

Hardin Community School
400 Decatur St.*Kenton, OH 43326
Phone 419-673-3210 Fax 419-675-3408
Student Enrollment Form

All content on this form must be your legal registered information

First: _____ Middle: _____ Last: _____

Street address: _____ City & Zip: _____ Phone: (____) _____

Age ____ Birth Date: ____/____/____ SS#: ____-____-____ Gender: M__ F__ Current grade level: ____

School District of Residence: _____ County: _____ Enrollment date: _____

First day in attendance: _____ Amount of academic credits student needs: _____

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

Please attach Social Security card, Birth Certificate and Shot, Vision and Hearing records.

Parents in Home: Mother _____
____ Biological ____ Adoptive ____ Step ____ Foster

Parents in Home: Father _____
____ Biological ____ Adoptive ____ Step ____ Foster

Address _____

Address _____

City & Zip _____

City & Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Best time to contact _____

Best time to contact _____

Parent signature indicates enrollment in Striving To Engage Potential Community School.

Parent/Legal Guardian Signature: _____ Date: _____

Student, if over the age of 18 understands that they are signing this enrollment form for themselves.

Student Signature: _____ Date: _____

Student is:

Physical living conditions (check all that apply)

____ Transferring from another school

____ Single family dwelling or apartment

____ Currently being home schooled

____ Mobile Home ____ School age unwed mother

____ Not currently attending school of any type

____ Multi-family in single dwelling

OFFICE USE ONLY

SSID: _____

Emergency Medical Form

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.

Student's Name: _____ Birthdate: _____ Grade: _____
Home Address: _____ Teacher/Homeroom: _____
City/State/Zip: _____ Date of Last Tetanus: _____
Student resides with (circle all that apply):
Mother Father Stepparent Guardian Other: _____

List only the names (first and last) of those who have authority to make decisions in an emergency situation involving this student. Then, indicate on the line to the left the order in which you desire contact attempts to be made based on availability (i.e., 1st, 2nd):

____ Mother: _____ Home # _____ Work # _____
____ Father: _____ Home # _____ Work # _____
____ Stepparent: _____ Home # _____ Work # _____
____ Guardian: _____ Home # _____ Work # _____
____ Relative or alternate (i.e., child care provider), if applicable: Relationship to Child: _____
Name: _____ Home # _____ Work # _____

COMPLETE ONLY ONE OF THE FOLLOWING: I. Consent for Treatment OR II. Refusal to Consent

I. CONSENT FOR TREATMENT:

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

Preferred Physician: _____
Office # _____
Preferred Dentist: _____
Office # _____
Preferred Hospital: _____
ER # _____

AND

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 action:

Parent/Guardian

Signature: _____

Address: _____

Date: _____

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 the preferred doctor indicated, 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.

MEDICAL HISTORY: Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted:

HARDIN COMMUNITY SCHOOL
SCHOOL RECORDS RELEASE REQUEST FORM

Dear Parents:

Please fill in the information below and submit it to your child's present school.

Child's name _____
Date of Birth _____
Present School _____
Current Grade _____

I hereby authorize you to release my child's school records including IEP, ETR, Test scores and other information that pertains to my child's records to Hardin Community School. I understand that any information you release will be confidential between the sending school and Hardin Community School

Parent's Signature

Date

To the School Principal or Director:

The child listed above has applied to Hardin Community School. Please forward us the student's official transcript, including current school reports, standardized tests, a completed Confidential school Report, and any relevant information. Should you have any questions please call us at 419-673-3120 or fax 419-675-3408.

You may give this form to the school you are withdrawing from or to Hardin Community School.

Thank You,
Hardin Community School Staff

*******Only for new students*******



RECLAIMING FUTURES

Communities helping teens overcome drugs, alcohol & crime

Dear Parents,

Occasionally students ask for Ibuprofen/Acetaminophen/Aspirin. In order to allow those that need Ibuprofen/Acetaminophen/Aspirin to receive this medication, we are asking that parents provide this medication in a new, unopened bottle with your child's name written on the bottle with permanent marker. Only your child will receive medication from their own bottle.

A School Staff member will dispense and record when students take the medication so amount and frequency can be tracked. A student's parent must sign this notice and provide the above requested medication. Please fill out this notice completely and return to school.

As Parent/guardian, I give my permission for my child, _____, to have Ibuprofen/Acetaminophen/Aspirin given to them during the school day from the bottle I provide. _____

(Parent Signature)

(Brand Name of Pain Reliever and Pill Count in Bottle) _____

☐ (check) if you do not wish your child to receive any pain relievers.

