



Board of Education Office
305 South Washington Street
Castalia, OH 44824
(419) 684-5322

Margaretta High School
209 Lowell Street
Castalia, OH 44824
(419) 684-5351

Margaretta Elementary School
5906 West Bogart Road
Castalia, OH 44824
(419) 684-5357

2008-2009 NEW STUDENT REGISTRATION PACKET

MARGARETTA LOCAL SCHOOL DISTRICT

Margaretta Board of Education
305 South Washington Street
Castalia, OH 44824
(419) 684-5322

Margaretta High School
209 Lowell Street
Castalia, OH 44824
(419) 684-5351

Margaretta Elementary School
5906 West Bogart Road
Castalia, OH 44824
(419) 684-5357

2008-2009 NEW STUDENT REGISTRATION

Dear Parent or Guardian,

The attached packet includes all the necessary forms to register a new student at Margaretta Local Schools for the 2008-2009 school year.

Please be sure to follow the ***Documents Needed for New Student Registration*** checklist. We will be unable to enroll your child until all required forms are completed and necessary documents submitted. In order to facilitate the registration process, parents are encouraged to complete the registration packet prior to their registration appointment.

We look forward to a partnership with you and the opportunity to provide an outstanding education to your child.

Sincerely,



Edward P. Kurt
Superintendent

MARGARETTA LOCAL SCHOOL DISTRICT
DOCUMENTS REQUIRED FOR NEW STUDENT REGISTRATION

Please bring all items to your registration appointment

New Student Registration Form	The <i>New Student Registration Form</i> must be completed prior to the registration appointment.
Photo Identification	The parent/guardian registering the new student must present current photo identification.
Birth Certificate	The student's original or official birth certificate is required.
Social Security Card	The student's social security number is required.
Authorization for Record Release	The <i>Authorization for Record Release</i> form must be completed for all students transferring from another school district. Parents/Guardians should submit the completed form during the registration appointment to be faxed to the student's previous school district.
Sworn Statement of Residency/ Proof of Residency	If the parent/guardian is residing in the district, the <i>Sworn Statement of Residency</i> and one form of proof of residency must be submitted during your registration appointment. If the parent/guardian is residing with the student in the home of family or friends, the <i>Sworn Statement of Residency</i> , proof of residency of the homeowner and one form of residency verification of the parent/guardian is required. Submitted proof, including a recent utility bill, tax bill, or paycheck, must include the name and address of the parent/guardian.
General Consent Form	The <i>General Consent Form</i> is required to be completed yearly for all students and submitted prior to the start of each school year. The 2008-2009 Student Handbook and Acceptable Use/Internet Safety Policy can be downloaded from the Margarettta website.
Emergency Medical Authorization	The <i>Emergency Medical Authorization</i> form is required to be completed yearly for all students and submitted prior to the start of each school year.
Custody Documents (if applicable)	Complete legal court documentation showing the original or attested copy of the entry with signatures must be presented at the time of registration. In addition, current documents must be provided to the school after any changes in custody status.
Sworn Statement of Legal Custody in Process (if applicable)	To be filled out by the parent initiating court action for legal or permanent custody. Allows temporary attendance for up to 60 calendar days until custody is established and legal documentation is provided to the school. The <i>Sworn Statement of Legal Custody in Process</i> form can be downloaded from the Margarettta website.
Grandparent Power of Attorney/ Caretaker Authorization Affidavit (grandparent clause)	Proper documents must be signed and notarized, filed with the juvenile court and presented at the time of registration. These legal documents are valid for one year. <i>Grandparent Power of Attorney</i> and <i>Caretaker Authorization Affidavit</i> forms can be downloaded from the Margarettta website.

MARGARETTA LOCAL SCHOOL DISTRICT

2008 - 2009 NEW STUDENT REGISTRATION FORM

Please complete ALL sections

Entry Date: _____

Legal Last Name	First	Middle	Suffix	Grade
-----------------	-------	--------	--------	-------

Address (post office box is not acceptable as a residence address)	City	Zip	Phone Number
--	------	-----	--------------

Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	City of Birth	Citizenship (ex. U.S.)
------------------------	---	---------------	---------------	------------------------

Ethnic Origin <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Alaskan or Native American	Primary Language Spoken at Home <input type="checkbox"/> English <input type="checkbox"/> Other:
---	---

Has this student previously attended Margaretta Schools? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, grade level at withdrawal:</i>	Is this student presently under expulsion or suspension? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide copies of paperwork</i>
---	---

Previous School District/Building Attended	Previous School Address/City/State/Zip
---	---

Student resides with <input type="checkbox"/> Biological/Adoptive Parents <input type="checkbox"/> Mother only* <input type="checkbox"/> Father only* <input type="checkbox"/> Grandparents** <input type="checkbox"/> Mother/Stepfather* <input type="checkbox"/> Father/Stepmother* <input type="checkbox"/> Foster Family** <input type="checkbox"/> Other:
--

Marital Status of Parents <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed
--

Biological/Adoptive Parent Information (required) Father's Last Name _____ First Name _____ Cell Phone _____ Mother's Last Name _____ First Name _____ Cell Phone _____ Mother's Maiden Name _____ Email Address _____
--

