

For your student's safety, notify the school immediately if any of the following information changes.

CONTACT INFORMATION

Grade: _____ Student cell phone: _____

Address _____
Street City State Zip

Is your student eligible to receive Medicaid? (circle one) Yes No If yes, what is your number? _____

Parent/Guardian Name _____ Relationship _____

Are you the Legal guardian of the student? (circle one) Yes No Does the student live with you? (circle one) Yes No

I authorize the provision of emergency treatment for children who become ill or injured while under school authority (circle one) Yes No

Address (if different from student): _____
Street City State Zip

Preferred Phone: _____ (circle one) Home Cell

Employer: _____ Work Phone: _____

E-Mail: _____

2nd Parent/Guardian Name _____ Relationship _____

Are you the Legal guardian of the student? (circle one) Yes No Does the student live with you? (circle one) Yes No

I authorize the provision of emergency treatment for children who become ill or injured while under school authority (circle one) Yes No

Address (if different from student): _____
Street City State Zip

Preferred Phone: _____ (circle one) Home Cell

Employer: _____ Work Phone: _____

E-Mail: _____

Parents: Single _____ Married _____ Separated _____ | Mother deceased _____ Father deceased _____
Divorced _____ Parent with legal custody _____ (please provide proof of custody)

If parents live separately, please send a second copy of report cards <small>(circle one)</small> : Yes No	
Parent/Guardian Name _____	Relationship _____
Address: _____ <i>Street City State Zip</i>	
E-mail: _____	

(OVER)

For your student's safety, notify the school immediately if any of the following information changes.

The people listed below are also allowed to pick up this student from school:

Name _____ Relationship _____
 Preferred Phone: _____ circle one Home Cell
 This person can be contacted in case of an emergency.

Name _____ Relationship _____
 Preferred Phone: _____ circle one Home Cell
 This person can be contacted in case of an emergency.

Name _____ Relationship _____
 Preferred Phone: _____ circle one Home Cell
 This person can be contacted in case of an emergency.

Please be advised that your student will only be released during school hours to the listed individuals above, unless the school receives notification otherwise.

Acceptable forms of notification are written documentation that has been signed by the parent/guardian, or emergencies as deemed appropriate by the Dean of Students.

Parent/guardian signature: X	Date
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Guardianship documentation

If you are NOT the biological or adoptive parent, but have legal custody of the student, please check & sign here.

I am the legal guardian of the student.

Print name: _____

X	X
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 you as guardian.
- If you need assistance, contact the Legal Aid Society of Columbus 614-241-2001 or www.columbuslegalaid.org.

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EMERGENCY MEDICAL AUTHORIZATION

Purpose: to enable parent(s)/guardian(s) to authorize the provision of emergency treatment for children who become ill or injured while under school authority.

When parent(s)/guardian(s) cannot be reached. In the event of an emergency, please contact:

Name _____ Relationship _____

Preferred Phone: _____ circle one Home Cell

Name _____ Relationship _____

Preferred Phone: _____ circle one Home Cell

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

Preferred hospital (or any hospital reasonably accessible.): _____

This authorization does not cover major surgery unless the medical opinions of the 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: X

Date:

CONSENT TO GIVE OVER THE COUNTER MEDICATION

I hereby request and give my permission to the school designee to assist in administering **over the counter medication** to my child. Over the counter medications available are Tylenol, Advil, Pepto-Bismol, Tums and cough drops.

Signature of Legal Guardian: X

Date:

OTHER INFORMATION:

Food Allergies: _____ Medicine Allergies: _____

Insect Allergies: _____ Other Allergies: _____

Is an EPI-PEN required? Yes No

Current Medications¹:

Name: _____ Dosage: _____ Frequency: _____

¹ Contact office for Physician prescribed medicine to be administered at school. (Additional form required.)

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 TAKE NO ACTION or TO:

Signature of Legal Guardian: _____

Date: _____

(OVER)

For your student's safety, notify the school immediately if any of the following information changes.

