

Logan Elm Local Schools Enrollment Checklist

1. Birth Certificate

- Original or Certified copy from Dept of Health or Vital Statistics
(Hospital "Birth Certificates" are not accepted—these are the "footprints" or other documents that have information written by parents.)

2. Immunization Record

3. Student's Social Security Card

4. Parent Identification—Driver's License, State Photo ID, or Passport

5. Proof of Residency

- Signed Rental Agreement
- Rent Receipt with address
- Mortgage documents
- Deed
- Property tax statement
- Utility Bill showing service address (does not include bills mailed to address that do not relate to utilities such as credit card statements, medical bills, etc).
- If living with someone else:
 - a) Valid OH Drivers License or State ID with address in district
 - b) Voter Registration documentation showing address in district
 - c) Change of Address documentation for US Post Office showing address in district
- If homeless, enroll the student and contact Jill Riddle.
- If SWD and no proof of address, enroll the student and contact Sandy Elsea.

6. Custody Papers (if applicable)

- Parents are married or informally separated—no custody papers required
- Parents were never married-- Mother has sole custody unless a custody arrangement was issued by a court. *This applies even if Father is named on birth certificate.*
- Parents are legally separated—a Temporary Custody from the courts
- Parents are divorced—court documents must show enrolling parent as "custodial" or "residential parent." (*Shared parenting agreements should list enrolling parent as "residential parent for school enrollment purposes".*)
- Guardianship—must be signed by judge
- Grandparent Power of Attorney—Grandparent Affidavit/POA must be *notarized* and *stamped as "filed" by a Juvenile Court.*
- Foster/Court Placed—all three conditions must be met to enroll:
 - a) Court document showing who/what agency has custody of child.
 - b) Letter from custodial agency indicating placement with foster parent/relative.
 - c) Court document (journal entry) showing what school district is responsible.

Logan Elm Local Schools
STUDENT INFORMATION

STUDENT INFORMATION
2017-2018 School Year

Student's Name:					Grade:	
		<i>Last</i>	<i>First</i>	<i>Middle</i>		
Called Name:				Homeroom:		Gender: M / F
Address:				Date of Birth:		Age:
City:				Apt #/PO Box:		
Zip:		County:		Home Phone:		Unlisted Y or N

PRIMARY PARENT/GUARDIAN TO CONTACT (Used for emergencies, attendance and important calls)

Name:					Relationship:	
Address:					Daytime Phone:	
City:		State:		Zip:		Type (circle one): Home Cell Work

PARENTS/GUARDIAN LIVING WITH STUDENT (Please complete information below even if same as above)

Mother's Name:					Cell Phone:	
Relationship (circle one):		Natural	Step (married to father)	Guardian (legal)	E-Mail:	
Where Employed:					Work Phone:	
Father's Name:					Cell Phone:	
Relationship (circle one):		Natural	Step (married to mother)	Guardian (legal)	E-Mail:	
Where Employed:					Work Phone:	
If a STEP parent is listed above, are they authorized to pick up your child without prior notice? (circle one):						YES NO

OTHER NATURAL PARENT NOT LIVING WITH STUDENT

Parent's Name:					Home Phone:	
Address:					Cell Phone:	
City:		State:		Zip:		Work Phone:
Is the other natural parent listed above authorized to pick up your child without prior notice? (circle one):						YES NO
Please explain any SPECIAL CUSTODY ISSUES below:						

FAMILY CHILDREN (List first and last name of student's school-aged brothers and sisters)

Name:		M / F	Grade:		Name:		M / F	Grade:	
Name:		M / F	Grade:		Name:		M / F	Grade:	

AUTHORIZED CONTACTS: Please provide the name and phone number for each person whom you authorize to have your child released to in the event you cannot be reached during the school day. (Please include any **AUTHORIZED STEP-PARENT** even if listed above.) PHOTO identification may be required. The authorized contacts must be available during the school day and must have transportation to pick up your child. Please notify the office immediately if there are any changes to this information.

Name		Relationship To Student		Daytime Phone:	
Name		Relationship To Student		Daytime Phone:	
Name:		Relationship To Student		Daytime Phone:	

Printed Name of Custodial Parent/Legal Guardian:					
Signature of Custodial Parent/Legal Guardian:				Date:	

(OVER PLEASE)

Copies: Office - Clinic

Building _____
Grade _____

I.D. Number _____
First Day _____

STUDENT Information

<i>Student's name as it appears on birth certificate</i>			
	(first name)	(middle name)	(last name)

Date of Birth _____ Female _____ Male _____

Social Security # _____ Age _____ Grade _____

Child's City of birth: _____ Mother's MAIDEN Last name: _____
If child was *not* born in the USA, list country of birth: _____ Child is a U.S. citizen? ___ Yes ___ No

1st time in a Logan Elm School? ___ Yes ___ No 1st time in an Ohio School? ___ Yes ___ No

