

140 E. 16<sup>th</sup> Ave. Columbus, OH 43201  
Phone: (614) 253-4000/(614) 253-4001 Fax: (614)643-5146  
Email: info@gemsschool.org/info@grahamprimary.org

## Application for Enrollment

Today's Date: \_\_\_\_\_

### Student Information:

Student Name: \_\_\_\_\_ City, State of Birth: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Note- if applying for Kindergarten, your student must be 5 years old by September 30th

Address: \_\_\_\_\_  
Street City Zip code County of Residence

Home phone number: \_\_\_\_\_

Gender: M / F

### Ethnicity (for state reporting requirements):

1. Is the student Hispanic or Latino (please circle)? Yes / No

2. What is the student's race (please circle all that apply): Native Hawaiian / Other Pacific Islander Asian White  
American Indian or Alaskan Native Black or African American

3. What is the primary language spoken at home? \_\_\_\_\_

### Education History:

I am applying for (please circle): KG 1<sup>st</sup> grade 2<sup>nd</sup> grade 3<sup>rd</sup> grade 4<sup>th</sup> grade 5<sup>th</sup> grade 6<sup>th</sup> grade 7<sup>th</sup> grade 8<sup>th</sup> grade

School year: 2016-17 or 2017-18

My child has repeated a grade level (circle one): Yes / No If yes, what grade level was repeated? \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Yes \_\_\_ or No \_\_\_, my child is or has been on an IEP (Individualized Education Plan), 504-Plan, or received additional support from outside services/agencies.

\*If yes, please provide a copy of the most recent ETR and IEP, or 504-Plan

Names and contact information for past school attendance:

\_\_\_\_\_  
School year School name phone/address

\_\_\_\_\_  
School year School name phone/address

\_\_\_\_\_  
School year School name phone/address



# GEMS

Graham Expeditionary Middle School



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Does student currently have sibling at:

**The Charles School** – Yes / No **The Graham School** - Yes / No **GEMS** - Yes / No **GPS** – Yes / No

Student name(s) & school name(s): \_\_\_\_\_

How did you hear about GEMS or GPS? \_\_\_\_\_

**Family Information:**

Primary Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Lives with Student? Yes / No Shared Custody? \_\_\_\_\_ Other \_\_\_\_\_

Address, if different from Student's: \_\_\_\_\_

Home phone number, if different from Student's: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Lives with Student? Yes / No Shared Custody \_\_\_\_\_ Other \_\_\_\_\_

Address, if different from Student's: \_\_\_\_\_

Home phone number, if different from Student's: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

***If student is not living with a biological parent a legal proof of guardianship signed by a judge or magistrate is required.***

\*GEMS and GPS do not discriminate on the basis of race, creed, national origin, ethnicity, religion, gender, sexual orientation, mental or physical disability, special needs, English language proficiency, athletic ability, or academic achievement.

\*\*This institution is an equal opportunity provider



## Record Release Form

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Date: \_\_\_\_\_

I hereby authorize Graham Expeditionary Middle School or Graham Primary School to release/ obtain pertinent information concerning:

Name of Child: \_\_\_\_\_

Present School: \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please check which number (1 or 2) applies to your student, and sign and date on the lines following your checked choice.

1. \_\_\_\_\_ My child is not on, and has not been on an I.E.P. or 504-Plan

\_\_\_\_\_  
**Signature of Parent/ Guardian**

\_\_\_\_\_  
**Relationship to student**

2. \_\_\_\_\_ My child is, or has been on an I.E.P. (received special education services) or a 504-Plan, and I authorize Graham Expeditionary Middle School or Graham Primary School to release/ obtain all special education files, including current multifactor evaluation team report(s), psychological and academic assessment(s), and current I.E.P. This information may include medical, psychological, psychiatric, and social data that might be helpful in our educational planning. It is understood that this information will not be forwarded to any other person without parental consent.