HEALTH HISTORY

Enrollment Date: _____ Grade: _____ Gender: Female __ Male __
 Today's Date: _____ Date of Birth: _____ Height: _____ Weight: _____
 Completed by: _____ Relationship to child: _____

Medication History:

Present medications given daily: _____
 Reason: _____
 Past medications given regularly: _____
 Reason: _____
 Additional information: _____

Allergies: Please describe known allergies below. Indicate severity: mild, moderate, or severe

____ Drugs	____ Animals	____ Dust	____ Molds
____ Food	____ Plants	____ Smoke	____ Mildew
____ Bees/Wasps	____ Pollen	____ Latex	Other: _____

Treatment: Please describe allergy treatment this child currently receives, or has received in the past

Antihistamines _____ Inhalers _____
 Desensitizing shots _____ Epi-pen required _____
 Other _____

Injuries, Illnesses and Surgeries: Please list significant history below:

<u>Injuries/Illnesses/Surgeries</u>	<u>Age of Child</u>	<u>Hospitalization Date</u>
1. _____	_____	_____
2. _____	_____	_____

Health History: Please check any conditions this child has experienced:

____ Acne ____ Attention Deficit Disorder ____ Anemia ____ Arthritis ____ Asthma ____ Congenital abnormalities _____ ____ Cancer: Type: _____ ____ Chickenpox: Date: _____ ____ Chronic bowel problems ____ Cystic Fibrosis ____ Diabetes: Type: _____ ____ Depression ____ Dermatitis ____ Eczema	____ Emotional Problems: _____ ____ Encephalitis: Date: _____ ____ Exposed to cigarette smoke regularly ____ Frequent respiratory infections ____ Hay fever ____ Headaches: Type: _____ <i>Treatment</i> ____ Heart Disease: Type: _____ ____ Hearing loss ____ Hearing aids: ____ Hepatitis: Type & Date: _____ ____ Hypertension	____ Measles: Date: _____ ____ Meningitis: Type & Date _____ ____ Multiple ear infections: Last episode ____ Tubes? ____ Date: _____ ____ Mumps: Date: _____ ____ Near drowning or suffocation: Date _____ ____ Nervous tic: Type: _____ ____ Physical handicap: _____ ____ Poisoning: Date: _____ ____ Pregnancy: Date: _____ ____ Rheumatic fever:	Date _____ ____ Rubella: Date: _____ ____ Seizure disorder: Type _____ ____ Sickle cell disease ____ Substance abuse: ____ Tobacco ____ Alcohol ____ Drugs ____ Spinal curvature ____ Scoliosis ____ Kyphosis ____ Suicide risk ____ Urinary tract problems ____ Visual problems ____ Wears glasses or contacts: Last exam date: _____ ____ Other _____ Continue on a separate paper, if necessary
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For your student's safety, notify the school immediately if any of the following information changes.

CONSENT FOR RELEASE OF STUDENT INFORMATION AND FIELD TRIP CONSENT & FORM

FIELD TRIP CONSENT

Please check the appropriate selection for each

Consent for my student to participate in *GEMS* field trips on or off *GEMS* premises for the 2020-21 school year.

- I give consent
- I do NOT give consent

Permission for my student to ride on a school bus or COTA bus, or to ride with *GEMS* staff, volunteers, or Crew Mentors.

- I give consent
- I do NOT give consent

PHOTOGRAPHS, AUDIO, VIDEO, OR ELECTRONIC IMAGES

This applies to photographs, audio, video, or electronic images of my student to be used by *GEMS* for exhibition, public display, publication, publicity materials, advertising, a news media story, video, audio, or other electronic media, such as the Internet, television, CD-ROM, or DVD.

- I give consent
- I do NOT give consent

I understand that my student's full name may also be used on the school web site, or by entities outside the school.

ORIGINAL WORKS OF ART AND WRITTEN MATERIALS

The applies to original written materials, artwork, or other work created by my student for external exhibition, public display, publication, publicity material, advertising, a news media story, video, audio, or other electronic media, such as the Internet, television, CD-ROM, or DVD.

- I give consent
- I do NOT give consent

I understand that my student's full name may also be used on the school web site, or by entities outside the school.