If you have any questions or concerns, please feel free to contact
419-673-3210

Thank you,

Wade Melton
Director, Hardin Community School

400 Decatur Street, Kenton, Ohio 43326 • Phone: 419-673-3210 •

FAX: 419-673-3408 • HCS@hardinohio.us



Association of Recovery Schools

BIOGRAPHICAL DATA FORM

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 one*) **Male** **Female**

Student Citizen Status (*Please circle one*) **1. US Citizen**
2. Exchange Student: _____ **(country)**
3. Other/Non-Citizen

Mother's Maiden Name: _____

Student's Birth City: _____

Student Home Language: **1. English** **2. Other**

USDOE Race/Ethnicity Reporting:

1) Is the student Hispanic/Latino heritage? **Yes or No**

2) Race Detail: Circle at least 1 race, more if applicable—

White Black or African American American Indian or Alaskan native
Asian Native Hawaiian or Other Island Pacifier

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/Legal Guardian Signature: _____ **Date:** _____

Acceptable Use and Internet Safety Policy for the Computer Network Form Student Agreement

Every student regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the Acceptable Use and Internet Safety Policy of the Hardin Community School. Should I commit any violation or in any way misuse my access to the School District's computer network and the Internet, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

Place an "X" in the correct blank

I am 18 or older _____

I am under 18 _____

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 Acceptable Use and Internet Safety Policy.

| | | | |
|-------------------|------------|-----|------|
| _____ | _____ | | |
| Student Name | Home Phone | | |
| _____ | / | / | |
| Student Signature | Month | Day | Year |
| _____ | / | / | |
| Parent Signature | Month | Day | Year |

.....

Student Code of Conduct Handbook Acknowledge Form

I acknowledge that I have been given a Student Code of Conduct Handbook that contains the rules and Conduct that must be followed while attending the 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.

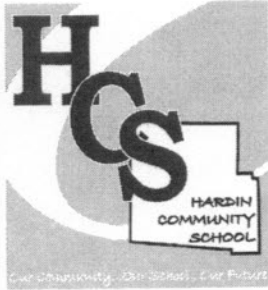
Place an "X" in the correct blank

I am 18 or older _____

I am under 18 _____

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 Name | Home Phone | | |
| _____ | / | / | |
| Student Signature | Month | Day | Year |
| _____ | / | / | |
| Parent Signature | Month | Day | Year |



Dear Hardin Community School parents/guardians,

In December of 2016, the Ohio General Assembly passed House Bill 410. This Bill is to encourage and support a preventative approach to excessive absences and truancy. Attendance is no longer tracked as being full or half day absences but instead tracks the hours the student is missing.

We understand that some absences are being taken care of by Hardin County Juvenile Court probation officers with both parties being aware of the absences. Per HB410 and school policy, Hardin Community School must follow the following guidelines for absenteeism:

- *Within 7 days of the triggering absence, HCS will make 3 meaningful attempts to contact parents/guardians by phone, email, or mail.

- *Within 10 days of the triggering absence, HCS will assign an Intervention team to the student. This team will consist of teachers and one administrator and probation officer if connected to student.

- *Within 14 days of the triggering absence, HCS will develop an Intervention plan. Once created, you will receive a copy.

Please contact the school to make sure all contact information is up to date. Feel free to call the office for questions or concerns.

Thank you,

Wade Melton

Director of Hardin Community School

419-673-3210 x1007

Lifeworks Media Waiver/Release Form

We are sending this parental consent form to both inform you and to 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 potentials dangers associated with the posting of personally identifiable information on a 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 for 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 or guardian. Personally identifiable information includes, students names, photo or image, residential addresses, email addresses, phone numbers and locations and times of class trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending alter to the Lifeworks Center and such rescission will take effect upon receipt.

I _____, hereby grant Hardin County Common Pleas Court, Lifeworks, and Reclaiming Futures, to right to use and reproduce any all photographs, video clips and/or audio clips taken f me in ay form whatsoever for use in Lifeworks and Reclaiming Futures newsletters, brochures, websites, fyers, and in any other publications produced for the aforesaid program. I waive the right to inspect or approve the finished version(s) of such images including written copy that may be created in connection therewith.

Consent is also granted for any use of my name in any part of those publications listed above.
I have read this document and am fully aware of the consent and implications, legal and otherwise.

Print Name

Signature

Address

City, State & Zip

Date

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases.

