

YOU WILL NEED THE FOLLOWING PAPERWORK FOR ENROLLMENT:

- 1. BIRTH CERTIFICATE**
- 2. SHOT RECORDS**
- 3. SOCIAL SECURITY CARD**
- 4. CUSTODY PAPERS**
- 5. SPECIAL EDUCATION RECORDS**
(if applicable)
- 6. TRANSCRIPT / LAST GRADE CARD**
- 7. PROOF OF RESIDENCE**

(ex. gas, water or electric bill, rent receipt must be dated within 30 days of enrollment
Date)

**Students will not be permitted to start school until
all paperwork is received.**

OHIO SCHOOL LAW

In order to facilitate the enforcement of the Missing Child Law, the law requires each entering student to provide, a certified copy of any child custody order or decree which has been issued with respect to the student. The custodial parent of such a student must also provide the school with certified copies of any later court orders which modify the original custody order or decree.

PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION.

1. STUDENT DATA

Grade student will be entering _____

Has student ever attended Coshocton Opp School?
Yes ___ No ___ If YES: School _____

Student Name (LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE):

Grade(s) Enrolled _____

First

Middle

Last

Last Name Suffix (Jr., III, etc) _____

Gender (circle one)

F or **M**
one):

Social Security # _____

County of Residence (circle

Home Phone: Area Code _____ --- _____ Unlisted? Yes ___ No ___

Coshocton

Street Address _____

Knox Holmes

P.O. Box # _____ City _____ Zip _____

Licking Muskingum

STUDENT'S BIRTH DATA

Date of Birth: Month _____ Day _____ Year _____ Mother's Maiden Name _____

Birth City _____ State _____ If child was born outside U.S., list country _____

Citizenship of student: _____ USA Other _____ (specify country) Native Language spoken in home: _____ English Other _____ (specify language)

If child was born outside the U.S., how many years has he/she been attending a U.S. school? _____

2. RACIAL / ETHNIC DATA

PLEASE ANSWER BOTH A AND B

A. Is the student Hispanic/Latino?

(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

___ Yes ___ No (go to part B)

B. Is the student: (check all that apply)

___ **American Indian or Alaska 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.)

___ **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.)

___ **Black or African American** (Persons having origins in any of the black racial groups in Africa.)

___ **Native Hawaiian or Pacific Islander** (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

___ **White** (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

(If left blank, ethnicity will be determined by observer identification)

Coshocton Opportunity School is mandated by the United States Department of Education, under the No Child Left Behind Act, to collect and report this information for all students who enroll in the school district.

3. PREVIOUS SCHOOL INFORMATION

◆ Does your child have an IEP or 504 plan or has he/she received special education services in the past?

Yes ___ No ___
(If yes, provide a current copy of IEP and ETR.)

◆ Is student under expulsion from previous school?

Yes ___ No ___

◆ School where child was most recently enrolled:

District _____

School _____

School Address _____

Phone # _____

Fax # _____

PLEASE COMPLETE REVERSE SIDE

PLEASE COMPLETE REVERSE SIDE

PLEASE PRINT - PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION

Student Name _____ Grade _____

4. FAMILY & CUSTODIAL DATA

◆ **Status of Biological Parents:** _____ Parents Married _____ Parents never Married _____ Parents Separated _____ Parents Divorced
_____ Father Deceased _____ Mother Deceased

◆ **Who has legal custody of this student?** _____

If a divorce or guardianship situation exists, we must have a certified full copy of the order of decree. This is per State of Ohio Law (ORC 3313.672) and the Missing Children's Act.

◆ **Student lives with:** _____ Mother & Father _____ Mother only _____ Mother & Stepfather _____ Father only _____ Father & Stepmother
_____ Foster Parent _____ Host parent _____ Court appointed Guardians/Grandparents _____ Other

INFORMATION for Mother /Guardian/ Foster Parent (circle one)

Name _____
First M.I. Last

Home address _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

Employer _____ Work phone _____

INFORMATION for Father /Guardian/ Foster Parent(circle one)

Name _____
First M.I. Last

Home address _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

Employer _____ Work phone _____

Why do you want to attend Coshocton Opportunity School?

INFORMATION for Step-Mother /Step-Father (circle one)

Name _____
First M.I. Last

Home address _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

Employer _____ Work phone _____

OFFICE STAFF

HAVE YOU COLLECTED?

Legal Birth Certificate	Y	N
Proof of Residency	Y	N
Immunization Record	Y	N
Social Security Card	Y	N
Legal Custody Documents	Y	N
Court/Foster Placement Form	Y	N
Copy of IEP, if applicable	Y	N

5. PARENT / GUARDIAN SIGNATURE

I, the undersigned, state that I am the parent or legal guardian of the above named student and that the registration information provided is true and correct.

Signature of _____
Parent/Legal Guardian **X** _____ Date: **X** _____

COSHOCTON OPPORTUNITY SCHOOL EMERGENCY MEDICAL AUTHORIZATION

Student Name: _____

Telephone #: _____

Student Address: _____
Street City State Zip

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.

