

MARGARETTA LOCAL SCHOOL DISTRICT

2009 - 2010 STUDENT INFORMATION FORM

My information has:

-
- changed since last year
-
-
- not changed since last year

*Please complete all sections, even if information has not changed from last year.***Date:** _____

Legal Last Name	First	Middle	Suffix	Grade
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Address (post office box is not acceptable as a residence address)	City	Zip	Phone Number
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Student resides with Biological/Adoptive Parents Mother only* Father only* Grandparents**
 Mother/Stepfather* Father/Stepmother* Foster Family** Other:

Marital Status of Parents Single Married Separated Divorced Remarried 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? No Yes *If yes, and this is a change from last year, you must provide a certified copy of that order and any future changes/modifications in custody to the school.*

Would the non-custodial/non-residential parent like to receive school correspondence? No Yes

****Legal Guardian/Foster Parent/Grandparent/Other Information** (if applicable)

Name(s) _____ Relationship _____
Biological Parent's Current Address/Phone Number _____

If the student is placed with a legal guardian/foster parent or residing with a grandparent(s) and this is a change from last year, you must provide legal documents which declare placement to the school. Caretaker Authorization Affidavit & Grandparent Power of Attorney forms are valid for one year and must be refiled with the court annually.

Please list all siblings who attend Margarett 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 _____

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the Margarett Local School District immediately when residency has changed. I understand that a *Sworn Statement of Residency* and new documented proof of residency must be submitted. Failure to notify or falsification of any information or documents required for residency verification will result in: a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

_____ Signature of Parent/Guardian	_____ Relationship to Student	_____ Date
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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 2009-2010 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.

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

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/Guardian 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)