Previous School: _____ Address: _____
City: _____ State: _____

Race _____ Alaskan Native / American Indian
(check all that apply to this child)
 _____ Asian
 _____ Black / African American
 _____ Native Hawaiian / other Pacific Islander
 _____ White
(If no race is selected, the district is required to make a selection from observation)

Ethnicity (answer required)
 Is this student Hispanic / Latino? ___ Yes ___ No
 If yes, please list country of origin: _____

Native Language _____

ADDRESS

(number & street) _____

(city, zip, county) _____

Preferred daytime contact number: _____ (This phone number must be a cell phone, home phone, or a work number that is a direct line (no extensions or receptionist))

FAMILY

Child Lives with: _____ Both Natural Parents _____ Mother & Other Adult _____ Foster
 _____ Mother Only _____ Father & Other Adult _____ Other _____
 _____ Father Only _____ Legal Guardian

Resident Adult:
 Name _____
 Relationship to child: _____

Resident Adult:
 Name _____
 Relationship to child: _____

Telephone #'s: home _____
 cellular _____
 work _____

Telephone #'s: home _____
 cellular _____
 work _____

Employed by _____

Employed by _____

SPECIAL SERVICES Please check if your child is currently receiving any special services:

___ Current IEP ___ Gifted ___ Therapy (PT or OT) ___ Speech ___ ELL (English Language Learner)
 ___ Tutoring (list subject) _____ ___ Other _____

RESIDENCE VERIFICATION

I, _____, (parent/legal guardian's name - please print)

certify that I reside and occupy the dwelling within the Logan Elm Local School District as listed below:

Street Number/Name _____
 City / Zip Code _____
 Date of Occupancy _____

Verification of above residence must be provided to school officials before the student is considered registered and allowed to begin classes.

Please supply one of the items below, showing the address listed above:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Signed Rental Agreement | <input type="checkbox"/> Rent Receipt |
| <input type="checkbox"/> Mortgage documents | <input type="checkbox"/> Deed |
| <input type="checkbox"/> Property tax statement | <input type="checkbox"/> Utility Bill |

If living with Friend/Family (parent does NOT lease or own home in LE district), then the parent must provide one of the following:

- a) Valid Ohio Driver's License or State ID with the address listed above.
- b) Voter Registration documentation showing the address listed above.
- c) Change of Address documentation from the US Post Office showing the address listed above.

And, I certify I reside with Friends/Family at the address listed above and it is my **only residence**.

I further certify that all information provided is true and accurate. Should any of this information be false, I agree to pay penalty tuition as established by the State of Ohio for each student listed below while illegally attending the Logan Elm Local School District and understand that immediate withdrawal will occur. I am aware that the Logan Elm Local School District may use legal means to verify my residence, including, but not limited to, random checks by the County Attendance Officer. I hereby give my permission for release of information concerning my residency from employers, realtors, rental offices, and my utility providers.

_____ *Please initial that you have read the above statement.*

List all individuals residing in the home:

(Please do not use the term "step-parent" if you are not legally married)

Children	Grade

Adults	Relationship

(Signature of Student's Residential Parent / Guardian)

(Date)

STATEMENT of CUSTODY

(Student's Name)

(Student's Date of Birth)

This student lives with: (check one)

- Birth Mother & Father (currently married and living together)
- Birth Mother & Father (NOT married, but living together)

- Mother Only
- Mother & Stepfather (married)
- Mother & other adult
- Father Only
- Father & Stepmother (married)
- Father & other adult
- Foster parent
- Legal Guardian
- Other (explain below)+

I state that I am the legal guardian/residential parent of said child for the following reason:
(check one)

Birth Parent married to other birth parent:	Living in the same home
Birth Parent NOT married to other birth parent:	Living in the same home
Mother was SINGLE at time of birth:	Father is listed on birth certificate
Mother was SINGLE at time of birth:	Father is NOT listed on birth certificate
Married to other birth parent – currently separated:	NO LEGAL PAPERS have been filed
* Legal Separation from other birth parent :	LEGAL SEPARATION filed with the Court
* Divorced from other birth parent:	<i>Residential Parent for school placement purposes is: <input type="checkbox"/> Mother <input type="checkbox"/> Father</i>
* Divorced from other birth parent:	<i>Shared Parenting – student lives with both parents at different residences within the LE schools boundaries</i>
* Birth Parent Deceased (<input type="checkbox"/> Mother <input type="checkbox"/> Father):	Guardian to provide certification
* Adoptive Parent	
* Legal Guardian	Per order of the Court
* Foster Parent	Court and Agency documents required
+ Other (please explain) :	

*** Indicates the need for a copy of legal document(s) to be attached.**

Section 3313.672 ORC as of July, 1989 requires a custodial parent to provide the public school with a certified copy of the complete custody order.

Any changes or modifications in the custody order must also be submitted to the school when they occur.

If applicable,
I have provided school officials with a signed copy of the court document granting custody/guardianship.

