



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

2011-2012 NEW STUDENT REGISTRATION PACKET

All new students entering Margaretta Local Schools must be registered through the Board of Education Office. Please call 419-684-5322 to schedule a registration appointment. To avoid delays, this packet should be completed prior to your appointment. We will be unable to enroll your student(s) until all required documents are submitted.

WWW.MARGARETTA.K12.OH.US

MARGARETTA LOCAL SCHOOL DISTRICT
DOCUMENTS REQUIRED FOR NEW STUDENT REGISTRATION

Registration Form	The <i>Registration Form</i> should be completed prior to your scheduled registration appointment. 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	Two forms 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.
Emergency Medical Authorization	The <i>Emergency Medical Authorization</i> form is required to be completed yearly for all students. This form will be sent home with existing students on the first day of school. For new students entering after the first day of school, this form is required upon enrollment. This form also includes general consent for Student Handbook, Photo Publication, etc.
Immunization Record	Immunizations must be complete in accordance with Ohio State Law. A complete record of immunizations indicating month/date/year of each inoculation must be provided.
Copy of Last Report Card (K-8) or Unofficial Transcript (9-12)	An official request will be made to the previous school for these; however having them at registration will facilitate class placement/scheduling.
	The documents below are needed if applicable
IEP, ETR/MFE, Section 504	The current Evaluation Team Report (ETR), also known as the Multifactor Evaluation (MFE), and Individualized Education Plan (IEP) for students with disabilities, or the current Section 504 Accommodation Plan should be presented at the time of registration. An official request will be made to the previous school for these documents; however, having them at registration facilitates a smoother transition.
Custody/Custody Pending Document	Proof of legal custody must be provided at registration including a certified copy of an order or decree 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. If custody is pending, a certified copy of the application for custody must be submitted.
Grandparent Power of Attorney/ Caretaker Authorization Affidavit	Documents must be signed and notarized, then filed by the juvenile court. Official copies with the file date must be presented at registration. Copies of these forms are available on our 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.

2011-2012 REGISTRATION FORM

MARGARETTA LOCAL SCHOOLS



First Name: _____ Middle: _____ Last: _____
 Street Address: _____ Nickname: _____
 City/State/Zip: _____ Date of Birth: _____
 Primary Phone*: _____ Birthplace City: _____
 Grade: _____ Gender: M F Social Security: _____
 My child will: ride bus AM/PM ride bus AM only ride bus PM only drive be picked up

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: _____

PARENTS' MARITAL STATUS:

Never married Married
 Separated Divorced Widowed

NEW STUDENTS TO THE DISTRICT

Has the student previously attended school in Ohio? Y / N Attended Margaretta Schools? Y / N (If yes, grade level ___)
 Is there a current IEP (Individual Education Program) in place? Y / N (if yes, please provide copies of paperwork)
 Is this student presently under suspension or expulsion? Y / N (if yes, please provide copies of paperwork)

STUDENT'S RACE: (check all that apply)

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

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

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

FATHER'S INFORMATION

Custodial/Residential Parent? 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

Custodial/Residential Parent? 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

_____	_____
_____	_____
_____	_____

*Primary number will be added to One Call Parent Notification System. 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: _____

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Margaretta Board of Education
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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
EMERGENCY MEDICAL AUTHORIZATION FORM
2011-2012 SCHOOL YEAR

Must be completed and returned by September 9, 2011.

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: _____

VI. GENERAL CONSENT

I have reviewed the 2011-2012 Student Handbook (found online at www.margaretta.k12.oh.us) 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.

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, newspapers, other school-related publications, websites and video announcements.

- I give consent

Signature of Parent/Guardian: _____ Date: _____