Residential Parent or Guardian

Mother's Name _____

Contact Phone # _____

Father's Name _____

Contact Phone # _____

Other Contact _____

Contact Phone # _____

Name of Relative Living Closest To You _____

Relationship _____ Contact Phone # _____

Address _____
Street City State Zip

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT

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

Doctor _____

Phone _____

Dentist _____

Phone _____

Medical Specialist _____

Phone _____

Local Hospital _____

Emergency Room Phone _____

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

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

Signature of Parent _____ Date _____

PART II - REFUSAL TO CONSENT

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

Signature of Parent _____ Date _____

2020-2021 Coshocton Opportunity School – Household income

Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.		Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
	School	Grade		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-digit case number for the person who receives benefits and **skip to Part 5**. If no one receives these benefits, **skip to Part 3**.

NAME: _____ 7-DIGIT CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [SCHOOL, HOMELESS LIAISON, or MIGRANT COORDINATOR] at [EMAIL] or [PHONE NUMBER].

Homeless ☐ Migrant ☐ Runaway ☐

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/ quarterly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.

Please check a box: ☐ Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

☐ No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

Signature of Parent/Guardian: _____ Date: _____

Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of your Social Security Number: _____ ☐ I do not have a Social Security Number

Part 7. Children's ethnic and racial identities: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:	Choose one or more (regardless of ethnicity):
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> White
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander

ANNUAL MEDICAL UPDATE 2020-2021

STUDENT NAME

DATE OF BIRTH

BUILDING

GRADE & TEACHER

I. **HEALTH CONDITIONS** — Please, check any that this student has had: DATE OF LAST EXAM: PHYSICAL _____ DENTAL _____

<input type="checkbox"/> Abnormal spinal curvature (scoliosis, etc.)	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Allergies or hay fever (list below in section IV)	<input type="checkbox"/> Diarrhea, or Constipation	<input type="checkbox"/> Rubella (3 day measles)
<input type="checkbox"/> Anemia	<input type="checkbox"/> Eczema	<input type="checkbox"/> Seizures/epilepsy
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Emotional Problems	<input type="checkbox"/> Sickle Cell disease
<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches (frequent)	<input type="checkbox"/> Skin rashes (frequent)
<input type="checkbox"/> Behavior problems	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Stool soiling
<input type="checkbox"/> Birth or congenital malformation	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Throat infections (frequent)
<input type="checkbox"/> Cancer, Type _____	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Tics/nervous twitches
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles (10 day)	<input type="checkbox"/> Tuberculosis or + TB
<input type="checkbox"/> Concern about siblings/friend relationship	<input type="checkbox"/> Meningitis or Encephalitis	<input type="checkbox"/> Urinary Tract Infections
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Mumps	<input type="checkbox"/> Wetting (daytime/night)

Please comment, as you feel necessary, on any of the above (more space provided on back of page): _____

II. VISION AND HEARING

Frequent ear infections? _____ Which ear? _____ How often? _____
 Reduction in hearing? _____ When? _____ P.E. Tubes? _____ In place? _____
 Wears glasses/contacts (circle)? _____ Reason? (circle) Distance Close-up Other-explain _____

III. INJURIES/ILLNESSES/SURGERIES— Please list any surgeries, severe injuries or illnesses:

Injuries/Illnesses/Surgery	Age	Hospitalized/Treatment

Comments (more space provided on back of page): _____

IV. ADDITIONAL INFORMATION

DAILY medication, dosage, condition being treated:	MEDICATION or ENVIRONMENTAL ALLERGIES:
Medications taken frequently but not daily & reason:	

Signing below gives your permission for the school nurse to contact your child's physician concerning any health care concerns and for this information to be shared with school staff as needed to care for your child during the 2015/2016 school year.

COMPLETED BY: _____ RELATIONSHIP TO STUDENT: _____ DATE: _____

Please attach any other relevant medical information, if necessary. Addition comments concerning health issues, medications & concerns: _____

Blank lined area for medical information and comments.

Medical Records (including Protected Health Information), and
Records Pertaining to Drug and Alcohol Treatment Programs

This form is designed to be used by school districts and other organizations that collaborate with the Muskingum Valley Educational Service Center and its Care Team Collaborative in planning, coordinating, and delivering services to CTC children and families. This form addresses release, use, disclosure, and re-disclosure of confidential information for the purposes of care coordination, delivery of services, and payment for services and program operations. This form complies with the requirements of Sections 3319.321 and 3793.13 of the Ohio Revised Code regarding education and drug and alcohol program records, federal requirements for disclosure of alcohol and drug records (42 CFR Part 2), Protected Health Information under HIPAA (45 C.F.R. Parts 160 and 164), and education records (34 CFR Part 99).

