RES 2 (Must be Notarized) |
| _____ Complete Immunization Record | _____ Custody/Divorce Papers    | _____ Ethnicity Questionnaire   |
| _____ Student Record Release       | _____ Parent's Driver's License | _____ Lunch Application         |

**PROOF OF RESIDENCY:**

- \_\_\_\_\_ Mortgage/bank payment book with name and address OR Lease with name and address
- \_\_\_\_\_ Two pieces of business mail with Girard address

**PROOF OF RESIDENCY IF LIVING WITH SOMEONE ELSE**

- \_\_\_\_\_ RES 3a form (Must be Notarized)
- \_\_\_\_\_ RES 3b form (Must be Notarized)
- \_\_\_\_\_ Two pieces of business mail with Girard address

**In Addition the owner of property must supply:**

- \_\_\_\_\_ Mortgage or lease agreement
- \_\_\_\_\_ Two pieces of business mail with Girard address

**THE FOLLOWING ADDITIONAL INFORMATION IS REQUIRED:**

- Is the student suspended or expelled from another school? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does the student have a passport or visa? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Has this child been retained? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what grade? \_\_\_\_\_
- Has the child been in special education? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, a copy of the IEP/ETR must be provided.



**AFFIDAVIT REGARDING PRIOR RESIDENCE (HOMEOWNER OR RENTER) \***  
**GIRARD CITY SCHOOL DISTRICT**

**\*\*\*WARNING\*\*\***

The making of a false statement on this form for the purpose of enrolling a child without tuition is a criminal offense as follows:

O.R.C. 2913.02 Theft by Deception

O.R.C. 2913.13 Falsification

and may be punishable as a felony according to the amount of tuition owed.

My last prior residence outside the Girard City School District was as follows:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_ I was the owner or co-owner of this property.

\_\_\_\_ I rented/leased property at the above address.

I no longer reside at the above address.

I moved from this address on: \_\_\_\_\_, 20\_\_\_\_\_.

The information above is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

Subscribed and sworn to me, a Notary Public, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date Commission Expires

**\* AFFIDAVIT MUST BE SIGNED BY PARENT/GUARDIAN AND SUBMITTED TO THE SUPERINTENDENT'S OFFICE WITH A COPY OF PARENT'S DRIVER'S LICENSE.**

**AFFIDAVIT OF RESIDENT HOMEOWNER**

**GIRARD CITY SCHOOL DISTRICT**

**\*\*\*WARNING\*\*\***

The making of a false statement on this form for the purpose of enrolling a child without tuition is a criminal offense as follows:

O.R.C. 2913.02 Theft by Deception  
O.R.C. 2913.13 Falsification

and may be punishable as a felony according to the amount of tuition owed.

I am the owner of the real property located at the following address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

I affirm that \_\_\_\_\_

is currently residing with me at the above address and that the following school-age children also reside at this address with the parent(s)/guardian(s) cited above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to provide the school with documentation required to prove this is my residence.

The information above is true to the best of my knowledge and belief.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me, a Notary Public on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date Commission Expires

# GIRARD CITY SCHOOL DISTRICT

**\*\*\*WARNING\*\*\***

The making of a false statement on this form for the purpose of enrolling a child without tuition is a criminal offense as follows:

O.R.C. 2913.02 Theft by Deception

O.R.C. 2913.13 Falsification

and may be punishable as a felony according to the amount of tuition owed.

I am the parent/guardian of the children listed below:

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As of \_\_\_\_\_, 20\_\_\_\_, I am residing at the address below:

Street Address

City

State

Zip Code

It is my intent to live at this address:

\_\_\_\_\_ For less than the remainder of the current school year. Prior to the end of the school year, I intend to \_\_\_\_\_

\_\_\_\_\_ For the remainder of the current school year

\_\_\_\_\_ Beyond the current school year

I agree to notify school officials when there is a change in my living arrangements. I understand that for school purposes living at the above address means my children and I eat and sleep overnight a majority of the time and this address is the center of our family and recreation time. I affirm that there is no other address where my children and I sleep overnight regularly, that I do not own a house or condominium outside of the Girard City School District, that I do not rent or lease a house, condominium, or apartment outside of the Girard City School District, and I am not provided with living space outside of the Girard City School District by a friend, relative, or government agency.

The information above is true to the best of my knowledge and belief.

