

HAMILTON LOCAL SCHOOLS

NEW STUDENT REGISTRATION PACKET

Please call 614-491-8044, extension 1239, to make an appointment to register your new student. Please leave a clear message with your name **and** telephone number if you get a voice mail message. Please plan on your appointment lasting 15 minutes per child. Your appointment will be at 775 Rathmell Road, Columbus, Ohio, 43207. Our office is located in the Hamilton Local Schools Education Center.

Register Daily By Appointment 9:00 – 11:00 a.m. – 1:00 – 3:00 p.m.

All required documents must be returned, on your appointment day, in order for your student to attend school. We cannot keep your appointment if you are missing documents. This includes birth certificate, social security, shot records, proof of residency in our school district and proof of custody if that applies in your family. You are also required to provide an unofficial transcript of credits earned for high school students only. Your child will not be considered enrolled until we have all documentation.

Your registration packet must be filled out in its entirety before arriving for your appointment. You cannot sit in our offices and fill it out. Thank you.

Frequently Asked Questions

- Q -** My child's previous school has a copy of their shot records and birth certificate. My high school student's transcript is also at their old school. Can't you get a copy from the school?
- A -** No. Many times, they don't send your child's records in a timely manner. You are **required** to submit birth certificate, social security, shot, custody papers, and a copy of a transcript for high school students at the time of your enrollment appointment. Any high school student enrolling after the first semester of their freshman year are required to have a copy of their transcript showing all credits attempted and earned. Please obtain these before arriving at your appointment.
- Q -** We just moved and we won't receive a utility bill for a month. What should we do to prove residency?
- A -** We will accept verification from the utility company that you've had the utilities turned on at your new address. Please contact the utility company (gas, electric, water) and ask for documentation that clearly has the utility company name on it as well as your name and address. This is in addition to providing a copy of your lease or mortgage.
- Q -** What do you need in order for me to prove I have custody of the children I'm enrolling?
- A -** We need a copy of any paperwork indicating there has been a legal change of custody. This may include a copy of your divorce decree or any legal changes to the decree that apply to custody, paperwork from a court system placing a child in your home, etc.
- Q -** When will my children start school?
- A -** If your appointment is on a Monday, your child will start school on Tuesday.
If your appointment is on Wednesday, your child will start school on Thursday.
If your appointment is on Friday, your child will start school on Tuesday.

Students in grades K-3 are **required** to have a parent/guardian take them to school on their first day of classes and should plan on arriving at 9:00 a.m. They are permitted to ride the bus home.

If you have questions about the enrollment process or paperwork you need, please call **before** your appointment. Your child will not be allowed to attend school without all documentation.

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

ENROLLMENT CHECKLIST

Registration is by appointment only. Please call 614-491-8044, ext. 1214. Thank you.

STUDENT NAME: _____ Grade: _____ Date: _____

PARENT NAME: _____ Phone: _____

The following information is **required** before a student can start school.
You must bring these items with you to your appointment.

	Copy of Birth Certificate	RA? ____
	Social Security Card	Sig ____
	Proof of Residency (1 utility AND mortgage coupon or lease)	DASL ____
	Custody Papers (if applicable to your family)	
	Immunization Records	
	Copy of the student's IEP (if applicable) / Gifted Identification	
	Photo I.D. for the parent/guardian	

Complete the following forms included in the enrollment packet.

	Student Profile/Registration Form	Return?
	Custody Confirmation (documents may need to be attached)	
	Residency Verification Form (documents need to be attached)	
	Request for Student Records (please provide previous school's address/fax)	
	Authorization Form	
	Computer/Internet Acceptable Use Policy (choose appropriate grade level form to sign – there are multiple forms in this packet – sign only one)	
	Home Language Form	
	Health Examination Form (for kindergarten students-requires physician signature)	

Please print/request the following forms if they apply to your child/family.

	Foster Child Form (if applicable)
	Medical Authorization Form (required for medicines to be administered at school by school personnel)
	Self-Medication Authorization Form (required and used only for students self-medicating with asthma inhalers)

Please bring the following items with you. They need them to place your student in the appropriate classes.

	Transcript of grades – <i>REQUIRED</i> for high school students Contact old school to get an unofficial transcript of credits earned before your appointment.
	Withdrawal papers from the previous school (including grades at time of withdrawal) This does not apply for students enrolling during the summer.
	Latest Grade Card (if possible)

Questions? Please call 614-491-8044, Extension 1214. Thank you.