Dear Parent/Guardian:

Our school participates in Muskingum Valley Educational Service Center's Care Team Collaborative (CTC). We have developed a strong relationship between our school and the community partners who provide Care Team related services. In order to plan and provide services to your child, we may need to share information with CTC community partners regarding your child's education records, medical records and/or records pertaining to drug or alcohol treatment programs.

By completing this form, you authorize and permit us to release your child's education records to the CTC. You also authorize the CTC to share its records regarding your child, including education records, with CTC members and partners, as may be needed to provide services.

By completing this form, you also authorize and direct any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to your child to disclose and release medical records, including any and all protected health information in its possession, to the Muskingum Valley Educational Service Center and its Care Team Collaborative. You also authorize the CTC to share these records with CTC members and partners. **Medical records will be obtained and shared by CTC only as needed to plan and provide services to your child.**

You may request a copy of any records that are disclosed pursuant to this authorization. The CTC will maintain a record of each disclosure of personally identifiable information from your child's records. This record will be maintained with your child's education records as long as these records are maintained by the CTC. The CTC will maintain a record of each time it shares personally identifiable information from your child's records with CTC members and providers.

You may withdraw this consent at any time by giving written notice to the CTC and to your child's school district, and to any health care and/or drug and alcohol treatment providers subject to this consent. However, withdrawal of consent will apply only to information exchanges after the withdrawal is received.

Coshocton
County Use
Only

Attachment A

This authorization for disclosure, receipt and re-disclosure of records may apply to the following organizations and people who work at those organizations. These organizations work together to deliver services to students participating in Muskingum Valley Educational Service Center's Care Team Collaborative.

Coshocton County Department of Job & Family Services Coshocton County Health Department Coshocton County Board of MR/DD Mental Health & Recovery Services Department of Youth Services Thompkins Child & Adolescent Services Coshocton Behavioral Health Services Family PACT Coshocton County WIC Muskingum Valley Educational Service Center Art Therapy Ed & Chris Gallagher	Six County, Inc. Coshocton City Health Department Coshocton City Schools Big Brothers/ Big Sisters Coshocton County Juvenile Court Coshocton County Family & Children First Council Help Me Grow First Step Family Intervention Services Coshocton County GRADS Care Team Collaborative JOG Other: (Please list below.)
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I hereby give permission to obtain, use, and re-disclose health, alcohol and drug, and education records as described below.

1. The child whose information may be used or disclosed is:

Name: _____ Date of Birth: _____ Soc. Sec. # _____

2. The information that may be used or disclosed includes (initial all that apply):

_____ Education Records _____ Alcohol or Drug Treatment Records
_____ Health Records, including Protected Health Information _____ All of the records listed

3. This information may be disclosed by (initial all that apply):

_____ Any person or organization possessing the information to be disclosed _____ The persons or organizations listed in Attachment A
_____ The following persons or organizations who provide services to my child (list below):

4. This information may be disclosed to (initial all that apply):

_____ Any person, organization that needs the information to provide services to my child, pay for those services, engage in quality assurance or other health care operations related to that person _____ The persons or organizations listed in Attachment A
_____ The following persons or organizations (list below):

5. The purposes for which this information may be used and disclosed include:

- Evaluation of eligibility to participate in programs supported by or available through the Muskingum Valley Educational Service Center Care Team Collaborative or its member agencies, service providers, and/or school districts;
- Delivery of services, including care coordination and case management;
- Payment for services; and
- Other administrative and operational purposes, such as quality assurance.

6. This authorization expires 30 calendar days after the start of the next school year unless marked below. (Only mark if you want a DIFFERENT expiration date)

- ☐ Expires on this date: _____
- ☐ Permission only applies for the following time period: From (date) _____ to (date) _____
- ☐ Other limitation: Explain. _____

7. CTC has permission to use my child's photograph for purposes related to informing others about CTC programs and services. I understand my child's name or other personally identifiable information will not be associated with photographs without my express permission.

☐ Yes

☐ No

8. I understand that I may revoke this permission. I understand that if this permission is revoked, it may not be possible for my child to continue to participate in certain programs or receive certain services. I may be informed of that possibility if I wish to revoke this permission. I understand records disclosed before this permission is revoked may not be retrieved, and any person or organization that relied on this permission may continue to use or disclose records and protected health information as needed to complete work begun because this permission was given.
9. I understand that federal and state law permit health, alcohol or drug abuse records possessed by a school and properly deemed to be educational records to be re-disclosed without the consent of a parent or guardian to schools and other entities authorized to receive educational records, when such re-disclosure is for reasons authorized by law.
10. I understand that Ohio and federal law generally prohibit persons receiving health, alcohol or drug abuse records from re-disclosing those records without permission. I understand that not every organization that may receive health records is required to follow federal HIPAA rules governing use and disclosure of protected health information. I HEREBY GIVE PERMISSION TO THE PERSONS AND ORGANIZATIONS THAT RECEIVE RECORDS PURSUANT TO THIS AUTHORIZATION TO RE-DISCLOSE THE RECORDS AND THE INFORMATION IN THE RECORDS TO PERSONS OR ORGANIZATIONS DESCRIBED IN PARAGRAPH 4 FOR THE PURPOSES PERMITTED IN PARAGRAPH 5, BUT FOR NO OTHER PURPOSE.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Student Name (Print)

Student Signature

Date

See Attachment A for list of partners supporting Care Team in my school district.