Signature

Date

Subscribed and sworn to before me, a Notary Public on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

Date Commission Expires

# ETHNICITY QUESTIONNAIRE

## GIRARD CITY SCHOOLS

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Per United States Department of Education requirements, when collecting race/ethnicity information, districts must collect this information by using a two part question found below.*

### **PART 1: ETHNICITY**

Is the student **Hispanic/Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Regardless of whether your answer is Yes or No to Part 1, you must also select 1 or more racial groups in Part 2.**

### **PART 2: RACIAL GROUP**

Is the student from one or more of the following racial groups (check all that apply):

\_\_\_\_\_ **(W) White**

Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_ **(B) Black or African American**

Persons having origins in any of the black racial groups in Africa

\_\_\_\_\_ **(A) 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.

\_\_\_\_\_ **(I) 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.

\_\_\_\_\_ **(P) Native Hawaiian or Other Pacific Islander**

Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.

\_\_\_\_\_ **PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP**

I, (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

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

### **FOR SCHOOL USE ONLY WHEN PARENT REFUSED TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE**

School District's determination of child's ethnicity based on observation:

\_\_\_\_\_ Hispanic/Latino

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Asian

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Native Hawaiian or Pacific Islander

Name of School District employee determining child's ethnicity (please print) \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

**GIRARD CITY SCHOOLS**  
**EMERGENCY MEDICAL AUTHORIZATION**  
**2025-2026**

Grade \_\_\_ Room \_\_\_

**COMPLETING THIS FORM IS A STATE REQUIREMENT**

PURPOSE: To enable parents & 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.

Student \_\_\_\_\_ Home Address \_\_\_\_\_  
City \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Residential Parent or Guardian - Student lives with which parent(s)? Mom \_\_\_ Dad \_\_\_ Both \_\_\_ Other \_\_\_

Explain \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Does Mother have Military Service: Y or N Branch of Services: \_\_\_\_\_  
Active: \_\_\_\_\_ Reserves: \_\_\_\_\_ National Guard: \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Does Father have Military Service: Y or N Branch of Services: \_\_\_\_\_  
Active: \_\_\_\_\_ Reserves: \_\_\_\_\_ National Guard: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Is there custody involved with this student? Yes \_\_\_ No \_\_\_ If yes, who has custody? \_\_\_\_\_  
(CUSTODY DECREE MUST BE ON FILE)

**Name of Relative or Persons We May Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Part I: **To Grant Consent** for emergency treatment NOT major treatment or surgery I hereby give consent for the following care providers and local hospital to be called and/or to give emergency treatment.

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Ambulance \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by above-named doctor, 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 (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

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

Part II: **I do not give consent** for emergency medical treatment of my child. In an incident of illness or injury requiring medical treatment, I wish the school to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

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



Please list any facts concerning child's medical history, including allergies, injuries, medication being taken and physical impairments to which the school and/or physician should be alerted.

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**I give the school nurse permission to administer Tylenol, Advil, Midol, or Antacids to my child, if the need arises.**

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

Allergies: Bee Sting \_\_\_\_\_ Medication \_\_\_\_\_ Environmental \_\_\_\_\_ Other \_\_\_\_\_

Health Concerns: Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ ADHD \_\_\_\_\_

Please check if your student FREQUENTLY experiences any of the following:

- Nosebleeds
- Colds
- Sore throats
- Urination
- Constipation
- Diarrhea
- Stomachaches
- Headaches
- Dental problems
- Chest pain
- Poor sleep patterns
- Nightmares
- Stammering/Stuttering
- Persistent coughing
- Earaches/drainage
- Poor eating patterns
- Difficulty breathing through nose
- Breathless with activity
- Pains in arms/legs
- Stumbles or drop things

#### STUDENT RELEASE PERMISSIONS

I/we, the custodial parent/parents, permit this child to be released from school to the following person(s) named below:

**Please list ALL people who have permission to pick up your child during this school year. (PLEASE INCLUDE YOUR NAME, RELATIVES, NEIGHBORS, ETC).**

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

As parent(s)/custodian(s), I/we are aware of the following:

1. Any person listed above may pick up my child AT ANY TIME.
2. If any names must be added to/or removed from this list during this school year, I/we are responsible for informing the school office of the changes in writing.
3. Anyone picking up my child during the school day, including myself, must first stop at the office to sign the child out. I will inform anyone picking up my child that he/she may need to show identification.