Reason for Request: \_\_\_\_\_ To aid in present and future educational decisions

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

With the understanding that Graham Expeditionary Middle School or Graham Primary School cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding my child above in the manner indicated.

\_\_\_\_\_  
**Signature of Parent/ Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip



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**After delivery:**

Did the baby experience any of the following? If yes, please describe:

Cyanosis (blue skin color): \_\_\_\_\_

Jaundice (yellow skin color): \_\_\_\_\_

Infections: \_\_\_\_\_

Other: \_\_\_\_\_

**Developmental history:** Please indicate the approximate age that this child:

Walked alone \_\_\_\_\_ Spoke in two-word sentences \_\_\_\_\_

Bowel trained \_\_\_\_\_ Development compared to siblings or playmates:

Bladder trained \_\_\_\_\_ Slower \_\_\_ Faster \_\_\_ Same

Dressed self \_\_\_\_\_ Other information \_\_\_\_\_

**Sleep Habits or Disturbances:**

How many hours does the child sleep each night? \_\_\_\_\_

Please indicate if the child experiences any difficulties with the following:

\_\_\_ Mouth breathing \_\_\_ Snoring \_\_\_ Sleepwalking \_\_\_ Bedwetting

**Speech Development:**

Has the child experienced difficulty with speech? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Has the child received any speech therapy? \_\_\_\_\_

**Dietary Status:**

Please describe any concerns with the child's nutrition: \_\_\_\_\_

Weight concerns \_\_\_\_\_ Does the child usually eat breakfast? \_\_\_\_\_

Avoid certain foods? \_\_\_\_\_ Other food related concerns: \_\_\_\_\_

**Dental History:**

Name of Dentist: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Special dental needs or problems: \_\_\_\_\_

**Special Needs:**

DO you have other information or concerns about this child's physical or emotional health, growth and development, behavior, or family circumstances that you feel the school should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_

Signature

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_



## Emergency Medical Authorization

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City, St, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Purpose:** To enable parents/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 the event of an emergency, please call:

Name \_\_\_\_\_ (Mother) Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell/Pager \_\_\_\_\_

Name \_\_\_\_\_ (Father) Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell/Pager \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell/Pager \_\_\_\_\_

\*In the event reasonable attempts to contact the above mentioned have been unsuccessful, I hereby give my consent for:

1) The administration of any treatment deemed necessary by:

1. Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_  
2. Preferred Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
3. M.D. Specialist \_\_\_\_\_ Phone \_\_\_\_\_

\*In the event the designated preferred practitioner(s) are not available, by another licensed physician or dentist: and

2) the transfer of the child to (preferred hospital) \_\_\_\_\_ Phone \_\_\_\_\_  
or any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Food Allergies \_\_\_\_\_ Medicine Allergies \_\_\_\_\_

Insect Allergies \_\_\_\_\_ Other Allergies \_\_\_\_\_

Is EPI-PEN required?  yes  no

### Current Medications:

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Health Concerns (Diabetes, Asthma, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 school authorities to TAKE NO ACTION or TO: \_\_\_\_\_  
\_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



**Over the Counter or by Prescription  
PARENT'S REQUEST FOR ASSISTANCE IN THE  
ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

I hereby request and give my permission to the school designee to assist in administering Over the Counter medication to my child:

First/Middle/Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Over the Counter medications available are Tylenol, Advil, Pepto-Bismol, Tums, and cough drops.