*Non-custodial/Non-residential Parent Information (if applicable) Last Name _____ First Name _____ Cell Phone _____ Address _____ City/State/Zip _____ Spouse's Name _____ Email Address _____ If the student is not living with both parents, is there a temporary or permanent custody order/decreed allocating parental rights and responsibilities? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, you must provide a certified copy of the custody order.</i> Would the non-custodial/non-residential parent like to receive school correspondence? <input type="checkbox"/> No <input type="checkbox"/> Yes
--

**Legal Guardian/Foster Parent/Grandparent/Other Information (if applicable) Name(s) _____ Relationship _____ Biological Parent's Current Address/Phone Number _____ <i>If the student is placed with a legal guardian/foster parent or residing with a grandparent(s), legal documents which declare placement must be provided to the school yearly. Caretaker Authorization Affidavit & Grandparent Power of Attorney forms are valid for one year and must be filed with the court annually.</i>
--

Please list all siblings who attend Margaretta Schools Last Name _____ First Name _____ Current Grade _____ Last Name _____ First Name _____ Current Grade _____ Last Name _____ First Name _____ Current Grade _____ Last Name _____ First Name _____ Current Grade _____

To the best of my knowledge, all of the above information is correct and may be filed with my child's school records.		
Signature of Person Enrolling Student _____	Relationship to Student _____	Date _____

MARGARETTA LOCAL SCHOOL DISTRICT
GENERAL CONSENT FORM

Student's Name

Grade

Student's Home Address

Phone Number

I. STUDENT HANDBOOK/ACCEPTABLE USE AND INTERNET SAFETY POLICY

I have reviewed the 2008-2009 Student Handbook and have become familiar with the contents including discipline procedures and the Acceptable Use and Internet Safety Policy

- I have read, understand and agree to abide by the terms of the Student Handbook and the Acceptable Use and Internet Safety Policy of the Margarettta Local School District. Should I commit any violation or in any way misuse my access to the computer network and Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.
- I have read and understand the terms of the Student Handbook and the Acceptable Use and Internet Safety Policy of the Margaertta Local School District. I do not wish the undersigned student to have access to the Internet via the school district's computer network.

II. MINOR PHOTO RELEASE FORM

I give Margarettta Local Schools permission to publish in print, electronic or video format, the likeness or image of my child. I release all claims against the Margarettta Local Schools with respect to copyright and publication, including any claim for compensation related to the use of the materials, such as activity programs, yearbooks, newsletters, newspapers, website and video announcements.

- I give consent
- I do not give consent

Please return this form as soon as possible. Students WILL NOT have access to computer usage prior to the receipt of this form.

Student Signature

Date

Parent or Legal Custodian/Guardian Name (Printed)

Parent or Legal Custodian/Guadian Signature

Date

Margaretta Local Schools
EMERGENCY MEDICAL AUTHORIZATION

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. (In accordance with Ohio Revised Code 3313.712)

Student _____ Sex: M F Birth Date _____ HR/Grade _____
Last First Middle

Address _____ City _____ Zip Code _____ Phone _____

Residential Parent or Guardian: Yes No	Residential Parent or Guardian: Yes No
Mother/Guardian _____	Father/Guardian _____
Address _____	Address _____
City _____ Zip Code _____	City _____ Zip Code _____
Daytime Phone _____ Cell Phone _____	Daytime Phone _____ Cell Phone _____
Home Phone _____ E-mail _____	Home Phone _____ E-mail _____
Place of Work _____	Place of Work _____
Dept. _____ Phone _____	Dept. _____ Phone _____

In case of emergency, when residential parent(s)/guardian cannot be reached, please contact local persons available during school hours. Please seek permission from Emergency Contact persons before listing names and list in order of priority.

Other: Relative or Childcare Provider:

Name	Address	Daytime Phone	Relationship to Student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PART I OR PART II MUST BE COMPLETED. DO NOT COMPLETE BOTH PARTS!

PART I: TO GRANT CONSENT

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

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical specialist _____ 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 impairment to which a physician should be alerted:

List all allergies and any special precautions or treatments for these allergies: _____

List any medications currently being administered to the child: _____

List any health concerns or problems: _____

By signing this, I also give permission to school personnel to share my child's health/medical concerns (past/present) with school personnel on an "as needed to know" basis, unless I notify the school nurse in "writing" that I do not want it shared.

Signature of Parent/Guardian _____ Date _____

IF NOT GIVING CONSENT, SIGN ON REVERSE SIDE

PART II: REFUSAL TO CONSENT (Do not complete if you have completed PART I)

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:

Signature of Parent/Guardian

Date

**Reference information for Emergency Medical Authorization:
Ohio Revised Code ORC § 3313.71.2] § 3313.712**

Emergency Medical Authorization:

As used in this section, "parent" means parent as defined in section 3321.01 of the Revised Code.

- (A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section. When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form.

If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

- (B) The emergency medical authorization form provided for in division (A) of this section is as follows: (see reverse side of this sheet)