The above information is true and accurate as of: _____ (today's date)

Signature of Parent / Legal Guardian _____

School Official _____

LOGAN ELM

9575 TARLTON ROAD
PHONE: (740) 474-7503



HIGH SCHOOL

CIRCLEVILLE, OHIO 43113-9417
FAX: (740) 477-3592

PARENT/GUARDIAN/STUDENT AUTHORIZATION FOR RECORD RELEASE

TO: (school transferring from) _____

RE: (student's name) _____

ADDRESS: _____

AGE: _____

DATE OF BIRTH: _____

DATE: _____

A. You are authorized to release the records listed below for the above named student to:

LOGAN ELM HIGH SCHOOL
Guidance Department
9575 Tarlton Road
Circleville, Ohio 43113

B. Specific data to be released:

- ___ Cumulative records including grades and attendance
- ___ Immunization and any other medical reports
- ___ Standardized test results, if any
- ___ Special education data (I.E.P.'s, etc.) if any
- ___ Psychological reports, if any
- ___ Proficiency test scores
- ___ Other

C. Reason for request

- ___ To aid in present and future education judgments
- ___ Other (please specify): SSID #

DATE: _____

Signature of Parent/Guardian

FIELD TRIP PERMISSION

This is to certify that my child, _____, has permission to go on any school sponsored field trips during the current school year. Such trips will utilize school buses or vehicles and must be chaperoned by school employees. I realize that school rules will be in effect on such trips and that the school cannot be held liable for my child's negligence.

_____ Date Parent's Signature

SCHOOL EMAIL UPDATES

In an attempt to increase school and parent communication, we will be utilizing email to provide our parents with information about Logan Elm High School, events at the school, accomplishments of our students, school calendars, newsletters, and other information to better inform parents of activities. Therefore, if you would like to be added to our email list, please provide your email address below. This will allow us to send you periodic information about Logan Elm High School. You may remove your address from the list at anytime during the school year.

_____ Parent/Guardian Name Email Address

PUBLICITY PERMISSION

I hereby give permission for the school to release any positive publicity or pictures to the media relating to the accomplishment of my child, _____, during this school year.

_____ Date Parent's Signature

ACCEPTABLE USE POLICY

I have read the Acceptable Use Policy of the Logan Elm Local School District. I agree to abide by the terms of the Acceptable Use Policy when using the Internet or other computer network at school

_____ Student Signature Date

_____ Parent/Guardian Signature Date

REFUSAL OF PERMISSION

I am a parent or guardian of _____, I do not grant permission for this student to have access to the Internet on the School's computers.

I understand that the above student will not have access to the resources on the Internet and may be required to find other available resources for school assignments.

_____ Parent/Guardian Signature Date

LOGAN ELM TRANSPORTATION STUDENT DATA FORM

New Student _____ Withdraw _____ Address or data changed _____

Last Name _____ School Code _____ Student ID _____

First Name _____ Grade _____ SS# _____

Date of Birth _____ Program _____ Special Needs _____

Residence Address _____

PO Box/Apt _____ City _____

State _____ Zip _____

Sex _____ Home Phone _____

Parent Name _____

Work Phone _____ Emergency Phone _____

Date Transportation to Begin _____

**FAX COMPLETED FORM TO 477-7423
TRANSPORTATION FIELDS WILL BE COMPLETED AND RETURNED**

T R A N S	Bus stop location _____	Home stop _____	
	Am Bus _____	Am Time _____	Pm Bus _____

EMERGENCY MEDICAL INFORMATION FOR SCHOOL PERSONNEL

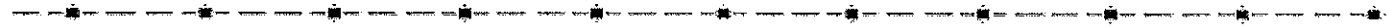
Due to the increased number of children with diabetes, food allergies, etc. we are asking parents to fill out an additional form to be shared with for example: cooks (in regards to food allergies), teachers (in regards to diabetes, seizures).

STUDENT'S GIVEN NAME:

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.

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

Does your child wear hearing aids? Yes / No. If yes, both ears or one ear? Left / Right. Does your child wear glasses? Yes / No. If yes, are glasses for full-time wear or reading/school work?



I GIVE CONSENT FOR THE ABOVE INFORMATION TO BE SHARED WITH SCHOOL PERSONNEL.

I AFFIRM THAT THE INFORMATION PRESENTED HERE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date

Signature of Parent/Guardian

Notification of Rights under FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age (“eligible students”) certain rights with respect to the student’s education records. These rights are:

1. The right of a parent(s) or eligible student to inspect and review the student’s education records;
2. The intent of the District to limit the disclosure of information contained in a student’s education records, except: (1) by the prior written consent of the student’s parent(s) or the eligible student, (2) as directory information or (3) under certain limited circumstances, as permitted by law;
3. The right of a student’s parent(s) or an eligible student to seek to correct parts of the student’s education records which he/she believes to be inaccurate, misleading or in violation of student rights; this right includes a hearing to present evidence that the records should be changed if the District decides not to alter them according to the parent(s)’ or eligible student’s request;
4. The right of any person to file a complaint with the Department of Education if the District violates FERPA and
5. The procedure that a student’s parent(s) or an eligible student should follow to obtain copies of this policy and the locations where copies may be obtained