

## HARDIN COMMUNITY SCHOOL

### REQUEST FOR STUDENT RECORDS

Students Name \_\_\_\_\_ Date of Request \_\_\_\_\_  
DOB \_\_\_\_\_ Grade \_\_\_\_\_ Records for the \_\_\_\_\_ School Year  
School requesting records from \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax/email \_\_\_\_\_

The student listed above has applied to HARDIN COMMUNITY SCHOOL. We are requesting copies of the following documents:

- \_\_\_\_\_ Students Official Transcripts (with history of grades received and credits earned)
- \_\_\_\_\_ Standardized test results/scores (all past and current results)
- \_\_\_\_\_ Completed Confidential School Reports
- \_\_\_\_\_ Special Education (IEP/ETR or 504) Documents
- \_\_\_\_\_ Birth certificate and Custody papers
- \_\_\_\_\_ Immunization and other health records

Hardin Community School Staff requesting records \_\_\_\_\_

Please send records to one of the following:

Fax: 419-675-3408

Email: Bridget Moots-EMIS Coordinator [bmoots@mresc.org](mailto:bmoots@mresc.org)

Wade Melton-School Director [wademelton@hardinohio.us](mailto:wademelton@hardinohio.us)

Should you have questions, please call 419-673-3210      IRN-011324

## HARDIN COMMUNITY SCHOOL

400 Decatur Street

Kenton, OH 43326

419-673-3210 Fax-419-675-3408

STUDENT ENROLLMENT FORM-All content on this form must be your legal registered information.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Current Grade \_\_\_\_\_

School District of Residence: \_\_\_\_\_ County: \_\_\_\_\_

First day of Attendance: \_\_\_\_\_

Has family/student qualified for free or reduced lunch program (circle one) FREE REDUCED NONE

**Parent 1 /Guardian 1 Information:** Mother, Father, Biological, Step, Foster or Adoptive

Relationship to Student (Name) \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

Home/work phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Parent EMAIL \_\_\_\_\_

**Parent 2 /Guardian 2 Information:** Mother, Father, Biological, Step, Foster or Adoptive

Relationship to Student (Name) \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

Home/work phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Parent EMAIL \_\_\_\_\_

Parent/Student Signature indicates enrollment in Striving to Engage Potential Community School.

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

Student (if over 18, student understands they are signing enrollment form for themselves)

**\*\*Student Signature** \_\_\_\_\_

**PLEASE ATTACH SOCIAL SECURITY CARD (optional), BIRTH CERTIFICATE, SHOT, VISION AND HEARING RECORDS and Proof of Residency.**

## **EMERGENCY MEDICAL FORM**

Purpose-To enable parents/ guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority, when parents/guardians can not be reached.

Student name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Student resides with (Please circle all that apply)    Mother    Father    Stepparent    Guardian    Foster  
Other \_\_\_\_\_

Please list only those authorized to make decisions in an emergency involving this student.

Parent 1 \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent 2 \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Step/Guradian \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Preferred Physician** \_\_\_\_\_

Office Number \_\_\_\_\_

**Preferred Dentist** \_\_\_\_\_

Office Number \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_

ER Number \_\_\_\_\_

**Refusal to Consent-I do not give** my consent for emergency treatment for my child.

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

In the event, if reasonable attempts to contact me are unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the preferred doctors indicated, or, in the event the designated preferred practitioner is not available, by another licensed doctor, dentist and (2) the transfer of said child to any hospital reasonably accessible. This authorization does not cover major surgeries unless the medical opinions of the 2 other licensed doctor or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of surgery.

**MEDICAL HISTORY:** Please include facts concerning the child's medical history such as allergies, medications being taken, physical impairments of which a physician and/or school staff should be alerted: \_\_\_\_\_

\_\_\_\_\_

The Ohio Legislature has required all school districts to gather the following data as part of the statewide Education Management Information System. (EMIS)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Gender (Please Circle)      MALE      FEMALE

Student Citizen Status (Please Circle)      US Citizen      Other/Non-Citizen      Exchange Student

Student Home Language (Please Circle)      English      Other \_\_\_\_\_

Students Race Detail- (Please Circle)      White      Black/African Am.      Asian      Am. Indian or  
Alaskan Native      Native Hawaiian or Other Pacific Islander

Is student of Hispanic/Latino heritage?      YES      or      NO

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

Student's Birth City \_\_\_\_\_

**NOTE:** When the parent or guardian refuses to provide their child's racial group, the district shall use observer identification. This designation is required to be communicated to the parent or guardian by the district prior to designation.

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

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

## **PROOF and VERIFICATION OF STUDENT RESIDENCY**

Overview of changes to HOUSE BILL 21, which became effective Sept. 28, 2018, creates new requirements for community schools regarding student enrollment and residency.

Under HB21, the governing board of a community school is now required to complete the following:

- \*Review monthly the residence records and verification of addresses of all students enrolled in the community school.
- \*Verify annually to the Ohio Department of Education the school district in which said student is entitled to attend school.
- \*Provide a copy of proof of residency

### **Upon Enrollment you must provide a proof of residency**

see examples below

- \* Electric, Gas, Water, Phone bill or a deposit receipt for start of service.
- \* Payroll Stub
- \* Govt Assistance stub
- \* Lot deed and builder agreement
- \* Rent receipt or agreement
- \* Written confirmation from the Dept of Job and Family Services of current address of parent(s)

Hardin Community school reserves the right to request proof of residency at any time during your student's enrollment.

## 2021 – 2022 Hardin Community School Calendar

August 23-24, <u>2021</u>	Staff Professional Development/Workdays
August 25	First Day of School – 1 <sup>st</sup> Semester Begins
September 3 - 7	No School - Labor Day and Fair Day
September 8	Students Return – Classes Resume
September 16	Parent/Student Success Planning
November 11	No School – Veterans Day
November 12	Students Return – Classes Resume
November 25 - 28	No School – Thanksgiving Break
November 29	Students Return – Classes Resume
December 18 – January 3, <u>2022</u>	No School – Christmas Break
January 3	Students Return – Classes Resume
January 14	End of 1st Semester
January 17	No School – Martin Luther King Jr. Day
January 18	Students Return – Classes Resume – 2nd Semester Begins
February 21	No School - President's Day
February 22	Students Return – Classes Resume
April 15 – 17	No School – Spring Break
April 18	Students Return – Classes Resume
May 19	Graduation
May 20	Last Day of School – 2 <sup>nd</sup> Semester Ends
May 23 – 24	Staff Professional Development/Workdays
Student Days: 175 days @ 6.5 hours per day = 1137.5 hours; 4 Teacher Professional Development/Workdays. School days will be 8:00 a.m. – 2:30 p.m.	
Board Approved: Pending	