FOR OFFICE USE ONLY:

____ DASL ____ Email to school ____ File to school

IEP: yes ____ no ____

Start Date: ____ Parent Notified: ____

File to SS: ____

Confirming Signature: _____

File from SS: _____
Revised 9/12

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

Student Profile/Registration Form

Student Information please print

Today's Date: _____

Student's Legal Name: _____
(First Name) (Full Middle Name) (Last Name)

Social Security #: _____ - _____ - _____ Birth date: _____ City of Birth: _____

Gender: _____ Female _____ Male Grade Level: _____ Mother's Maiden Name: _____
(Last name)

Racial Code: _____ Asian Student was born in the US? _____ 1st time in an Ohio school? _____
Please check _____ Black/African American _____ yes _____ no
all that may _____ Indian-Native/Alaskan Student is a US citizen? _____ 1st time in Hamilton Local schools? _____
apply to your _____ Native Hawaiian/Other Pacific _____ yes _____ no
child _____ White If NO, list country of citizenship If NO, when did they attend Hamilton?
Is this child Hispanic/Latino? _____ yes _____ no

Name of last school attended: _____ City: _____ State: _____

Residency Information please print

Current Address: _____ Phone Number: _____

Family/Custodial Information please print

Mother/Guardian Information

Name: _____
Relationship to student: _____
Employer's Name: _____
Cell Phone: _____
Work Phone: _____ Ext. # _____
Email: _____

Father/Guardian Information

Name: _____
Relationship to student: _____
Employer's Name: _____
Cell Phone: _____
Work Phone: _____ Ext. # _____
Email: _____

Child lives

with: _____ Both Natural Parents _____ Father Only
_____ Mother Only _____ Father/Stepmother
_____ Mother/Stepfather _____ Other
_____ Foster

Brothers/Sisters – Names & Ages

Special Services – please check all that apply if your child is currently receiving any of the following services:

_____ Gifted/Enrichment _____ Current IEP _____ English as a Second Language _____ 504 Plan _____ Special Transportation

Additional Information please print

Please estimate your child's overall academic performance: _____ Above Average _____ Average _____ Below Average

Has your child ever been retained? _____ yes _____ no

Approximately how many days of school has your child missed this year? _____

Does your child have any medical or other problems the school should be aware of? _____ yes _____ no

If yes, please explain: _____

Does your child need to take any medication during the school day? _____ yes _____ no

Has your child been retained? _____ yes _____ no

If yes, please ask for a Medical Authorization Form. It must be completed by your physician before we can administer any medications or your child can use an inhaler at school.

Is the student currently under a suspension or expulsion from another school district? _____ yes _____ no

Signature: Name of Parent/Guardian Registering (print) _____ Date: _____

Signature of Parent/Guardian Registering the student: _____

ADMIN OFFICE USE: DASL: _____ Student I.D. Number Assigned: _____ Building: _____

BLDG OFFICE USE: First Day of Attendance: _____ Initial: _____ revised 7/15/14

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

CUSTODY CONFIRMATION

Please Print

Student's Legal Name: _____ Student's Date of Birth: _____

Parent/Legal Guardian: _____ Relationship to Child: _____

Student & Parent/Legal Guardian Address: _____

I certify that I am the custodial parent/legal guardian of the child listed above and have established permanent residency at the address listed above. I further certify that this child does reside with me at this address.

Student's birth parents are currently married and living together? ☐ Yes ☐ No

If NO – please check any information below that applies to your family situation.

Mother		Father	
	Not married to birth father but living with him		Not married to birth mother but living with her
	Married to but separated from birth father – no legal papers filed		Married to but separated from birth mother – no legal papers filed
*	Legal separation from birth father – custody papers attached	*	Legal separation from birth mother – custody papers attached
*	Divorced - single	*	Divorced - single
*	Divorced - remarried	*	Divorced - remarried
*	Adoptive parent	*	Adoptive parent
	Single at time of birth (father listed on B/C)		Single at time of birth (father listed on B/C)
	Single at time of birth (father not listed on B/C)		Single at time of birth (father not listed on B/C)
*	Guardian	*	Guardian
*	Foster Parent	*	Foster Parent
*	Deceased (guardian to provide certification)	*	Deceased (guardian to provide certification)

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

_____ 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: _____ Date: _____

Revised 08/2008

Section 3313.672 ORC as of July, 1989, requires a custodial parent to provide the public school with a certified copy of the custody order. Any changes or modifications in the custody order must also be submitted to the school when they occur.