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

# GIRARD CITY SCHOOLS

## Health History

Student's name	Sex ___ Male ___ Female	Date of birth ___/___/___
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**Family Health History** Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

**Birth and Developmental History** \_\_\_ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? ___ Yes ___ No
Was the infant born full term? ___ Yes ___ No      Did the infant have any sickness or problems? ___ Yes ___ No
Briefly explain illness or problems: _____ _____
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? ___ About the same      ___ Delayed      ___ Advanced

**Student Health Conditions**

___ Yes, my child receives regular medical/health care for the following conditions:	___ No medical conditions
--	---------------------------

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Allergies                      | <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Seizure Disorder                    |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Depression                     | <input type="checkbox"/> Sickle cell anemia                  |
| <input type="checkbox"/> ADD/ADHD                       | <input type="checkbox"/> Ear problem/hearing difficulty | <input type="checkbox"/> Skin conditions                     |
| <input type="checkbox"/> Autism                         | <input type="checkbox"/> Emotional concerns             | <input type="checkbox"/> Speech problems                     |
| <input type="checkbox"/> Behavior concerns              | <input type="checkbox"/> Headaches                      | <input type="checkbox"/> Traumatic brain injury              |
| <input type="checkbox"/> Birth/congenital malformations | <input type="checkbox"/> Heart problems                 | <input type="checkbox"/> Vision problems (glasses, contacts) |
| <input type="checkbox"/> Bone/muscle/joint problems     | <input type="checkbox"/> Hemophilia                     | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Blood problems                 | <input type="checkbox"/> Juvenile arthritis             | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Bowel/bladder problems         | <input type="checkbox"/> Lead poisoning                 | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Cancer                         | <input type="checkbox"/> Migraines                      | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Cystic fibrosis                | <input type="checkbox"/> Neuromuscular disorder         | <input type="checkbox"/> Other _____                         |

Please explain any conditions above or any reasons for hospitalizations. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

**Health History**

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?  
 \_\_\_ Yes \_\_\_ No If YES, please explain.

\_\_\_\_\_

Does the student require any special procedures and/or treatments for their health condition(s)?  
 \_\_\_ Yes \_\_\_ No If YES, please explain.

\_\_\_\_\_

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Form Completed by	Relationship to student	Date
-------------------	-------------------------	------

Fax Sent: \_\_\_\_\_

GIRARD CITY SCHOOLS  
100 W. Main Street, Suite 2  
Girard, OH 44420  
IRN: 044065

**PARENTAL CONSENT FOR RECORD RELEASE**

TO: \_\_\_\_\_  
Name of School \_\_\_\_\_  
Address of School \_\_\_\_\_ School Phone Number \_\_\_\_\_ School FAX Number \_\_\_\_\_

I am the parent/legal guardian of \_\_\_\_\_ whose age is \_\_\_\_\_ years  
and date of birth is \_\_\_\_\_. You are authorized to release the records listed below to:

\_\_\_\_\_ Prospect Elementary School  
700 E. Prospect Street  
Girard, Ohio 44420  
Phone: 330-545-3854, ext. 431  
Fax: 330-545-7149  
IRN: 009159

\_\_\_\_\_ Girard Intermediate School  
702 E. Prospect Street  
Girard, Ohio 44420  
Phone: 330-545-5219, ext. 332  
Fax: 330-545-7026  
IRN: 037366

\_\_\_\_\_ Girard Junior High  
1244 Shannon Road  
Girard, Ohio 44420  
Phone: 330-545-5431, ext. 150  
Fax: 330-545-5440  
IRN: 139584

\_\_\_\_\_ Girard High School  
1244 Shannon Road  
Girard, Ohio 44420  
330-545-5431, ext. 153  
Fax: 330-545-5440  
IRN013482

Reason for Request: \_\_\_\_\_ Moved to Girard School District  
\_\_\_\_\_ Other \_\_\_\_\_

Specific records/data to be released:

- \_\_\_\_\_ Health & Immunizations data
- \_\_\_\_\_ Academic transcripts
- \_\_\_\_\_ Achievements tests
- \_\_\_\_\_ Remove Student from TIDE, KRA and all testing sites
- \_\_\_\_\_ Present grade placement
- \_\_\_\_\_ Transfer through Progressbook
- \_\_\_\_\_ SSID number \_\_\_\_\_
- \_\_\_\_\_ RIMP Form \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

**Please Note:** If child was enrolled in a Special Education program, please send us the current IEP and ETR.

Thank you for your consideration in this regard.