REFUSAL TO CONSENT

My student, _____, has been offered Care Team Collaborative services and supports. I refuse consent at this time. I understand that my refusal may result in further lack of school success, possibly leading to out of school suspension, court involvement and/or failure to graduate.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Student Name (Print)

Student Signature

Date

Page 4 of 4

STUDENT – PARENT/GUARDIAN SIGNATURE FORM

HANDBOOK AND ALL POLICIES ARE AVAILABLE ON THE SCHOOL WEBSITE **WWW.COSHOCTONOPPORTUNITYSCHOOL.COM**

By signing below, I am verifying that I have received and read copies of the policies, rules and regulations referred to and that I give permission for my child to participate in the designated activities. Initial each item in agreement.

ACKNOWLEDGE OF STUDENT HANDBOOK

Parent Initials Student Initials

I have read and understand the Student Handbook.

COMPUTER PRIVACY AND ACCEPTABLE USE POLICY

Parent Initials Student Initials

I have read and agree to the Network Privacy and Acceptable Use Policy. I will repay the District for any fees, expense, or damages incurred as a result of my or my child's use or misuse of the Network or equipment.

PERMISSION FOR PHOTOGRAPHY, VIDEOTAPING AND MEDIA PUBLISHING

Parent Initials Student Initials

There are potential dangers associated with the posting of personally identifiable information on a website since global access to the Internet does not allow us to control who may access such information. These dangers have always existed, however Coshocton Opportunity School recognizes that the first priority is the safety and privacy of our students. To this end, the district will implement the following procedures:

- The district will not publish a student's last name, address, phone, age or written description on our website.
- Individual pictures will only be posted with first name and only if consent is granted above.
- Groups of students in photos will have no names attached.

RIGHT TO SEARCH AGREEMENT

Parent Initials Student Initials

Any person or property (such as, but not limited to, backpacks, gym bags, lockers, band instrument cases, or any packages capable of concealing a weapon) may be searched with or without consent while under jurisdiction.

SCHOOL PROPERTY AGREEMENT

Parent Initials Student Initials

I will be financially responsible for any lost or damaged school property.

USE OF TRAINED DOGS

Parent Initials Student Initials

I understand that trained dogs may be used for blanket and individual searches.

ZERO TOLERANCE PERTAINING TO DRUGS AND

Parent Initials _____
Student Initials **ALCOHOL**

Coshocton Opportunity School prohibits the use, possession, concealment or distribution of any drug or any drug-related paraphernalia as the term as defined by law, on school grounds, on school vehicles, and at any school-sponsored events. The minimum punishment for violation of this policy will be one as per discipline section of the handbook.

FERPA and DIRECTORY INFORMATION (Policy #***)**

Parent Initials _____
Student Initials

I give permission to Coshocton Opportunity School to release directory information regarding my student. Directory information may include: student's name, address, telephone number, date and place of birth, major field of study, participation in activities and sports, height and weight if a member of an athletic teams, dates of attendance, date of graduation or awards received.

GOVERNING AUTHORITY MEMBERS QUALIFICATONS POLICY NO. 1470

Parent Initials _____
Student Initials

SCHOOL ASSET POLICY POLICY NO. 1753

Parent Initials _____
Student Initials

PROCUREMENT OF EPINEPHRINE AUTO-INJECTORS BY SCHOOLS POLICY NO. 2241

Parent Initials _____
Student Initials

DIABETIC CARE POLICY NO. 2270

Parent Initials _____
Student Initials

ADMINISTRATION OF NALOXONE POLICY NO. 2460

Parent Initials _____
Student Initials

ENVIRONMENTAL SAFTEY POLICIES NO. 2500

Parent Initials _____
Student Initials

CRISIS MANAGEMENT AND RESPONSE PLAN POLICY NO. 2630

Parent Initials _____
Student Initials

ADMISSION PROCEDURE POLICY NO. 3511

Parent Initials _____
Student Initials

KINDERGARTEN AND FIRST GRADE ADMISSION POLICY NO. 3512

Parent Initials _____
Student Initials

COLLEGE CREDIT PLUS POLICY NO. 3670

Parent Initials _____
Student Initials

Parent Initials Student Initials **CAREER ADVISING
POLICY NO. 3680**

Parent Initials Student Initials **INDEPENDENT EDUCATIONAL EVALUATION
POLICY NO. 3710.2**

Parent Initials Student Initials **STUDENT RECORDS AND RELEASE OF INFORMATION
POLICY NO. 3831
FORM NO. 3831.1**

Parent Initials Student Initials **TRACKING MISSING CHILDREN
POLICY NO. 3833**

Parent Initials Student Initials **STUDENT FINGERPRINTING
POLICY NO. 6140**

Student's Signature **Student's Printed Name** **Date**

Parent/Guardian's Signature **Parent/Guardian's Printed Name** **Date**

Parent or Guardian signature(s) _____ Date _____

Parent Information

Coshocton Opportunity School Required Testing

The internal testing program is a group of tests given to all students, usually during the school day at no cost to the student.