**Consent to Administer Over the Counter Medication**

Date	Signature of Parent/Legal Guardian	Home Phone	Work Phone
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**PHYSICIAN STATEMENT TO AUTHORIZE DISPENSING MEDICATION**

To the Physician:

Graham Expeditionary Middle School and Graham Primary School urge you to schedule the taking of medications by students at times outside of school hours. When that is not possible, the receiving and consumption of medications will be permitted, insofar as feasible, during school hours. Medication in pill form is preferable to liquids for use in school. I verify that this medication must be taken by:

Name of Student	Medication	Dosage
-----------------	------------	--------

Medication is to be taken at the following times: \_\_\_\_\_

Instructions or precautions: \_\_\_\_\_

Possible side effects or reactions: \_\_\_\_\_

Action to be taken if side effects observed: \_\_\_\_\_

Beginning date prescription: \_\_\_\_\_ Expiration date prescription: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Physician's printed name: \_\_\_\_\_

Phone # \_\_\_\_\_ Physician's address: \_\_\_\_\_

I/We understand and acknowledge that school personnel are under no obligation to render the assistance requested and that such assistance may be rendered by an employee who is not medically trained. I/We hereby release GEMS and GPS, their Boards of Education, their officials and employees from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of performance of the assistance requested. Furthermore, I/We understand the parental responsibility to be: (1) to deliver the medication to the school; (2) to notify the school if the child changes physicians; (3) to obtain a revised statement, signed by the physician who originally prescribed the drug, and to deliver it to the school, when the child's therapy is changed in any manner; and (4) to recover any medication not administered by the school.

Date	Signature of Parent/Legal Guardian	Home Phone	Work Phone
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**A new form must be completed for each change and each school year.**

- *This institution is an equal opportunity provider*

## Parent(s) Accumulative Record Report

Date: \_\_\_\_\_

Student's Legal Name \_\_\_\_\_

Address \_\_\_\_\_  
*Last First Middle*  
*Street City State Zip*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Last School Attended \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

First or Native Language: English \_\_\_\_\_ Other \_\_\_\_\_

**Please provide a copy of student's Birth Certificate the first year at GEMS/GPS**

=====  
Mother's Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Home Phone (if different from student) \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_

Company \_\_\_\_\_ Work Phone \_\_\_\_\_  
=====

Father's Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Home Phone (if different from student) \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_

Company \_\_\_\_\_ Work Phone \_\_\_\_\_  
=====

Parents: Married \_\_\_ Divorced \_\_\_, parent with legal custody \_\_\_\_\_ (please provide proof of custody)

Separated \_\_\_ Mother Deceased \_\_\_ Father Deceased \_\_\_  
=====

Legal Guardian's Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Home Phone (if different from student) \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_

Company \_\_\_\_\_ Work Phone \_\_\_\_\_  
=====

**If parents are separated, both parents and/or guardians will be sent a copy of their student's grades unless we receive documentation requesting that this information should be withheld.**

**It is the responsibility of the parent(s) and/or guardians to notify the school if an address or phone number changes.**



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## Parental/Guardian Consent and Release

As the parent{s}/guardians{s} of \_\_\_\_\_, a \_\_\_\_ grade student at Graham Expeditionary Middle School or Graham Primary School, I hereby give my authorized consent on his/her behalf to participate in Graham Expeditionary Middle School or Graham Primary School fieldwork on or off GEMS or GPS' premises for the 2017-2018 school year. I grant permission for my student to ride on the school bus to and from school during the day for fieldwork experiences. On behalf of myself and my student, I hereby release Graham Expeditionary Middle School or Graham Primary School, subsidiaries and affiliates, trustees, officers, employees, agents, staff or instructors from and against liability for damages of whatever kind and description including loss of life, personal injury, and property damage which may result, directly or indirectly, from the participation of \_\_\_\_\_ (student name) in organized fieldwork activities. I further agree to be responsible for any property damage caused by the above-mentioned student in connection with his/her participation in the Graham Expeditionary Middle School or Graham Primary School program.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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# GEMS

Graham Expeditionary Middle School



\*\*\*\* PLEASE RETURN TO THE OFFICE A.S.A.P. \*\*\*\*

Name of Child: \_\_\_\_\_

Present School or Daycare: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address Apt. # City State Zip

## Residency Documentation

All parents/guardians are required by the Ohio Department of Education to provide a copy of a utility bill, lease agreement, or mortgage payment with their address. Please provide a copy of this paperwork to Graham Expeditionary Middle School or Graham Primary School as soon as possible.