QUOTED STATEMENTS

This applies to prepared statements given by my student with possible identification by full name, to be used for the purpose of publications, news stories or interviews about *GEMS*.

- I give consent
- I do NOT give consent

On behalf of myself and my son/daughter, I hereby release *GEMS*, and their divisions, subsidiaries and affiliates, trustees, officers, employees, agents, staff, students, mentors, instructors, or any transportation providers 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 named above** in organized school activities.

I further agree to be responsible for any property damage caused by the above-mentioned student in connection with his/her participation in activities on and off our school campus.

Parent Signature: X

Date: _____

(OVER)

For your student's safety, notify the school immediately if any of the following information changes.

GEMS INFORMATION AND COMMUNICATION TECHNOLOGIES | ACCEPTABLE USE AGREEMENT

For more information about the use of Technology in The Graham Family of Schools, contact the Director of Information Technology at 614-262-1111.

Students and staff are permitted to use the district's information and communication technologies (ICT) resources for legitimate educational purposes. Personal use of district ICT resources during classes and beyond appropriate internet access is prohibited. In addition, if any particular behavior or activity is generally prohibited by law or by district/school rules and regulations, use of ICT resources for the purpose of engaging in such behavior or activity is prohibited. By signing below, ICT users, student(s), and their parent(s)/guardian(s) agree to adhere to the follow standards and expectations for conduct:

1. **Behave ethically and responsibly when using ICT resources**
 - a. Refrain from utilizing VPN, proxy gateways, or similar technologies, to bypass ICT monitoring and filtering
 - b. Handle with care all ICT resources and equipment, which are the property of the schools. Refrain from deleting, destroying, modifying, abusing, or moving resources without permission or accessing unauthorized ICT resources
 - c. Accept responsibility for damage incurred to school ICT resources while checked out to, or in use by you, which may include some or all of the cost to repair/replace the damaged item
 - d. Do not breach, disable, or compromise network stability or security in any way, nor download or modify software in violation of the district's licensure agreement(s) and/or without authorization from the IT department
2. **Use ICT resources; transmit communications, or access information only for legitimate, educationally relevant purposes and to access educationally appropriate content.**
 - a. Refrain from sending any form of communication that breaches the district's confidentiality requirements, or the confidentiality of students
 - b. Refrain from communication that harasses, threatens, or is discriminatory
 - c. Refrain from accessing any material that is obscene, harmful to minors, or prohibited by law
3. **Respect the privacy of others and treat information created by others as the private property of the creator.**
 - a. Maintain confidentiality of your username and password by not sharing it with others and not using another person's username and password
 - b. Maintain the integrity of files and data by not trespassing, modifying copying or deleting files of other users without their consent
 - c. Protect the confidentiality and safety of others when sharing work and images
 - d. Share, post, and publish only within the context of the district *Publishing Guidelines* (See attached)
 - e. Respect copyright and fair use laws; these policies and procedures apply in digital contexts, as well. Plagiarism is prohibited.

I have read, understand, and agree to abide by the terms of the Acceptable Use Policy, and release the district, its operators, and administration from any and all claims arising from my use or inability to use district ICT resources. Should I commit any violation or in any way misuse my access to the school district's information and communication technologies resources, I understand that my access privilege may be revoked and disciplinary action may be taken.

Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

School/Location: GEMS-- School Year: 2020-21

For your student's safety, notify the school immediately if any of the following information changes.

RESIDENCY VERIFICATION AFFIDAVIT FORM – 2020-21

To be Completed Each School Year for Every Student

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Parent/Guardian: _____

<i>Sibling:</i>		<i>Age:</i>	<i>Current school:</i> GEMS TCS TGS
<i>Sibling:</i>		<i>Age:</i>	<i>Current school:</i> GEMS TCS TGS
<i>Sibling:</i>		<i>Age:</i>	<i>Current school:</i> GEMS TCS TGS
<i>Address:</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>	
<i>Phone:</i>		<i>Cell Home Work (circle one)</i>	

- 1) I attest that I am the parent/guardian/caregiver of the student(s) listed and live at the above address.
- 2) I understand that if there is an address change, I will provide the school with the required documentation proving residency.
- 3) If evidence is not provided, I understand that requests for additional documentation or a home visit could occur.

