



MARGARETTA LOCAL SCHOOL DISTRICT

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

2010-2011 NEW STUDENT REGISTRATION PACKET

MARGARETTA LOCAL SCHOOL DISTRICT
DOCUMENTS REQUIRED FOR NEW STUDENT REGISTRATION

Registration Form	The <i>Registration Form</i> must be completed prior to registration. Please complete all sections.
Photo Identification	The parent/guardian registering the new student must present current photo identification i.e. Driver's License
Birth Certificate	The student's original or official birth certificate is required.
Social Security Card	The student's social security number/card 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.
Proof of Residency	One form of proof of residency must be submitted during registration and prior to gaining entrance into Margarettta Local Schools. Proof of legal residence includes a recent utility bill, credit card bill, bank statement, employment forms or any <i>current</i> official or legal document including the name and street 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 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)	Proof of legal custody must be provided at registration including a certified copy of an order or decree allocating parental rights and responsibilities for the care of a child and designating a residential parent and legal custodian of a child. In addition, court documents must be provided to the school after changes in legal status. Additional forms (<i>Sworn Statement of Legal Custody in Process</i> , <i>Grandparent Power of Attorney</i> , <i>Caretake Authorization Affidavit</i>) can be downloaded from the Margarettta website.

Please submit required documents at registration to avoid delays in enrollment. Failure to comply with providing necessary documentation could be the basis for excluding a student from school. To knowingly make a false statement, give false information, or knowingly swear or affirm the truth of a false statement in order for your children to gain entrance or remain at Margarettta Schools is illegal and will result in revocation of student enrollment, being held liable to reimburse the district for expenses to educate this student, and/or civil action resulting from fraud. If custody orders and certification of birth are not presented within fourteen (14) days, the school shall notify law enforcement agency of the possibility that the pupil may be a missing child, as defined in section 2901.30 of the ORC.

MARGARETTA LOCAL SCHOOLS

REGISTRATION FORM

Please complete ALL sections below.

School Use Only: Photo ID BC SS POR Custody EM Consent Transport Immunization Health Physician Dental

First Name: _____ Middle: _____ Last: _____
 Street Address: _____ Nickname: _____
 City/State/Zip: _____ Date of Birth: _____
 Daytime Phone: _____ Birthplace City: _____
 Grade: _____ Gender: M F Social Security: _____
 My child: rides bus # drives picked up after school care with: _____

CHILD LIVES WITH:

Mother & Father Mother/step-father
 Mother Only Father/step-mother
 Father Only Legal Guardian
 Relative (not Legal Guardian listed below)
 Name: _____
 Relationship: _____

MARITAL STATUS:

Never married Married
 Separated Divorced Widowed

NEW STUDENTS TO THE DISTRICT

Has the student previously attended school in Ohio? Y / N Attended Margarett Schools? Y / N (If yes, grade level ____)
 Is this student presently under suspension or expulsion? Y / N (if yes, please provide copies of paperwork)

Previous District: _____ Previous School: _____
 Address: _____ School Phone #: _____
 City/State/Zip: _____ Withdrawal Date: _____

RACE: (check all that apply)

White Black/African American
 Asian American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander

Is the student Hispanic/Latino? Yes No
 Home Language (i.e. English): _____

FATHER'S INFORMATION

Custody: yes no

Name: _____
 Address: _____
 School District of Residence: _____
 Employer: _____ Work #: _____
 Home Phone #: _____ Cell #: _____
 E-mail Address: _____ Receive school correspondence? Y / N

Step-father's Name: _____
 Address: _____
 Employer: _____ Work #: _____
 Home Phone #: _____ Cell #: _____
 E-mail Address: _____ Receive school correspondence? Y / N

Legal Guardian's Name: _____
 Address: _____
 Employer: _____ Work #: _____
 Home Phone #: _____ Cell #: _____
 E-mail Address: _____ Receive school correspondence? Y / N

MOTHER'S INFORMATION

Custody: yes no

Name: _____ Maiden: _____
 Address: _____
 School District of Residence: _____
 Employer: _____ Work #: _____
 Home Phone #: _____ Cell #: _____
 E-mail Address: _____ Receive school correspondence? Y / N

Step-mother's Name: _____
 Address: _____
 Employer: _____ Work #: _____
 Home Phone #: _____ Cell #: _____
 E-mail Address: _____ Receive school correspondence? Y / N

Brothers/Sisters/Other School-Age Household Members	Grade
_____	_____
_____	_____
_____	_____
_____	_____

The information that I have supplied in this application is correct. I understand that falsification of information will result in revocation of student enrollment, being held liable for expenses incurred to educate this student, and/or civil action resulting from negligent misrepresentation.

Signature of Parent/Legal Guardian: _____ Date: _____



Margaretta Local School District
EMERGENCY MEDICAL AUTHORIZATION FORM
2010-2011 SCHOOL YEAR

Must be completed and returned by September 10, 2010.