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

Residency Verification Form

I, _____, certify that I am a resident of the Hamilton Local School District,
(print adult resident's name)
occupying the dwelling at:

Address: _____

City/Zip: _____

Date of Occupancy: _____

*Verification of the above residency provided to school officials by copy of one of the following items:

_____ - Signed Rental Agreement with landlord verification (all residents MUST be listed on the lease. This includes anyone moving in temporarily and registering at Hamilton Local Schools.) If the lease is a month-to-month, you must include a letter from the rental agent verifying current occupancy.

_____ - Proof of Mortgage (with a current date-monthly statement or payment coupon)

_____ - Mortgage Closing Form (dated within 2 months of this registration-must include all signatures)

Along with the above item, the Hamilton Local School District also requires a copy of a current utility bill (gas, electric, water) that shows your name and the street address. Please do not submit telephone/cell phone, cable, payroll, or banking information as verification.

_____ - Current utility bill (gas, water, or electric-we cannot accept telephone, cell, or cable bills)

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 the Hamilton Local School District. I understand that immediate withdrawal will occur. I am aware that the Hamilton Local School District may use legal means to verify my residence.

Child (ren)	Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Signature of Person Enrolling Child	_____ Relationship to child	_____ Date
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FOR OFFICE USE ONLY

_____ Copy of residence verification information attached

School Official

Date

HAMILTON LOCAL SCHOOLS - IRN 046953

775 Rathmell Rd., Columbus OH 43207

Request for Student Records

The student listed below is requesting admission to the Hamilton Local School District. Please release the school records, which include but are not limited to; academic records (including grades to date of withdrawal,) attendance records, student SSID # (for Ohio schools,) placement data, mental aptitude and achievement test data, OGT records, health/immunization records, psychological reports, and IEPs to aid in present and future educational decisions. Please fax or mail student records to the appropriate building as marked. Thank you.

Hamilton Twp. High School (9-12)

1105 Rathmell Road
Columbus, OH 43207
PH#: (614) 491-4741 FAX: (614) 492-1495

Hamilton Intermediate School (4-6)

765 Rathmell Road
Columbus, OH 43207
PH#: (614) 492-1047 FAX: (614) 492-1059

Hamilton Middle School (7-8)

755 Rathmell Road
Columbus, OH 43207
PH#: (614) 491-3468 FAX: (614) 491-0260

Hamilton Elementary School (K-3)

745 Rathmell Road
Columbus, OH 43207
PH#: (614) 491-1086 FAX: (614) 492-1499

All Special Education records should be sent directly to:

Hamilton Local School District
Attn: Special Education Department
775 Rathmell Road
Columbus, OH 43207
PH#: (614) 491-8044 FAX: (614) 491-8931

IMPORTANT: Please see the bottom of the page for the first official date of attendance in the Hamilton Local Schools.

The first official day is the first day a student was actually in attendance in our district – not the date enrolled. Please withdraw on a date that is at least one day earlier to avoid data errors.

Student Information

Parent/Guardian: Please complete information below.

Student's Full Legal Name: _____

Grade Level: ____ Birth Date: _____ Student is being enrolled at Hamilton Local Schools
as a foster placement: ____ no ____ yes

Information for Last School Attended

School Name: _____

Address – Number and Street Name _____

City/State/Zip Code _____

Telephone # _____ Fax # _____

*Has this student attended multiple schools this year? ____yes ____no

If yes, what are the names of the other schools? _____
City/State _____

*Is this student currently expelled, under suspension, or recommended for expulsion from another school district? ____yes ____no If yes, please specify _____

X Parent/Guardian Signature: _____ Date: _____

Official first day of attendance in Hamilton Local Schools: _____

School Official: _____ Date Mailed/Faxed: _____

Note: Federal Law 99.31 allows for educational records to be sent to other educational agencies without parent's signature requirement. Law 815-828 states a copy of the requested records be forwarded within five school days after receipt of the request, notwithstanding, any financial debt owed by pupil.