Please indicate which Proof of Residence you are providing:

- Utility bill,
- Lease agreement,
- Mortgage payment or
- Other: _____

Proof of residency MUST be provided each school year.

We will ask you to submit your proof of residence in August before school starts.

Is this address Temporary or Permanent? (circle one)

(OVER)

For your student's safety, notify the school immediately if any of the following information changes.

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No (circle one)

RESIDENCY AND EDUCATIONAL RIGHTS

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 614-258-8588 or the State Coordinator at 614-387-7725.

By signing below, I acknowledge that I have received and understand the above rights.

Parent/Guardian/Caregiver Name (printed):
Signature:
Date:

For office use only:

Signature of McKinney-Vento Liaison

August 2020
Date

OCCUPATIONAL SURVEY

Location: GEMS TCS@ODU TGS

Dear Parent/Guardian,

You are receiving this form to help your student. We are asking you to complete this survey so that we might provide your student with additional supplemental services that they are eligible for here at school.

In order to provide students with appropriate instruction and educational services, it is necessary for us to maintain extensive educational and personal information. It is essential that pertinent information be readily available to appropriate school personnel, and will be guarded as confidential information.

Please complete this form to determine if your student(s) qualify for additional supplemental services.

Parent/Guardian completing form:

Siblings Name	Grade
Siblings:	
Siblings:	
Siblings:	

SECTION 1

Have you, your family, or a household family member moved within the last 3 years?

_____ Yes

If yes, describe the type of move: *(Check all that apply)*

_____ From one **school district** to another

_____ From one **city/town** to another

_____ From one **state** to another

_____ From one **country** to another.

_____ No

(OVER)

TGFS STUDENT NAME:

SECTION 2

Has anyone in your immediate family been involved in one of the following occupations, whether full or part-time or temporarily during the last 36 months? *(Check all that apply)*

<input type="checkbox"/>	Architecture & Engineering	<input type="checkbox"/>	Entertainment & Sports	<input type="checkbox"/>	Math
<input type="checkbox"/>	Arts & Design	<input type="checkbox"/>	Farming, Fishing, and Forestry	<input type="checkbox"/>	Media & Communication
<input type="checkbox"/>	Building & Grounds Cleaning	<input type="checkbox"/>	Food Preparation & Serving	<input type="checkbox"/>	Military
<input type="checkbox"/>	Business & Financial	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Office & Administrative Support
<input type="checkbox"/>	Community & Social Service	<input type="checkbox"/>	Installation, Maintenance, & Repair	<input type="checkbox"/>	Production
<input type="checkbox"/>	Computer & Information Technology	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Protective Service
<input type="checkbox"/>	Construction & Extraction	<input type="checkbox"/>	Life, Physical, & Social Science	<input type="checkbox"/>	Sales
<input type="checkbox"/>	Education, Training, and Library	<input type="checkbox"/>	Management	<input type="checkbox"/>	Transportation & Material Moving

SECTION 3

What is the highest level of education completed by parent/guardian 1?

- | | |
|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> 8 th grade |
| <input type="checkbox"/> High school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Associates degree | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Master's degree | <input type="checkbox"/> PhD |

What is the highest level of education completed by parent/guardian 2?

- | | |
|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> 8 th grade |
| <input type="checkbox"/> High school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Associates degree | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Master's degree | <input type="checkbox"/> PhD |

Thank you for your support.

For your student's safety, notify the school immediately if any of the following information changes.

Dismissal Information

Adults granted permission to pick up and sign out your child at Dismissal time

- 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 notifications (phone calls or in person), as well as email or fax, are NOT acceptable forms of permission.
- Please keep this information up to date.

Name	Phone	Relationship

_____ My child will be escorted home by an older sibling.

Sibling	Class	Teacher

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

Printed name of Parent/Guardian Date

Signature of Parent/Guardian