Date Administered	Name of Test	Grade
January (ASVAB)	Armed Services Vocational	11 Aptitude Battery
March	ACT	11
April/May	End of Year Assessment (EOC)	9, 10, 11,12

COSHOCTON OPPORTUNITY SCHOOL

TITLE IX COORDINATOR: Roger Moore

TITLE IX COORDINATOR CONTACT INFORMATION:

Address- 1205 Cambridge Road, Coshocton, Ohio 43812

Telephone- 740-622-3600

Coshocton Opportunity School: A Parent's Guide to Title I

What is Title I?

Through Title I, money is given to school districts around the country based on the number of low-income families in each district. Each district uses its Title I money for extra educational services for children most in need of educational help. The focus of the Title I program is on helping all students meet the same high standards expected of all children. Title I programs can help:

- Children do better in school and feel better about themselves
- Teachers understand the needs and concerns of students and parents
- Parents understand their child and be more involved in the child's education

What is My Role in Supporting My Student's Success?

Parents are an important part of the Title I team and are partners with the school in helping all students achieve. As the parent of a child in a Title I school, you have the right to:

- Be involved in the planning and implementation of the parent involvement program in your school
- Ask to read the progress reports on your child and school
- Request information about the professional qualifications of your child's teacher(s) including the degrees and certifications held, and whether the teacher is certified in their respective area of instruction
- Help to decide if Title I is meeting your child's needs, and offer suggestions for improvement
- Know if your child has been assigned, or taught by a teacher that is not highly qualified for at least four consecutive weeks
- Help develop your school's plan for how parents and schools can work together

What is the State's Role in Supporting My Student's Success?

The Ohio Department of Education is required to carry out the following actions:

- Partner with other agencies and institutions to provide leadership and guidance to local educational agencies (LEAs) and schools in accord with Section 1118, Parental Involvement, of ESEA to enable parents to become strongly involved in their children's education
- Disseminate to LEAs and schools information about effective parental involvement practices that:
- Make use of the most current professional research
- Foster high achievement by all students
- Lower the barriers to greater participation by parents in the process of review and improvement in school planning
- Provide parents with an easy-to-understand annual state report card regarding student achievement and the professional qualifications of instructional staff
- Review the progress of each LEA annually to determine:
- If each LEA is carrying out its responsibilities regarding assessment, parental involvement, school improvement and support, and the qualifications of teachers and paraprofessionals
- Monitor compliance with Title I law, including review of the LEA's parental involvement policies and practices

What is the School District's Role in Supporting My Student's Success?

Local educational agencies (LEAs) are defined as school districts, county offices of education, and direct-funded charter schools that are responsible for the following actions:

- Plan and implement educational programs, activities, and procedures as required under Title I that involve parents
- Develop a parental involvement policy with the participation of parents
- Provide full opportunities for participation of parents with limited English proficiency, disabilities and parents of migratory children, and when appropriate, in a language and format that they can understand
- Conduct annual parent surveys and implement changes based upon the results of those surveys
- Build capacity by providing early literacy and technology trainings that will help parents work with their children to improve academic achievement

What is the School's Role in Supporting My Student's Success?

The Coshocton Opportunity School is a part of the Title I Schoolwide program. This means that school staff work to improve the school's educational program in an effort to increase the achievement of *all* students, particularly those who are low achieving and thus could benefit from extra supports or services. Title I schools are responsible for the following actions:

- Send notifications to parents about the school's policy in an understandable language and format
- Hold an annual meeting, at a convenient time for parents, to discuss the school's parental involvement plan, budget, how funding is spent and the rights of parents to be involved
- Develop jointly, with the parents of participating students, a school-parent compact
- Offer parental meetings at various times (schools may also pay for transportation and childcare, when reasonable and necessary)
- Involve parents in the planning, review, and improvement of Title I programs, including the school parental involvement policy
- Build capacity by supporting the development of parent advisory councils or parent leadership teams
- Provide information to parents about the state standards and curriculum and how parents can monitor their child's progress

How can parents get involved?

- Learn more about the school, curriculum, special programs, Title I and your rights and responsibilities
- Teach your child in ways that will add to what the teacher is doing
- Know Your Rights because knowledge is power
- Participate and Support your child academically at school and home
- Make Decisions about your child's education and academic program
- Keep in contact with your child's teacher through telephone, e-mail, or face-to-face conversations

2019 DORP Report for Coshocton Opportunity School

IRN: 000598
School Type: High School

Address: 1205 Cambridge Rd
Coshocton, OH 43812-2741

County: Coshocton
ITC: OME-RESA
Sponsor: Office of School Sponsorship

Graduation Rates

4-Year Graduation Rate

Applies to the Class of 2018, i.e. students who entered 9th grade in 2015 and graduated by 2018.