Revised 07/2012

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

AUTHORIZATION FORM

Please Print

Student: _____ Grade: _____ Teacher: _____

Address: _____ Phone # _____

Mother: _____ Work # _____ Cell # _____

Father: _____ Work # _____ Cell # _____

Parent/Guardian E-Mail: _____

Other Emergency Contact: _____ Relationship: _____ Phone # _____

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

Physician: _____ Phone # _____

Dentist: _____ Phone # _____

In the even reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary to above named doctors, 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 dentist, 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:

Signature of Parent/Guardian: _____ Date: _____

Photography / Publication Release

We request permission for your child to be photographed or video taped by school staff or local news organizations during the current school year. Their picture may be used in newspaper articles, television stories, brochures, and other promotional products.

_____ YES, I give my permission. _____ NO, I do not give my permission.

Field Trip Permission

My child has permission to accompany his/her class on school-sponsored field trips. I will be notified in advance when and where these trips will be. I also give my permission for them to ride the bus to any location in the district for school related activities, assemblies, etc.

_____ YES, I give my permission. _____ NO, I do not give my permission.

Internet / E-Mail Access Permission

I have read and signed the Internet/E-Mail Access consent form in this enrollment packet.

_____ YES, I give my permission. _____ NO, I do not give my permission.

Signature of Parent/Guardian: _____ Date: _____

Student: _____ (Please Print Clearly)	Grade: _____
Teacher: _____	

DENIAL of Permission For Internet Access By Parent/Guardian

I have reviewed the Hamilton Local School District Computer Network and Internet Acceptable Use Policy for Students, which describes the terms of student access to interconnected computer systems, computer equipment, computer programs, the Internet, electronic mail and other new technologies.

*Full/Detailed Policy available online at: <http://www.hamilton-local.k12.oh.us/formslinks.aspx> or in any of the building Offices.

As the parent of a student who is under the age of 18, I DO NOT wish the undersigned student to have access to the Internet via the School District's computer network. By signing below, I understand and agree that the undersigned student:

- May be required to complete alternate assignments as a result of this denial of permission for Internet access;
- May still have access to interconnected computer systems, computer equipment, computer programs, electronic mail and other new technologies within the School District other than Internet; and
- Will be obligated to comply with all remaining terms of Board Policy EDE – Students (i.e., those that do not relate directly to Internet access).

I further understand and agree that while the School District will undertake reasonable measures to ensure that the undersigned student does not access the Internet via the School District's computer network, it is not technologically feasible to guarantee that such access will be preventable under all circumstances. As such, I understand and agree that the ultimate responsibility for ensuring that the undersigned student does not access the Internet via the School District's computer network is that of myself (as the parent/guardian) and the undersigned student.

 Name of Student (Print clearly)

 Name(s) of Parent/Guardian

 Address

 Signature(s) of Parent/Guardian

 Date

 Signature of Student

 Date

By signing this form, I am indicating my desire that my son/daughter WILL NOT have access to the Internet via the School District's Computer Network.



Student: _____ **Grade:** _____
(Please Print Clearly)
Teacher: _____

Student Computer Use and Rules for Online Safety
(Elementary Version)
Hamilton Local Schools

1. I will respect all computer equipment and the network. I will not damage equipment or the network in any way. I (along with my parents) understand that I will be responsible for any and all damage that my improper use may cause. Any and all damage that results from my careless actions will result in disciplinary action as outlined in the Student Code of Conduct and any financial costs in repair of damages will be the responsibility of my parents and/or guardian.
2. I will not use or copy the work of another person without their permission. This is called plagiarism. Plagiarism is taking the ideas or writings of others and presenting them as if they were yours. If you use the work of someone else (research or pictures, for example), you must follow district guidelines regarding proper citation of this work.
3. I will not give out personal information such as my picture, address, telephone number, parents' work address/telephone number, or the name and location of my school without my parents' permission.
4. Even though the Internet network is "filtered" electronically to block possible inappropriate material, I will tell my teacher and/or parents right away if I come across any information that makes me feel uncomfortable.
5. I will follow the school rules for going online. I will not access inappropriate sites or break these rules.
6. I will be a good online citizen and not do anything that hurts other people or is against the law.
7. When conducting research, I will stick to the topic and read the information to evaluate it for usefulness.
8. I will stay on sites that have been bookmarked for me by educators in building. If "searching" is needed, I will seek the assistance of a teacher.