I. STUDENT INFORMATION

Last Name	First Name	Middle Name
Mailing Address, City, Zip		Homeroom/Grade
Primary/Home Phone Number	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

*Primary number used for One Call Now notification.

II. CONTACT/RESIDENCY INFORMATION

<p align="center">MOTHER'S INFORMATION</p> <p>Residential/parent/legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Name: _____</p> <p>Address: _____</p> <p>School District of Residence: _____</p> <p>Employer: _____</p> <p>Daytime Number: _____</p> <p>Home Number: _____</p> <p>Mobile Number: _____</p> <p>Work Number: _____</p> <p>Email Address: _____</p> <p>Receive school correspondence? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p align="center">FATHER'S INFORMATION</p> <p>Residential/parent/legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Name: _____</p> <p>Address: _____</p> <p>School District of Residence: _____</p> <p>Employer: _____</p> <p>Daytime Number: _____</p> <p>Home Number: _____</p> <p>Mobile Number: _____</p> <p>Work Number: _____</p> <p>Email Address: _____</p> <p>Receive school correspondence? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p align="center">LEGAL GUARDIAN</p> <p>Name: _____</p> <p>Relationship to Student: _____</p> <p>Address: _____</p> <p>Employer: _____</p> <p>Daytime Number: _____</p> <p>Home Number: _____</p> <p>Mobile Number: _____</p> <p>Work Number: _____</p> <p>Email Address: _____</p> <p>Receive school correspondence? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><small>*If there is a custody order allocating parental rights and responsibilities, or if the student is placed with a legal guardian, legal documents which declare placement must be provided to the school. Please include a certified copy of the court order and any future changes in custody.</small></p>	<p align="center">EMERGENCY CONTACTS</p> <p>Please list three people we may call in the event of an emergency if the parent/guardian cannot be reached. These designated emergency contacts also have your permission to pick up your child during the school day.</p> <p>1. Name: _____</p> <p>Relationship to Student: _____</p> <p>Daytime Number: _____</p> <p>2. Name: _____</p> <p>Relationship to Student: _____</p> <p>Daytime Number: _____</p> <p>3. Name: _____</p> <p>Relationship to Student: _____</p> <p>Daytime Number: _____</p>
<p>STUDENT LIVES WITH <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother Only* <input type="checkbox"/> Mother & Step-father* <input type="checkbox"/> Other <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Father Only* <input type="checkbox"/> Father & Step-mother*</p>	

Student Name: _____

Part III or IV must be completed. Do not complete both!

III. 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) 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 be 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 need to know" basis, unless I notify the school nurse in writing that I do not want it shared.

Signature of Parent/Guardian: _____ Date: _____

Reference information for Emergency Medical Authorization: Ohio Revised Code 3313.71.2

IV. REFUSAL TO CONSENT (Do not complete if you have completed PART III)

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 to the school authorities to take the following action:

Signature of Parent/Guardian: _____ Date: _____

V. RACIAL/ETHNIC DATA

Due to mandated data collection and reporting requirements from the United States Department of Education (USDOE), we are recollecting ethnic/race information. Identical to the 2010 Census, this data more accurately reflects racial and ethnic background by not limiting responses to only one category. Please answer both questions:

Is the student Hispanic/Latino?

- No
 Yes

What is the student's race/ethnicity? (Check all that apply)

- White Black/African American
 Asian American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander

VI. GENERAL CONSENT

I have reviewed the 2010-2011 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 Margaretta 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 give Margaretta Local Schools permission to publish in print, electronic or video format, the likeness or image of my child. I release all claims against the Margaretta 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, newspapers, other school-related publications, websites and video announcements.

- I give consent

Signature of Parent/Guardian: _____ Date: _____

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

AUTHORIZATION FOR RECORD RELEASE

Note to Parent/Guardian:

Most organizations require written permission from parents or guardians before they will release student records to other schools. To facilitate your child's entry into the Margaretta Local School District, please complete this form and we will send it to your child's previous school for his/her records. This authorization will become part of your child's permanent record in accordance with the Family Educational Rights and Privacy Act, Individuals with Disabilities in Education Act (IDEA), and the Board of Education's Student Records Policy.

Student's Name: _____
Last First Middle

Date of Birth: _____ **Current Grade:** _____

Name of Previous School: _____

Address of Previous School: _____

City, State, Zip Code: _____

School Phone Number: _____ **Fax Number:** _____

I hereby authorize your organization, noted above, to furnish the Margaretta Local School District with all student records, including court documents, official transcripts, test records, medical records, references, individualized education plan (IEP), multi-factored evaluation (MFE), student accommodation plan (504), and/or psychological reports. Ohio Revised Code, Section 3313.642, states that only grades and credits may be withheld for nonpayment of fees and charges. All other records must be sent to the requesting school district, particularly a cumulative record of proficiency and/or achievement tests. It is understood that this information will be used in a confidential and professional manner.