## Guardianship Documentation

*If you are the biological parent with legal guardianship, please check and sign here.*

I am the biological parent and legal guardian of the student.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Relationship to Student

*If you are **NOT** the biological parent, but have legal custody of the student, please check and sign here.*

I am the legal guardian of the student.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Relationship to Student

**If you are a grandparent, you can file for Power of Attorney (HB 130). Other guardians will need to provide a copy of the legal court document, signed by a judge or magistrate, establishing yourself as the guardian. If you need assistance, contact the Legal Aid Society of Columbus: 614-241-2001 or [www.columbuslegalaid.org](http://www.columbuslegalaid.org).**

**This documentation is required before we schedule your student for Fall 2017**

Residency Documentation		Guardianship Documentation	
<input type="checkbox"/> Received	Initial: _____ Date: ____ / ____ / ____	<input type="checkbox"/> Received <input type="checkbox"/> N/A	Initial: _____ Date: ____ / ____ / ____

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## Photography Release Form

I, \_\_\_\_\_, being the parent/guardian of \_\_\_\_\_, hereby consent to allow full use of photographs, videos, and/or student work in online learning environments being taken/used of him/her while he/she is enrolled at Graham Expeditionary Middle School or Graham Primary School. Photos, videos, and student work shall be the property of GEMS or GPS, which has the right to duplicate, reproduce and use in other venues as GEMS or GPS deems necessary. These pictures, videos and student work representations may be used on school bulletin boards, in local newspapers, in school newsletters, school yearbook, and school websites.

\_\_\_\_\_ I DO consent to Graham Expeditionary Middle School or Graham Primary School using photograph(s), video(s), and/or student work of my son/daughter as described above.

\_\_\_\_\_ I DO NOT consent to having photograph(s), video(s), and/or student work of my son/daughter used by Graham Expeditionary Middle School or Graham Primary School in any way, as specified above.

Name of Student: \_\_\_\_\_  
(If you have more than one student at GEMS or GPS, please fill out a separate form for each student)

Signature of Parent/Guardian: \_\_\_\_\_

Parent/Guardian's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

Please sign and return this form to the school front desk. It will be kept on file in the student's permanent record in the school office and valid until the school is notified otherwise. Parent(s) do not need to sign a permission slip every year that their child is enrolled in school, but always have the right to update and change it at any time.



# GEMS

Graham Expeditionary Middle School



Dear GEMS and GPS Supporter,

As you know, Graham Expeditionary Middle School and Graham Primary School are public community schools that are open to all students, at no cost to families. The schools have high costs each year supplying items such as paper, printer ink, class supplies, textbooks, as well as expedition expenses that allow our students to have significant class experiences during their careers at GEMS and GPS. We are asking our families to help with these expenses by paying an annual school fee of \$35.00. Thank you for your support of our school.

Graham Expeditionary Middle School and Graham Primary School Staffs



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# Dismissal Information

## ADULTS GRANTED PERMISSION TO PICK UP AND SIGN OUT YOUR CHILD AT DISMISSAL TIME

Please be advised that your child will **only** be released to those listed below, unless the school receives hand-written and signed notification permitting otherwise. Verbal notification (phone calls or in person), as well as e-mail or fax, are not acceptable forms of permission. Please keep this information up to date.

Student Name: \_\_\_\_\_  
Last, First

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

\_\_\_\_\_ My child will be escorted home by an older sibling. Sibling's Name \_\_\_\_\_  
Class \_\_\_\_\_ Teacher \_\_\_\_\_

I hereby give permission for my child to be released to the adults listed on this card as specified above, without prior notification. Should any changes to information on this card need to be made, I understand that it is my responsibility to come to the Graham Expeditionary Middle School or Graham Primary School office and update the card in a timely manner. It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/ guardian as indicated on this card will be respected as far as possible.

\_\_\_\_\_  
Print Name of Parent/ Guardian

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date



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