By signing this document, I acknowledge that I have read and discussed with my parents the above Online Rules and the **"Computer Network and Internet Acceptable Use Policy"**, including Internet Safety/Guidelines Regarding Network or Internet Use, Uses of the Internet, Privacy, Failure to Follow Policy, and Limitation of Liability specified by the Hamilton Local Schools Acceptable Use Policy. I understand them and will follow these rules and guidelines at all times. If I break a rule, I understand that I may lose my online privileges and/or face disciplinary actions according to the Student Code of Conduct, Failure to Follow Policy, and/or the law.

*Full/Detailed Policy available online at: <http://www.hamilton-local.k12.oh.us/formslinks.aspx> or in any of the building Offices.

Student Signature

Parent Signature (consent granted)

Date: _____

Building: _____



Adapted from:

Rules one through six are adapted from the brochure *Child Safety on the Information Highway* by SafeKids.Com founder Lawrence J. Magid. Printed copies are available free by calling 800 843-5678

Student: _____ Grade: _____
(Please Print Clearly)
Teacher: _____

Student Computer Use and Rules for Online Safety
(High - Middle - Intermediate School Version)
Hamilton Local Schools

I have read the complete Computer Network and Internet Acceptable Use Policy for Hamilton Local Schools and I fully agree to the terms detailed and specified in each of the sections of the policy and as outlined below (and as specified in the Policy):

Student Responsibilities

1. Students of the Hamilton Local School District are responsible for acceptable, appropriate, and legal use of the district's computer equipment and the network.
2. All District Policies and Rules contained in the Hamilton Local Schools Computer Network and Internet Acceptable Use Policy and in the Student Code of Conduct must be followed at all times.

Acceptable Uses of the Internet:

- To support learning
- Inform/Enlighten
- Research educational topics
*When conducting research, students should stick to the topic and evaluate the usefulness of the data. (Elementary) Stay on sites that have been bookmarked for you. If "searching" is needed, seek the assistance of a teacher.
- Communicate with others for the purpose of learning
- Practice curricular skills

Unacceptable Uses of the Internet (including, but not limited to):

- Users shall not read other user's mail or files and may not interfere with other users' ability to use the network or send/receive email.
- Users will not reveal their personal information of any kind, including home address, phone numbers, passwords, or those of other users.
- Users will not use the system to support illegal activities.
- Users will not use the system for financial gain or commercial activity.
- Users will not use inappropriate language (profanity, obscenities, or other language including threats or sexual explicitness that may be constructed as harassment), or disseminate (including, but not limited to) offensive, objectionable, defamatory, inaccurate, or harassing material or any kind.
- Attacks on race, national origin, sex, sexual orientation, age, disability, religion, or political beliefs are prohibited.
- Private, commercial, or illegal use of the network is prohibited.
- Users will not cause disruption of the network in any way that is unacceptable or forbidden.
- Users will not trespass in others' folders/files.
- Contact with questionable persons is prohibited.
- Users will not use the network for illegal installation, transmission, or use of copyrighted materials.
- Vandalism (attempts to harm or destroy equipment, materials, or data; creating or knowingly transferring computer viruses; uploading/downloading any inappropriate material) is prohibited.

By signing this document, I acknowledge that I have read and discussed with my parents the above Online Rules and the "Computer Network and Internet Acceptable Use Policy", including Internet Safety/Guidelines Regarding Network or Internet Use, Uses of the Internet, Privacy, Failure to Follow Policy, and Limitation of Liability specified by the Hamilton Local Schools Acceptable Use Policy. I understand them and will follow these rules and guidelines at all times. If I break a rule, I understand that I may lose my online privileges and/or face disciplinary actions according to the Student Code of Conduct, Failure to Follow Policy, and/or the law.

*Full/Detailed Policy available online at: <http://www.hamilton-local.k12.oh.us/formslinks.aspx> or in any of the building Offices.

Student Signature

Parent Signature (consent granted)

Date: _____



Building: _____

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.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____	
Communication Preferences 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? _____	
Language Background 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.		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? _____	
Prior Education 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.		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	
Additional Information Please share additional information to help us understand your child's language experiences and educational background.			
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.