Please send this information to (check one):

Margaretta High School
209 Lowell St.
Castalia, OH 44824
Phone: (419) 684-5351
Fax: (419) 684-5632

Margaretta Elementary School
5906 W. Bogart Rd.
Castalia, OH 44824
Phone: (419) 684-5357
Fax: (419) 684-6049

Parent/Guardian Signature

Date of Request

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 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

2010-2011

Graduation: Saturday, June 4, 2011 10:00 A.M.

180 Student Days + 2 Staff Days + 2 Inservice Days = 184 Teacher Days

Parent/Teacher Conferences

11/19 and 11/24 Elementary Students (K-6) will not have classes
 11/24 High School (7-12) will not have classes

Make-up Days If Necessary Are: 6/6, 6/7, 6/8, 6/9, 6/10, 6/13, 6/14, 6/15

August 2010						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	NT	I	28
29	S	FD				

8/26 – New Teacher Day (NT)
 8/27 – Inservice Day (I)
 8/30 – Staff Day (S)
 8/31 – First Day of Classes (FD)

December 2010						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	V	V	25
26	V	V	V	V	V	

12/23 – 12/31 – Winter Break (V)

April 2011						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	V	V	V	V	V	23
24	25	26	27	28	29	30

4/18-4/22 – Spring Break (V)

September 2010						
S	M	T	W	T	F	S
			1	2	3	4
5	H	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

9/6 – Labor Day (H)

January 2011						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	H	18	GP	20	21	22
23	24	25	26	27	28	29
30	31					

1/17 – Martin Luther King Day (H)
 1/19 – 2nd 9 wks/Sem Grading Period (GP)
 45 days

May 2011						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	V	31				

5/30 – Memorial Day (H)

October 2010						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	I	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

10/11 – Inservice Day (I)

February 2011						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	H	22	23	24	25	26
27	28					

2/21 – Presidents Day (H)

June 2011						
S	M	T	W	T	F	S
			1	2	LD	4
5	S	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

6/3– 4th 9 wks. /Sem Grading Period & Last Day (LD) (45 days)
 6/6– Staff Day (S)

November 2010						
S	M	T	W	T	F	S
	1	2	GP	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	PT	20
21	22	23	PT	H	V	27
28	29	30				

11/3 – 1st 9 wks. Grading Period (GP) 45 Days
 11/19 & 11/24 – Parent/Teacher Conf. (K-6)
 11/24 - HS (7-12) Parent/Teacher Conference
 11/25-26 – Thanksgiving Break (H & V)

March 2011						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	GP	25	26
27	28	29	30	31		

3/24 – 3rd 9 wks. Grading Period (GP) 45 days

July 2011						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Voter Registration Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's Web site at: www.sos.state.oh.us or call 1-877-767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of the election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be *received or postmarked* by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice prior to Election Day, please contact your county board of elections.

Lines 1 and 2 below are required by law. You *must* answer **both** of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the *last four digits* of your Social Security number on line 10. If you have neither, please write "None."

Registering by Mail

If you register by mail and do **not** provide either a current Ohio driver's license number or the last four digits of your Social Security number, please enclose with your application **a copy** of one of the following forms of identification that shows your name and current address:

Current valid photo identification card, military identification, or current (within one year) utility bill, bank statement, paycheck, government check or government document (except board of elections notifications) showing your name and current address.

Your Signature

Your signature is required for your registration to be processed. In the box next to the arrow by line 14, please affix your signature or mark, taking care that it does not touch surrounding lines or type so it can be effectively used to identify you. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, you may follow specific procedures found in Ohio law (R.C. 3501.382) to appoint an attorney-in-fact who may sign this form on your behalf at your direction and in your presence.

Please see information on back of this form to learn how to obtain an absentee ballot.

FOLD HERE

- 1. Are you a U.S. citizen?** Yes No
2. Will you be at least 18 years of age on or before the next general election? Yes No
If you answered NO to either of the questions, do not complete this form.

3. Last Name		First Name		Middle Name or Initial		Jr., II, etc.	
4. House Number and Street (Enter new address if changed)				Apt. or Lot #		5. City or Post Office	
6. ZIP Code				7. Additional Rural or Mailing Address (if necessary)			
8. County where you live				9. Birthdate (MO-DAY-YR) (required)			
10. Ohio driver's license No. OR last 4 digits of Social Security No. (one form of ID required to be listed or provided)				11. Phone No. (voluntary)			
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street							
Previous City or Post Office		County		State			
13. CHANGE OF NAME ONLY Former Legal Name				Former Signature			

**FOR BOARD
USE ONLY
SEC4010 (Rev. 07/08)**

City, Village, Twp.

Ward

Precinct

School Dist.

Cong. Dist.

Senate Dist.

House Dist.

I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

14. **Your Signature** →

Date / /
MO DAY YR