Print Name

Signature of Parents/Guardian if under 18

Date

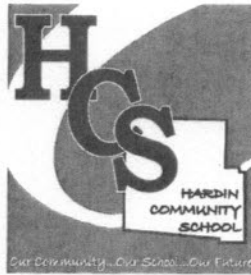
Computer Use and Condition Form

I, _____, have been issued a computer for in classroom use at the Hardin Community School. This computer has the number _____ on it to identify it from other computers. I acknowledge this computer is working and being in good condition. I further acknowledge that I am responsible for this computer to be returned to the Hardin Community School in the same condition and that I am financially responsible for any damage that is beyond normal wear. I am also aware that the Hardin Community School is a computer based school and that Computer use is a privilege and not a right and that this privilege may be revoked at any time for miss use of the computers. The computers are for in class use only and may not be removed from the school.

Please note any and all defects: _____

Signed

Date



Proof and Verification of Student Residency

OVERVIEW OF CHANGES IN HOUSE BILL 21 House Bill 21, which became effective Sept. 28, 2018, creates new requirements for community schools regarding student enrollment and residency. Under HB 21, the governing board of a community school is now required to complete the following:

- Review monthly the residency records of students enrolled in the community school;
- Verify annually to the Ohio Department of Education the school district in which the student is entitled to attend school.
- Each students address will be verified monthly by school office
- If address changes at any time during the school year, please notify your students teacher or their probation officers.

Upon Enrollment the student needs to provide proof of residency

Below are a few examples

- A deed, mortgage, lease, current homeowner's or renter's insurance declaration page, or current real property tax bill;
- A utility bill or receipt of utility installation issued within 90 days of enrollment;
- A paycheck or paystub issued to the parent or student within 90 days of the date of enrollment that includes the address of the parent's or student's primary residence;
- The most current available bank statement issued to the parent or student that includes the address of the parent's or student's primary residence;
- Written confirmation from the Department of Job and Family Services of current address of the parent(s); or

If your student is not a new enrollee for the 19-20 school year, no proof of residence is needed unless address changes over the summer.

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

IF NO > Go to STEP 3.

IF YES > Write a case number here then go to STEP 4. (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income

How often?

Weekly B-Weekly 2x Month Monthly

\$

0 0 0 0

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First and Last) | Earnings from Work | How often? | | | Public Assistance Child Support/Alimony | How often? | | | Pensions/Retirement/ All Other Income | How often? | | |
|--|--------------------|------------|----------|------------------|--|------------|----------|------------------|--|------------|----------|------------------|
| | | Weekly | B-Weekly | 2x Month Monthly | | Weekly | B-Weekly | 2x Month Monthly | | Weekly | B-Weekly | 2x Month Monthly |
| Total Household Members (Children and Adults) | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 |
| | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 |
| | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 |
| | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 |
| | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 |
| | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 |
| | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 |
| | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 |
| | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 |
| | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 | \$ | 0 | 0 | 0 |

Check if no SSN

0

STEP 4 Contact information and adult signature. Mail completed form to Kenton City Schools, Regina Comstock, 631 Silver Street, Kenton OH 43326

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available)

Ap#

City

State

Zip

Daytime Phone and Email (optional)

Sources of Income for Children

Sources of Child Income

- Earnings from work
 - Social Security
 - Disability Payments
 - Survivor's Benefits
 - Income from person outside the household
 - Income from any other source
- Example(s)**
- A child has a regular full or part-time job where they earn a salary or wages
 - A child is blind or disabled and receives Social Security benefits
 - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
 - A friend or extended family member regularly gives a child spending money
 - A child receives regular income from a private pension fund, annuity, or trust

Earnings from Work

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military:

- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
- Allowances for off-base housing, food and clothing

Sources of Income for Adults

Public Assistance / Alimony / Child Support

- Unemployment benefits
- Worker's compensation
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Alimony payments
- Child support payments
- Veteran's benefits
- Strike benefits

Pensions / Retirement / All Other Income

- Social Security (including railroad retirement and black lung benefits)
- Private pensions or disability benefits
- Regular income from trusts or estates
- Annuities
- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic 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.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
 Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPPIR) case number or other FDPPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail:

U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410

fax: (202) 690-7442; or
 email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12
 Total Income

Determining Official's Signature

How often?
☐ Weekly ☐ 3-Weekly ☐ 2x Month ☐ Monthly

Date Household Size

Confirming Official's Signature

Date

Categorical Eligibility ☐

Eligibility:
☐ Free ☐ Reduced ☐ Denied

Verifying Official's Signature

Date