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

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

SCHOOL HEALTH EXAMINATION FORM

Please Print

Child's Name: _____
(first name) (middle name) (last name) **Birth date:** _____

Home Address: _____ **Home Phone:** _____

Mother's Name: _____ **Place of Employment:** _____ **Business Phone:** _____

Father's Name: _____ **Place of Employment:** _____ **Business Phone:** _____

Physician's Name: _____ **Address:** _____ **Office Phone:** _____

1. Is there anything about your child the teacher or school needs to know to understand him/her better?

2. List diseases, serious illnesses, surgeries, injuries, or health conditions your child has had along with the dates (year only.)

3. Does any relative or anyone in the home have Tuberculosis, Diabetes, or other illnesses? If yes, describe.

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

SCHOOL HEALTH EXAMINATION FORM

Please Print

Child's Name: _____ **Birth date:** _____
(first name) (middle name) (last name)

IMMUNIZATIONS

Date: month / day / year

DPT				
TD				
POLIO				
MMR				
HIB				
HEP. B				
CH. POX				
OTHER				

VISION SCREENING TESTS

	Right	Left
Muscle Balance		
Farsightedness		
Color		
Distance Acuity		

HEARING SCREENING TESTS

Right _____ **Left** _____

TUBERCULIN

Date: _____

COMMENTS:

PHYSICAL ASSESSMENT

Check one:

_____ Entirely within normal limits

_____ Abnormalities as follows:

**Is there any reason why the student cannot
carry out a full program of school work?**

_____ NO _____ YES

If **YES**, please explain:

Physician's Signature

Date



Hamilton Local Schools
PARENT/GUARDIAN MEDICATION CONSENT
(One form required for each medication)

Students needing medication are encouraged to receive the medication at home, if possible.

Only employees of the Board who are licensed health professionals, or who are appointed by the Board and have completed a drug administration-training program conducted by a licensed health professional and considered appropriate by the Board, can administer prescription drugs to students.

The District must receive a written request (Medication Consent Form JHCD-F-1), signed by the parent/guardian having care or charge of the student, before a drug be administered to a student.

To be completed by parent/guardian having care or charge of the student.

Student name: _____ Date of birth: _____
Student address: _____
School building: _____ Grade: _____ Class/Homeroom teacher: _____

I hereby request and consent to have a Hamilton Local School District employee administer the following medication to my child. I understand and agree that Hamilton Local School District employees who administer a prescribed drug and who has a copy of the most recent statement are not liable in civil damages for administering or failing to administer the drug. I agree to hold the school district and its employees free from any and all responsibility for the results of such medication or the manner in which it is administered, and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements that may be rendered against them.

I agree to submit a revised Self Medication Consent Form JHCD-F-1 if any of this information should change.

Parent/Guardian printed name: _____
Signature: _____ Date: _____

To be completed by prescribing physician or other licensed professional.

Name of the drug to be administered: _____ Dosage: _____ Route: _____
Times or intervals at which each dosage of the drug is to be administered: _____
Date on which the administration of the drug is to begin: _____
Date on which the administration of the drug is to cease: _____
Any severe adverse reactions that should be reported to the physician: _____
Telephone numbers at which the person who prescribed the medication can be reached in case of an emergency: _____
Special instructions for administration of the drug, including sterile conditions and storage: _____

As the prescribing physician, I acknowledge that I have prescribed the above named student the stated medication.

Prescribing physician printed name: _____
Signature: _____ Date: _____

To be completed by the Hamilton Local School District Nurse, or other designee as appointed by the Superintendent.

Only employees of the Board who are licensed health professionals, or who are appointed by the Board and have completed a drug administration training program conducted by a licensed health professional and considered appropriate by the Board, can administer prescription drugs to students. I hereby acknowledge that this written request (Medication Consent Form JHCD-F-1) is complete and has been signed by the parent/guardian and the medication can be administered as indicated.

District employee signature: _____ Date: _____



Hamilton Local Schools
PARENT/GUARDIAN SELF MEDICATION CONSENT
Possession and Use of Asthma Inhalers
(One form required for each medication)

A student may possess and use an Asthma Inhaler during school hours if the District has written approval (Self Medication Consent Form JHCD-F-2) from the student's physician and parent(s)/guardian. The preschool coordinator (preschool), building principal (grades 1- 6), or the district nurse (grades 7-12), must have received and accepted this required written approval (Self Medication Consent Form JHCD-F-2) prior to the student possession and use of an Asthma Inhaler.