Class of 2018	Students Graduated:	Students Countable:	Graduation Rate:
32	37		86.5%



RATING

Exceeds Standards

Exceeds 36.0-100.0%
Meets 8.0-35.9%
Does Not Meet 0.0-7.9%

7-Year Graduation Rate

Applies to the Class of 2015, i.e. students who entered the 9th grade in 2012 and graduated by 2018.

Class of 2015	Students Graduated:	Students Countable:	Graduation Rate:
32	41		78.0%



RATING

Exceeds Standards

Exceeds 40.0-100.0%
Meets 12.0-39.9%
Does Not Meet 0.0-11.9%

8-Year Graduation Rate

Applies to the Class of 2014, i.e. students who entered the 9th grade in 2011 and graduated by 2018.

Class of 2014	Students Graduated:	Students Countable:	Graduation Rate:
22	26		84.6%



RATING

Exceeds Standards

Exceeds 40.0-100.0%
Meets 12.0-39.9%
Does Not Meet 0.0-11.9%

6-Year Graduation Rate

Applies to the Class of 2016, i.e. students who entered 9th grade in 2013 and graduated by 2018.

Class of 2016	Students Graduated:	Students Countable:	Graduation Rate:
22	28		78.6%

Combined Graduation Rate

The weighted average of the five individual graduation rates.

Combined Graduates:	Combined Students:	Graduation Rate:
134	168	79.8%



RATING

Exceeds Standards

Exceeds 40.0-100.0%
Meets 12.0-39.9%
Does Not Meet 0.0-11.9%



RATING

Exceeds Standards

Exceeds 40.0-100.0%
Meets 12.0-39.9%
Does Not Meet 0.0-11.9%



RATING

Exceeds Standards

Exceeds 40.0-100.0%
Meets 12.0-39.9%
Does Not Meet 0.0-11.9%

High School Assessment Test Passage Rate

The test passage rate is the percent of students in 12th grade or nearing 22 years old who have passed all required high school assessments.

Students in the School for a Full Academic Year:

7

Students Who Passed All Required Tests:

0

Students who Passed All Required Tests:

NC

Exceeds 68.0-100.0%
Meets 32.0-67.9%
Does Not Meet 0.0-31.9%

Graph not displayed because result was Not Calculated

RATING

Not Rated

Progress

This measures the progress for all students in math and reading.

Progress Score
Reading
Mathematics
Overall

Not Rated Not Rated Not Rated

Exceeds 2.00 and up
Meets -2.00 to 1.99
Does Not Meet below -2.00

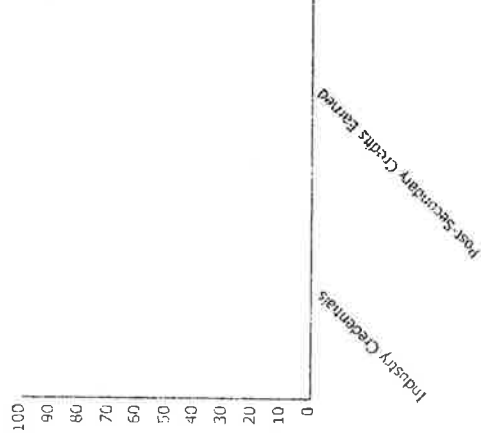
RATING

Not Rated

Other Student Outcome Data

Denominator (Graduation Cohort for 2014 - 2018): 73

	Student #	Pct
Industry Credentials	1	1.0
Post-Secondary Credits Earned	0	0.0



Annual Measurable Objectives

The Annual Measurable Objectives score is determined using multiple data points. For each student subgroup, the school's results are compared to the statewide Annual Measurable Objectives (AMOs). "Points" are earned based on how the school compared to the AMO, to their results last year (improvement), and to how far they were from meeting the AMO (the "gap"). These points are averaged to determine a preliminary score and rating, which may be demoted if certain minimum performance requirements are not met.

AMO - English Language Arts Proficiency

Subgroup	Metrics	Took Test #	Perf Index	Goal	LT Goal	LT Gap	Took Test LY #	Perf Index LY	Improve	LT Gap Close %	VA Gain Index	Points
All Students		11	NC	85.8	100.0	NC	7	NC	NC	NC	NC	NR
Am. Indian or Alaskan Native		0	NC	89.8	88.0	NC	0	NC	NC	NC	NC	NR
Asian or Pacific Islander		0	NC	89.8	95.8	NC	0	NC	NC	NC	NC	NR
Black, Non-Hispanic		1	NC	85.8	79.7	NC	1	NC	NC	NC	NC	NR
Hispanic		0	NC	89.8	84.4	NC	2	NC	NC	NC	NC	NR
Multiracial		0	NC	89.8	88.0	NC	0	NC	NC	NC	NC	NR
White, Non-Hispanic		10	NC	87.1	82.4	NC	4	NC	NC	NC	NC	NR
Economic Disadvantage		8	NC	72.4	83.8	NC	7	NC	NC	NC	NC	NR
English Learner		0	NC	67.5	80.9	NC	0	NC	NC	NC	NC	NR
Students with Disabilities		3	NC	59.6	76.3	NC	0	NC	NC	NC	NC	NR