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

**FOR SCHOOL USE ONLY:**

Date received: \_\_\_\_\_ By: \_\_\_\_\_  
Date data released: \_\_\_\_\_ By: \_\_\_\_\_  
Date filed in record: \_\_\_\_\_ By: \_\_\_\_\_

**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.	1. In what language(s) would your family prefer to communicate with the school? _____	
	<b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	
<b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.	2. What language did your child learn first? _____	
	3. What language does your child use the most at home? _____	
	4. What languages are used in your home? _____	
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.	5. In what country was your child born? _____	
	6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____	
	7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month                  Day                  Year	
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____		

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



(Appendix A, continued)

**\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\***

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

<p><b>Student's native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	_____
<p><b>Student's home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	_____
<p><b>Potential English learner</b> See Language Usage Survey Questions 2-4.</p>	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
<p><b>Immigrant student status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of validating school employee

\_\_\_\_\_  
Name of school or school district

## Existing Sibling Status Form

Please complete this ONLY if you have students that already attend Girard City School District and have existing free or reduced meal status.

Kindergartener's Name: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_

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

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

\* This institution is an equal opportunity provider\*

KINDERGARTEN  
NEW STUDENTS

GRADE: K

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

OPEN ENROLLMENT \_\_\_\_\_

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EARLY ENTRY. YES: \_\_\_\_\_ NO \_\_\_\_\_

RETAINED: YES \_\_\_\_\_ NO \_\_\_\_\_

LAST DISTRICT \_\_\_\_\_

NAME OF PRESCHOOL  
IF ATTENDED: \_\_\_\_\_

SPECIAL CLASSES: SPEECH: \_\_\_\_\_ LD: \_\_\_\_\_ CD: \_\_\_\_\_ ED: \_\_\_\_\_

AUTISTIC: \_\_\_\_\_ HEARING: \_\_\_\_\_ VISION: \_\_\_\_\_

OTHER: \_\_\_\_\_

DISABILITIES: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_



PROSPECT ELEMENTARY SCHOOL  
EMERGENCY SCHOOL CLOSURE

Child's Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

In the event that students are released from school due to a crisis, I wish for my child to:

(please **X** one)

\_\_\_\_\_ Ride the bus to his/her regular designated stop

\_\_\_\_\_ Be picked up by an **authorized** individual on the **Student Release Form**  
**(ID REQUIRED)**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

TO: PROSPECT PARENTS/GUARDIANS  
FROM: MRS. GRATZ

SUBJECT: STUDENT PICTURES

As you know at Prospect Elementary we have many exciting events going on: field trips, parties, awards etc. Please be aware that pictures are taken at some of these events, and may be printed in the newspapers or posted on the Girard City Schools Web-site, no names are to be used with these pictures. Please sign the permission slip at the bottom of this form to allow/not allow your child's picture to be used. Thank you for your cooperation.

\*\*\*\*\*

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Room #

\_\_\_\_\_ **YES**, I give permission for my child's picture to be used for school purposes.

\_\_\_\_\_ **NO, I DO NOT** give permission for my child's picture to be used for school purposes.

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

\_\_\_\_\_  
Date

# PROSPECT ELEMENTARY SCHOOL EVERYDAY CAR RIDER FORM

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Room #: \_\_\_\_\_

Date to Start: \_\_\_\_\_

**For all student arrival and dismissal, please enter the car line  
at the Prospect Street entrance only.**

Student Arrival: When you come to the main entrance/doors, your child will exit the car for drop-off. Staff will be present to assist your child(ren) as needed, adults are asked to remain in the vehicle. Please do not block the crosswalk and be mindful of other cars and individuals around you.

Student Dismissal: Please place your official laminated family name card in your windshield. Without the laminated name card, students cannot be released to the vehicle. When you arrive at the main entrance/doors, staff will radio your child's name as is listed on your name card. Your child will exit the building from the cafeteria or gym doors. Staff will be available to assist your child into the vehicle as needed. We ask that all adults remain in the vehicle during the entire dismissal process.

Parent's Signature: \_\_\_\_\_

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

**GIRARD CITY SCHOOLS  
PROSPECT ELEMENTARY**

**BUS STUDENTS WITH MEDICAL PROBLEMS & EMERGENCY INFORMATION FORM**

**This form is required for all students that ride a Girard City School Bus**

**\*\*THIS ALSO INCLUDES FIELD TRIPS\*\***

**STUDENT'S NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **ROOM #:** \_\_\_\_\_

**A.M. Bus #:** \_\_\_\_\_ **P.M. Bus#:** \_\_\_\_\_

\_\_\_\_\_ **My child has no medical problem/s the bus driver should be aware of**

**Please list any medical problem/s which may affect your child on the school bus and should be known by the school bus driver:**

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Please be aware that State Law prohibits bus drivers from administering medication of any kind.

