

## HARDIN COMMUNITY SCHOOL

### REQUEST FOR STUDENT RECORDS

Student Name \_\_\_\_\_ Date of request \_\_\_\_\_  
DOB \_\_\_\_\_ Current grade \_\_\_\_\_  
School requesting records from \_\_\_\_\_  
Fax/email to \_\_\_\_\_  
Planned enrollment date to HCS \_\_\_\_\_ HCS IRN-011324

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

- \_\_\_ Students Official Transcripts and current grades received
- \_\_\_ Standardized test results-past and current
- \_\_\_ Completed Confidential School Reports
- \_\_\_ Special Education Documents-IEP, ETR or 504
- \_\_\_ Birth Certificate and Custody papers
- \_\_\_ Immunization and Health records
- \_\_\_ Student Success Plan
- \_\_\_ Graduation Seals Earned

Hardin Community School/Common Pleas Court Employee requesting records \_\_\_\_\_

**OR**

Parent/Guardian of student requesting records \_\_\_\_\_

PLEASE SEND RECORDS TO ONE OF THE FOLLOWING:

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

Fax-419-675-3408 Phone-419-673-3210 ext 1012

## 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

Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

Name of parent/guardian \_\_\_\_\_

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: \_\_\_\_\_



## MEDICATIONS

To allow those that need ibuprofen, Acetaminophen, Aspirin, or prescribed medication, we ask that parents provide medication in a new, unopened bottle with your student's name written on the bottle. A school staff member will dispense and record when student takes the medication.

With this policy, each parent must sign this notice and provide the above requested medication.

By signing below, you are giving permission for the school to administer such medications.

Student Name(please print)\_\_\_\_\_

Parent/guardian signature\_\_\_\_\_

**OR**

\_\_\_\_\_ NO, do not allow my student to receive medication while at school.

## ACCEPTABLE USE OF COMPUTER AND INTERNET

Every student regardless of age, must READ and SIGN below:

Each student is provided with a computer (and internet, if applicable). We ask that you treat your computer with respect and care. If a situation should arise where there is misuse with the computer provided, student/parent will take full responsibility for the repair or replacement.

I understand and agree that my access privilege may be revoked, and School disciplinary action may be taken against me.

I am 18 or older\_\_\_\_\_

I am under 18\_\_\_\_\_

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

Parent Signature(if under 18)\_\_\_\_\_

\*\*\*\*\*

I have been given a copy of the school handbook that contains the rules and conduct that must be followed while attending Hardin Community School. Should I commit any violation of the Student Code of Conduct, I understand and agree that School disciplinary action may be taken against me.

If I am signing this agreement when I am under 18, I understand that when I turn 18, this agreement will continue to be in full force and effect, and I will continue to abide by the Student Code of Conduct.

Student signature\_\_\_\_\_

Parent/guardian signature\_\_\_\_\_

Date of signatures\_\_\_\_\_

\*\*Hardin Community School is a computer-based school. It is very important that all agree and comply to rules in using the computer.

## PARENTAL CONSENT/MEDIA WAIVER

This waiver is to both inform you and request permission for your child's photo/image and personally identifiable information to be published on the Lifeworks and/or Reclaiming Futures website.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on the web site since global access to the internet does not allow us to control who may access such information. These dangers have always existed. However, we do want to celebrate your child and his/her work. The law requires that we ask your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent/guardian. Examples would include student names, photo/image, residential addresses, email, phone number and location of class trips and times.

If you as the parent/guardian ever wish to rescind this agreement, you may do so at any time in writing.

I hereby grant Hardin County Common Pleas Court, Lifeworks, and Reclaiming Futures, the right to use and reproduce any photographs, video clips, and/or audio clips taken to use in brochures, websites, flyers, and in any other publications produced for these programs. I waive the right to inspect or approve the finished version of such images including written copy that may be created in connection therewith.

I have read this document and am fully aware of the consent and implications, legal or otherwise.

Student name (PLEASE PRINT) \_\_\_\_\_

Signature of Student \_\_\_\_\_

Parent/Guardian (PLEASE PRINT) \_\_\_\_\_

Signature of Parent/guardian \_\_\_\_\_

### **PROOF OF RESIDENCY**

Per House Bill 21, Community Schools must have a copy of proof of residence upon enrollment. We are asking for you to bring in or have your student bring in one of the following:

Utility bills-any type

Rental/purchase agreement of home

Payroll stub

Written confirmation from Ohio Job and Family Services of current address of parents/guardians

**\*\*A copy will be made and returned to you.**

Please notify the school as soon as you have a change to your address or phone number throughout your student's enrollment.

Thank you for your cooperation and immediate attention to this matter.