Total of Subgroup Points: 0.0
Possible Subgroup Points: 0.0
English Language Arts Points Earned (Total / Possible): 0.0

1. If Perf Index is greater than the (Short Term) Goal, then 100.0 points are earned and the Long Term Gap is N/A. If not, the LT Gap is the difference between Perf Index and the Long Term Goal. Subgroups of less than 20 students are Not Rated (NR).
2. A full 100.0 points are also awarded if the single year Value Added Gain Index for the subgroup is at least 1.0.
3. Otherwise, LT Gap Close % = (Improv / LT Gap) * 100., and the points awarded are LT Gap Close % * 10. It is impossible to earn more than 100 or less than zero points.
4. After all subgroup points have been calculated, they are added together. The total is divided by the maximum points possible (100 x number of subgroups that were not NR) to determine the final points for Reading.

AMO - Math Proficiency

Subgroup	Metrics	Took Test #	Perf Index	Goal	LT Goal	LT Gap	Took Test LY #	Perf Index LY	Improve	LT Gap Close %	VA Gain Index	Points
All Students		12	NC	86.2	100.0	NC	8	NC	NC	NC	NC	NR
Am. Indian or Alaskan Native		0	NC	78.1	87.1	NC	0	NC	NC	NC	NC	NR
Asian or Pacific Islander		0	NC	97.9	96.8	NC	0	NC	NC	NC	NC	NR
Black, Non-Hispanic		1	NC	63.5	78.5	NC	2	NC	NC	NC	NC	NR
Hispanic		0	NC	73.8	84.6	NC	2	NC	NC	NC	NC	NR
Multiracial		0	NC	78.9	87.6	NC	0	NC	NC	NC	NC	NR
White, Non-Hispanic		11	NC	88.3	93.1	NC	4	NC	NC	NC	NC	NR
Economic Disadvantage		9	NC	72.7	84.0	NC	8	NC	NC	NC	NC	NR
English Learner		0	NC	71.6	83.4	NC	0	NC	NC	NC	NC	NR
Students with Disabilities		5	NC	60.5	76.8	NC	0	NC	NC	NC	NC	NR

Total of Subgroup Points: 0.0
Possible Subgroup Points: 0.0
Math Points Earned (Total / Possible): 0.0

1. If Perf Index is greater than the (Short Term) Goal, then 100.0 points are earned and the Long Term Gap is N/A. If not, the LT Gap is the difference between Perf Index and the Long Term Goal. Subgroups of less than 20 students are Not Rated (NR).
2. A full 100.0 points are also awarded if the single year Value Added Gain Index for the subgroup is at least 1.0.
3. Otherwise, LT Gap Close % = (Improv / LT Gap) * 100., and the points awarded are LT Gap Close % * 10. It is impossible to earn more than 100 or less than zero points.
4. After all subgroup points have been calculated, they are added together. The total is divided by the maximum points possible (100 x number of subgroups that were not NR) to determine the final points for Math.

AMO - Graduation Rate

Subgroup	Metrics	Grads #	Non-Grads #	Cohort Students #	Grad Rate %	Goal	Gap	Grads LY #	Non-Grads LY #	Cohort Students LY #	Grad Rate LY %	Improve Points
All Students		32	5	37	86.5	86.5	N/A	25	11	36	69.4	171.3
Am. Indian or Alaskan Native		0	0	0	NC	79.9	NC	0	0	0	NC	NC
Asian or Pacific Islander		0	0	0	NC	89.3	NC	0	0	0	NC	NC
Black, Non-Hispanic		2	0	2	NC	70.3	NC	0	0	0	NC	NC
Hispanic		0	0	0	NC	76.2	NC	1	0	1	NC	NC
Multiracial		2	0	2	NC	81.0	NC	2	0	2	NC	NC
White, Non-Hispanic		28	5	33	84.8	89.3	82.1	22	11	33	66.7	100.0
Economic Disadvantage		32	5	37	86.5	75.7	N/A	24	11	35	68.6	100.0
English Learner		0	0	0	NC	61.2	NC	0	0	0	NC	NC
Students with Disabilities		13	2	15	NC	73.8	NC	9	7	16	NC	NC

Total of Subgroup Points: 300.0

Possible Subgroup Points: 300.0

Graduation Rate Points Earned (Total / Possible): 100.0

1. If [Grad Rate %] is greater than the Goal, then 100.0 points are earned and the Gap is not applicable (N/A). If not, the Gap is the difference between [Grad Rate %] and the Goal. Subgroups of less than 20 students are Not Rated (NR).
2. Improvement from last year's result is [Grad Rate %] minus [Grad Rate LY %]. If Improvement is greater than the Gap, then 100.0 points are earned.
3. Otherwise, partial points are awarded using the formula (Improvement / Gap) * 100. It is impossible to earn more than 100 or less than zero points.
4. After all subgroup points have been calculated, they are added together. The total is divided by the maximum points possible (100 x number of subgroups that were not NR) to determine the final points for Graduation Rate.