**Please list contact numbers in case of illness/injury:**

Parent/Guardian Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

Additional Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary:**

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

\_\_\_\_\_  
**Date**

**GIRARD CITY SCHOOLS  
BUS SAFETY RULES & GCS POLICIES**

Whether a student rides back and forth to school or rides the bus on occasional field trips, it is important to know the bus safety rules and policies (JFCC, JFCC-R, EEACCA). Parents/Guardians and students should review the rules together and sign the form below.

**Student Conduct on District Managed Transportation**

Students on District managed transportation are under the authority of, and directly responsible to, the driver. The driver has the authority to enforce the established regulations for rider conduct. Disorderly conduct or refusal to submit to the authority of the driver is sufficient reason for refusing transportation services or suspending transportation services to any student once proper procedures are followed.

The Board authorizes the Superintendent or other administrators to suspend a student from District managed transportation privileges for a period not to exceed one school year. The only due process required is the student must receive notice of an intended suspension from District managed transportation and an opportunity to appear before the Superintendent or other administrator before the suspension is imposed. (Board Policy JFCC).

The following regulations pertain to student conduct on District-managed transportation and are intended to ensure the safety and welfare of the students, the driver, and other drivers on the road and to ensure the safety and proper maintenance of school vehicles.

Students will:

1. be careful in approaching bus stops, walk on the left facing oncoming traffic, be sure that the road is clear both ways before crossing the highway, and wait in a location clear of traffic;
2. arrive at the bus stop before the bus is scheduled to arrive in order to permit the bus to follow the time schedule;
3. not exhibit behavior at the bus stop that threatens life, limb or property of any individual;
4. sit in assigned seats (drivers have the right to assign a student to a seat and to expect reasonable conduct similar to conduct expected in a classroom);
5. reach assigned seat without disturbing or crowding other students and remain seated while the vehicle is moving;
6. obey the driver promptly and respectfully and recognize that the student has an important responsibility and that it is everyone's duty to help ensure safety;
7. keep the vehicle clean and sanitary, and refrain from chewing gum or consuming candy, food, or drinks on the vehicle at any time (except as required for medical reasons);
8. refrain from using profane language and from loud talking or laughing (unnecessary confusion diverts the driver's attention and might result in a serious accident);
9. remain seated keeping aisles and exits clear, keep the head, arms and hands inside the vehicle at all times and not throw or pass objects on, from or into the vehicle;
10. be courteous to fellow students and the driver;
11. treat the equipment as one would treat valuable furniture in their home (damage to the school vehicle is strictly forbidden);
12. not use tobacco on the vehicle or possess alcohol or drugs on the vehicle except as prescription medications may be required for a student and
13. carry on the vehicle only items that can be held in their laps.

(Please see reverse side)

Students must remain seated until the vehicle stops, then promptly unload and wait in their designated place of safety until the vehicle leaves. Students who must cross the street to reach the residence side of the street must wait for the signal from the driver and cross in front of the vehicle after also checking for traffic themselves.

Failure of a student to follow these regulations may result in his/her forfeiting the right of transportation on District managed transportation.

### **Discipline**

The Board authorizes the Superintendent or other administrators to suspend a student from transportation privileges only for a period of up to one school year. The only due process required is notice to the student of an intended bus riding suspension and an opportunity to appear before the administrator considering the suspension before it happens. The administrator's decision is final.

When discipline problems with individual students arise, use the following guidelines.

1. If possible, the driver should resolve the problem.
2. When the driver is unable to resolve the problem, they should report it to the transportation supervisor. The transportation supervisor and driver, if necessary, confer with the principal. Any discipline is imposed by the principal of the school.
3. Problems that cannot be resolved by measures specified above are referred to the Superintendent. (Board Policy JFCC-R)

### **Recording Devices on Transportation Vehicles**

As part of the District's ongoing program to improve student discipline and ensure the health, welfare, and safety of all those riding school transportation vehicles, the Board may utilize video and audio recording devices on all school vehicles transporting students to and from curricular, cocurricular and extracurricular activities.

The recording devices monitor student behavior and the recordings are hereby stipulated as admissible evidence in student disciplinary proceedings. The recordings may be student records subject to confidentiality and are subject to Board policy and administrative regulations. (Board Policy EEACCA).

Please keep the top portion to review with your student.

By signing below, I acknowledge that I have read and understand the bus safety rules and policies (JFCC, JFCC-R, EEACCA). I understand that my student will be audio and video recorded while aboard the bus for their safety and the safety of others. I further understand that there are expectations for student conduct and acceptable behavior while on the bus, and I agree to work with Girard City Schools to assure my student meets these requirements.

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

Student's Homeroom \_\_\_\_\_

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

Date \_\_\_\_\_