



# The Graham School

encounter the world, engage the mind

3950 Indianola Ave | Columbus, OH 43214 | 614-262-1111 | [www.thegrahamschool.org](http://www.thegrahamschool.org)

## RE: 2019-2020 Returning Student Enrollment

Dear TGS Parent(s)/Guardian(s),

Attached is the **2019-2020 Registration Packet**. We ask that this information is updated every year for the safety & well-being of the students. These forms are required by the Ohio Department of Education and our sponsor (ESCCO) to be updated annually or when there is a change in information regarding the student.

**Please note: your student's enrollment at TGS is not guaranteed until all necessary forms are returned.**

**\*All forms are due no later than May 13, 2019 to secure your student's enrollment for the 2019-2020 school year.\***

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In addition to the Registration Packet, we are mandated by the Ohio Department of Education to obtain a **new proof of residency every school year**. This can be a copy of a utility bill, lease agreement or mortgage statement. Proof of residency must be submitted on or before the first day of school. Utility bills must be dated on or after July 1, 2019.

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The Graham School is a public community school that is open to all students. The school has high costs each year supplying items such as technology, paper, printer ink, and class supplies that allow our students to have significant class experiences during their time at TGS.

We are asking our families to help with these expenses by making an annual school contribution of \$35.00. You can pay with credit card, cash, check or money order in person or by mail.

If you have any questions or concerns, you can contact Harmony Salvatore at [hsalvatore.1@thegrahamschool.org](mailto:hsalvatore.1@thegrahamschool.org) or by calling the front office at 614-262-1111.

Thank you for your prompt response and continual support of our school.



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## 2019-2020 Contact Information

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

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

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

*Last*

*First*

*Middle*

Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Home Phone \_\_\_\_\_ Student cell \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Legal guardian of student? Yes No Lives with student? Yes No Shared custody

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

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

E-Mail \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Legal guardian of student? Yes No Lives with student? Yes No Shared custody

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

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

E-Mail \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

If parents live separately, please send a second copy of report cards Yes No

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## 2019-2020 Contact Information Continued

*People listed below are also allowed to pick up this student from school:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please be advised that your student will only be released during school hours to the listed guardians above in the event we are unable to contact you or as deemed appropriate by the Dean of Students.**

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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## 2019-2020 Media 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 The Graham School. Photos, videos, and student work shall be the property of The Graham School, which has the right to duplicate, reproduce and use in other venues as The Graham School deems necessary.

These pictures, videos and student work representations may be used on school bulletin boards, in local newspapers, in school newsletters, school yearbook, social media sites, school websites and in connection with the Ohio Resident Educator Summative Assessment (RESA).

I DO consent to The Graham 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 The Graham School in any way, as specified above.

Name of Student: \_\_\_\_\_

Print Parent/Guardian name: \_\_\_\_\_

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

Signature of Student: \_\_\_\_\_

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

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

Parent'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. Parents 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.

The Graham School  
3950 Indianola Ave  
Columbus, Ohio 43214

Phone: (614) 262-1111 Fax: (614) 447-0558

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## 2019-2020 Parental/Guardian Experiential Consent & Release

As the parent(s)/guardians (s) of \_\_\_\_\_, a \_\_\_\_\_ grade student at The Graham School, I hereby give my authorized consent on his/her behalf to participate in The Graham School Experiential Program on or off The Graham School premises for the 2019-2020 school year. I grant permission for my student to ride on a school bus or COTA bus, or to ride with Graham staff, volunteers, students or Experiential Mentors. On behalf of myself and my son/daughter, I hereby release The Graham School, Experiential Placements, 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) in organized experiential 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 Experiential Program.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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## 2019-2020 Emergency Medical Authorization

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Student's Cell Phone No.: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Student's E-Mail: \_\_\_\_\_

*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 (Mother): \_\_\_\_\_ Home phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Name (Father): \_\_\_\_\_ Home phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
4. M.D. Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

2) Transfer of the child to:

(Preferred hospital): \_\_\_\_\_ Phone: \_\_\_\_\_ 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.

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

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

Is EPI-PEN required? Yes No

Current Medications:

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

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

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

**Signature of Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### 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: \_\_\_\_\_

**Print Legal Guardian Name:** \_\_\_\_\_

**Signature of Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**2019-2020 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                      Cell Phone

-----  
**PHYSICIAN'S STATEMENT TO AUTHORIZE DISPENSING MEDICATION**

To the Physician:

The Graham School urges 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 The Graham School, its Board of Education, its 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                      Cell Phone



## 2019-2020 Health History

Student's Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_ Female: \_\_\_ Male: \_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Month/Day/Year

### 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 \_\_\_\_\_ Food \_\_\_\_\_ Bees/Wasps \_\_\_\_\_ Animals \_\_\_\_\_ Plants \_\_\_\_\_

Pollen \_\_\_\_\_ Dust \_\_\_\_\_ Smoke \_\_\_\_\_ Latex \_\_\_\_\_ Molds \_\_\_\_\_

Mildew \_\_\_\_\_ 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:

Injuries/Illnesses/Surgeries Age of Child Hospitalization Date

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**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 \_\_\_\_\_

Treatment \_\_\_\_\_

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 back if necessary**

Completed by: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_



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

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

### **TGFS Information and Communication Technologies | Acceptable Use Agreement**

Students and staff are permitted to use the district's 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 (and, for student, their parent/guardian) 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 by 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 **X** \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_



## RESIDENCY VERIFICATION AFFIDAVIT FORM – 2019-2020

To be Completed Each School Year for Every Student

<i>Student Name:</i>		
<i>School:</i>		<i>Current Grade:</i>
<i>Address:</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone:</i>		

I attest that I am the parent/guardian/caregiver of \_\_\_\_\_  
and live at the above address.

I understand that if there is an address change, I will provide the school with the required documentation proving residency.

If evidence is not provided, I understand that requests for additional documentation or a home visit could occur.

Parent/Guardian/Caregiver Name:
Signature:
Date:

Proof of residency MUST be provided along with this form each school year.

(OVER)



## 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.

Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_

Grade \_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is this address Temporary or Permanent? (circle one)

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 614-262-1111 or the State Coordinator at 614-387-7725.

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

Signature of Parent/Guardian: X

Date X

*Rachel Widmer*

August 2018

Signature of McKinney-Vento Liaison

Date



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## ***IMPORTANCE OF EXEMPLARY ATTENDANCE***

At The Graham School, our goal is to ensure that every student attends school every day so they are on track to graduate from high school, enroll and graduate from college.

We realize some absences are unavoidable due to health problems or other circumstances. However, we also know that when students miss too much school, regardless of the reason, it can cause them to fall behind academically.

According to **Ohio House Bill 410**:

- A student is ***chronically absent*** if he or she misses 10 percent or more (18 days or 92 hours) of the school year for any reason.
- This includes ***excessive absences*** in which a child is absent 38 or more hours in one school month with or without a legitimate excuse or absent 65 or more hours in one school year with or without a legitimate excuse.
- Further, a student is ***habitually truant*** when absent without a legitimate excuse from school for 30 or more consecutive hours, 42 or more hours in one school month, or 72 or more hours in a school year.
- When a student is ***habitually truant***, the law requires the school to follow several administrative procedures and legal solutions to make sure the student attends school regularly.

As parent(s) or legal guardian(s), you are responsible for making sure that your student develops the habit of attending school consistently. If you and your student are facing challenges that could affect school attendance, please let us know so that we can help. We look forward to having your child at school daily and to having your participation in our school community. Please see the student handbook for more information.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_