AMO - English Learners

	This Year	Last Year	Change
EL Students #	0	0	
Proficient #	0	0	
Not Proficient, Met Growth Target #	0	0	
Met %	0.000	0.000	0.000
Interim Goal %	54.0		
Interim Goal Met?	*		
Long Term Goal %	75.0	75.0	
Long Term Goal Gap	0.000	75.000	-75.000

Met %
Improvement

Current
Year Gap

$$0.000 / 0.000 = 0.000\% = 0.000 \text{ Points}$$

- 1) Please note that intermediate calculations are not rounded. Although three decimal places are displayed in this table, *all* decimal places are used internally until the final calculation, where the final points earned are rounded to one decimal place.
- 2) If the gap improvement is more than 10%, so the maximum 100 points have been earned.

AMO - Preliminary Score

The preliminary score is the average of the English Language Arts, Math, and Graduation Rate from the preceding pages. The result is applied to the rating scale to determine a preliminary rating.

English Language Arts Points:	0.0	Rating Scale:	Preliminary Rating:
Math Points:	0.0	Exceeds Standards 36.0 - 100.0%	Exceeds Standards
Graduation Rate Points:	100.0	Meets Standards 1.0 - 35.9%	
English Learner Points:	0.0		

Preliminary Score: 100.0

Does Not Meet Standards 0.0 - 0.9%

AMO - Rating Demotions

Participation Rates

The minimum Participation Rate is 95.0%. If any subgroup does not meet this requirement in either English Language Arts or Math, a rating demotion occurs. Participation Rate is not calculated if a subgroup does not have at least 40 students required to take the test.

English Language Arts

Subgroup	Metrics	Required to Participate #	Participated #	Participation Rate %
All Students		18	18	NC
Am. Indian or Alaskan Native		0	0	NC
Asian or Pacific Islander		0	0	NC
Black, Non-Hispanic		1	1	NC
Hispanic		0	0	NC
Multiracial		0	0	NC
White, Non-Hispanic		17	17	NC
Economic Disadvantage		13	13	NC
English Learner		0	0	NC
Students with Disabilities		4	4	NC

Math

Subgroup	Metrics	Required to Participate #	Participated #	Participation Rate %
All Students		18	18	NC
Am. Indian or Alaskan Native		0	0	NC
Asian or Pacific Islander		0	0	NC
Black, Non-Hispanic		1	1	NC
Hispanic		0	0	NC
Multiracial		0	0	NC
White, Non-Hispanic		17	17	NC
Economic Disadvantage		13	13	NC
English Learner		0	0	NC
Students with Disabilities		6	6	NC

AMO - Final Score and Rating

If a rating demotion is required, then the preliminary score is reduced by 5.0 points to determine the final score. The final score is applied to the rating scale to determine the final rating.

Preliminary Rating:
Exceeds Standards

Demotion Required?

No

Final Score:

100.0

Rating Scale:

Exceeds Standards 36.0 - 100.0%

Meets Standards 1.0 - 35.9%

Does Not Meet Standards 0.0 - 0.9%

RATING

Exceeds Standards

Overall Rating for the Dropout Recovery School

Combined Graduation Rate:

High School Assessment Test Passage:

Progress:

Annual Measurable Objectives:

0 points earned out of a possible 0 = **0.0%**

A school that improves its High School Assessment Test Passage Rate and the 4-year, 5-year, 6-year, 7-year, and 8-year Graduation Rates by 10% or more in both the current and prior two year comparison periods can be rated no lower than Meets Expectations.

Exceeds	Meets	Does Not Meet
30	20	0
20	10	0
30	20	0
20	10	0

Rating Scale:
 Exceeds Standards 80.0 - 100.0%
 Meets Standards 40.0 - 79.9%
 Does Not Meet Standards 0.0 - 39.9%

0

H.S. Test Passage	2 Yrs Ago %	Last Year %	Improve %	Current %	Improve %
4-Year Grad Rate	75.0	0.0		NC	
5-Year Grad Rate	75.0	69.4		86.5	
6-Year Grad Rate	84.2	88.0		72.2	
7-Year Grad Rate	84.6	84.2		78.6	
8-Year Grad Rate	79.4	84.6		78.0	
	80.6	79.4		84.6	

Met All Twelve Criteria? No

[Click here](#) to see the Secure Data Center - Status of Reports report

RATING
Not Rated