To be completed by parent/guardian having care or charge of the student

Student name: _____ Date of birth: _____
Student address: _____
School building: _____ Grade: _____ Class/Homeroom teacher: _____

I hereby request and consent to have my child possess and use an Asthma Inhaler during school hours. I understand and agree that in no circumstances will the District, any member of the Board or any Board employee be liable for injury, death or loss of person or property when a District employee prohibits a student from using an Asthma Inhaler because the employee believes, in good faith, that the required written approval (Self Medication Consent Form JHCD-F-2) has not been received by the District. Additionally, liability cannot accrue because the employee permits the use of an Asthma Inhaler when the employee believes, in good faith, that the required written approval (Self Medication Consent Form JHCD-F-2) has been received by the appropriate authority.

I agree to submit a revised Self Medication Consent Form JHCD-F-2 if any of this information should change.!

Parent/Guardian!printed!name:!! _____!
Signature:!! _____!Date:!! _____!!

To be completed by prescribing physician or other licensed professional

Name of the drug to be administered: _____ Dosage: _____ Route: _____
Times or intervals at which each dosage of the medication is to be administered: _____
Date on which the administration of the medication is to begin: _____
Date on which the administration of the medication is to end: _____
Procedures school personnel should follow in the event that the Asthma Inhaler does not produce the expected relief from the student's asthma attack: _____
Any severe adverse reactions that should be reported to the physician: _____
Any severe reactions that may occur to another student for whom the Asthma Inhaler is not prescribed, should he/she receive a dose of the medication: _____
Telephone numbers for the person who prescribed the medication can be reached in case of an emergency: _____
Other special instructions: _____

As the prescribing physician, I acknowledge that the above named student is capable of possessing and using an Asthma Inhaler appropriately and the student has been trained in the proper use of an Asthma Inhaler.

Prescribing physician printed name: _____
Signature: _____ Date: _____

Accepted by the Hamilton Local School District Preschool Coordinator, Building Principal, or District Nurse

I hereby acknowledge that this written approval (Self Medication Consent Form JHCD-F-2) is complete and has been signed by the physician and parent/guardian. The student can possess and use an Asthma Inhaler during school hours as indicated.

District employee signature: _____ Date: _____



Hamilton Local Schools
PARENT/GUARDIAN SELF MEDICATION CONSENT
Possession and Use of Epinephrine Autoinjectors/Epi-pen
(One form required for each medication)

A student may possess and use an Epinephrine Autoinjector/Epi-pen during school hours if the District has written approval (Self Medication Consent Form JHCD-F-3) from the student's physician and parent(s)/guardian. The preschool coordinator (preschool), building principal (grades 1-6), or the district nurse (grades 7-12), must have received and accepted this required written approval (Self Medication Consent Form JHCD-F-3) prior to the student possession and use of an Epinephrine Autoinjector/Epi-pen.

To be completed by parent/guardian having care or charge of the student

Student name: _____ Date of birth: _____
Student address: _____
School building: _____ Grade: _____ Class/Homeroom teacher: _____

I hereby request and consent to have my child possess and use an Epinephrine Autoinjector/Epi-pen during school hours. I understand and agree that in no circumstances will the District, any member of the Board or any Board employee be liable for injury, death or loss of person or property when a District employee prohibits a student from using an Epinephrine Autoinjector/Epi-pen because the employee believes, in good faith, that the required written approval (Self Medication Consent Form JHCD-F-3) has not been received by the District. Additionally, liability cannot accrue because the employee permits the use of an Epinephrine Autoinjector/Epi-pen when the employee believes, in good faith, that the required written approval (Self Medication Consent Form JHCD-F-3) has been received by the appropriate authority.

I agree to submit a revised Self Medication Consent Form JHCD-F-3 if any of this information should change.

Parent/Guardian printed name: _____
Signature: _____ Date: _____

To be completed by prescribing physician or other licensed professional

Name of the drug to be administered: _____ Dosage: _____ Route: _____
Times or intervals at which each dosage of the medication is to be administered: _____
Date on which the administration of the medication is to begin: _____
Date on which the administration of the medication is to end: _____
Procedures school personnel should follow in the event that the Epinephrine Autoinjector/Epi-pen does not produce the expected relief from the student's anaphylaxis (allergic response): _____
Any severe adverse reactions that should be reported to the physician: _____
Any severe reactions that may occur to another student for whom the Epinephrine Autoinjector/Epi-pen is not prescribed, should he/she receive a dose of the medication: _____
Telephone numbers for the person who prescribed the medication can be reached in case of an emergency: _____
Other special instructions: _____

As the prescribing physician, I acknowledge that the above named student is capable of possessing and using an Epinephrine Autoinjector/Epi-pen appropriately and the student has been trained in the proper use of an Epinephrine Autoinjector/Epi-pen.

Prescribing physician printed name: _____
Signature: _____ Date: _____

Accepted by the Hamilton Local School District Preschool Coordinator, Building Principal, or District Nurse

I hereby acknowledge that this written approval (Self Medication Consent Form JHCD-F-3) is complete and has been signed by the physician and parent/guardian. The student can possess and use an Epinephrine Autoinjector/Epi-pen during school hours as indicated.

District employee signature: _____ Date: _____



BRING YOUR OWN TECHNOLOGY (BYOT) PROGRAM
APPLIES TO HTHS STUDENTS ONLY

The District recognizes the importance of technology and the educational benefits available through the use of technology. The use of portable electronic devices in the classroom can add educational value when such devices deliver content and extend, enhance or reinforce the student learning process. Classroom teachers determine the appropriateness of in-class use of electronic devices, consistent with District instructional objectives, and with approval of the building principal.

All personal electronic devices must be used in a responsible, and legal manner. Students using their own devices are subject to the District Acceptable Use Policy EDE, Computer/Online Services (Acceptable Use and Internet Safety), Guideline EDE-G, and Board approved BYOT guidelines, all other Board policies and procedures, including but not limited to the student code of conduct. Failure to adhere to these guidelines may result in the revocation of the privilege to use personal electronic devices in the classroom and/or disciplinary action as appropriate.

The following personal electronic devices are approved:

1. Laptop computers
2. Tablet PCs
3. iPads
4. E-readers

Students at the high school level are permitted to use approved personal electronic devices for educational purposes under the direction of a classroom teacher and approval from the high school principal.

Students using their personal electronic device may access only the wireless Internet provided by the District. The District provided Internet access is filtered in compliance with the Children's Internet Protection Act. Internet access from outside sources allowing for 3G or 4G access is not permitted on school grounds in order to promote safe, filtered Internet access.

BYOT activities are implemented at the discretion of classroom teachers and building principal and the approval from building principal and Superintendent/designee. When personal electronic devices are used to enhance learning in the classroom, students without a personal electronic device will be provided access to an appropriate District-owned digital device.

Violations of any board policies, guidelines, student code of conduct, or school rules involving a student's personal electronic device may result in the loss of use of the device in school and/or disciplinary action. The school reserves the right to inspect a student's personal electronic device if there is reason to believe that the student has violated board policies, regulations, school rules or has engaged in other misconduct while using their personal electronic device. Any search will be conducted in compliance with board policies.

[Adoption date: August 13, 2012]

File: EDEB-G

BRING YOUR OWN TECHNOLOGY (BYOT) PROGRAM GUIDELINES:

The use of an approved personal electronic device (PED) is a privilege, and students may be denied access at any time. Students wishing to participate in the Bring your Own Technology program must comply with the following guidelines and procedures. Students:

1. must abide by the District's Computer Network and Internet Acceptable Use Policy (AUP) and Regulations, and are subject to all student code of conduct restrictions and disciplinary consequences relating to use or misuse of technology.
2. are responsible for ensuring the safety of their own PED. The District is not responsible for the loss or theft of a PED, nor are they responsible for any damage done to the PED while at school or on school transportation.
3. understand that their PED must contain "school-appropriate" skins (decals) and other custom touches that will physically identify your device from others. Additionally, "school-appropriate" protective cases for a student's PED are encouraged.
4. will use approved PED only for an educational purpose, and only when directed by a classroom teacher or administrator.
5. must keep PED turned off when not directed to use them.

I understand and will abide by the above policy and guidelines. I further understand that any violation is unethical and may result in the loss of my network and/or laptop/device privileges, as well as other disciplinary action.

Parent Signature: _____ Date: _____



DENIAL: I do **NOT** wish for my child to participate in BYOT and/or use any personal technology equipment/devices at school, therefore, I decline approval of this privilege for my child.

A black and white photograph of a circular 'No Parking' sign. It features a thick black border and a diagonal slash from the top-left to the bottom-right.

Parent Signature: _____ Date: _____