

The registration packet may be completed in Adobe Reader if you are accessing it through our website at www.copley-fairlawn.org.

When complete, print a copy, and present it at time of registration.

A packet is needed for each child being registered.

Please have all the following information before calling for an appointment:

- A Completed Registration Packet
- Your driver's license
- Child's social security card **Original**
- Child's birth certificate **Original**
- Photocopies of your deed, contract to purchase a home or a letter from a builder stating you are in the process of building a home in the school district.
- Two other proofs of residency: utility bills, paycheck stub, voter registration, driver's license, or state identification.
- Residency Affidavit **Notarized**
- Photocopies of child's health records
- Photocopies of your child's report card if in grades K-8 or transcripts if in grades 9-12.
- Photocopies of guardianship or custody papers.
- Copies of IEP, MFE, 504, etc., if applicable

Having all of this information will assist us in getting your child enrolled in as timely a manner as possible.

Please call (330) 664-4800 when you have all forms completed to set up an appointment.

Thank you!

Copley-Fairlawn City Schools

COPLEY FAIRLAWN



B O A R D O F E D U C A T I O N

Jessica H. Vargo, *President*
Kenneth A. Calderone, *Vice President*
Sue Emich
Richard V. Levin
Julie A. Schafer

Learning Today ~ Leading Tomorrow

3797 Ridgewood Road • Copley, Ohio 44321-1665
phone 330.664.4800 • fax 330.664.4811
www.copley-fairlawn.org

Brian E. Poe, *Superintendent*
Aaron J. Sable, *Assistant Superintendent*
John L. Wheadon, *Treasurer*
Steven E. Robinson, *Business Manager*

Dear Parents,

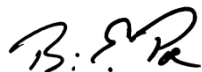
We welcome you to the Copley-Fairlawn City School District. Enclosed is a packet of materials needed to register your child. If you have any questions when completing these forms, please do not hesitate to contact the central office.

We understand the adjustments your family will be making as a result of attending a new school. We are here to serve you in a positive way and help you make these changes as smoothly as possible.

After you complete the attached registration packet, please call the Board of Education Office at 330-664-4800 to schedule an appointment. Within 24 hours of providing applicable documentation, you will be notified of the status and when your child can begin school.

We welcome you as a new member of the Copley-Fairlawn City Schools.

Sincerely,



*Brian E. Poe
Superintendent*

BEP:cm

Copley-Fairlawn City School District
3797 Ridgewood Road
Copley, OH 44321-1665
(330) 664-4800
Fax: (330) 664-4811

Student Name _____
Application Date _____
Time _____

REGISTRATION PACKET



PLEASE CALL FOR AN APPOINTMENT AT (330) 664-4800 AND ASK FOR CENTRAL REGISTRATION TO COMPLETE THE ENROLLMENT PROCESS

Copley High School (Grades 9-12)	3807 Ridgewood Road, Copley, 44321	(330) 664-4822
Copley-Fairlawn Middle School (Grades 5-8)	1531 S. Cleve-Mass. Road, Copley, OH 44321	(330) 664-4875
Arrowhead Primary School (Grades K-4)	1600 Raleigh Blvd., Copley, OH 44321	(330) 664-4885
Fort Island Primary School (Grades K-4)	496 Trunko Road, Fairlawn, OH 44333	(330) 664-4890
Herberich Primary School (Grades Pre K-4)	2645 Smith Road, Akron, OH 44333	(330) 664-4991

File Complete

REGISTRATION FORM

Initial _____

NAME _____

SCHOOL _____

DATE _____

GRADE _____

★ Copy all ORIGINAL documents	Page #	NOTES
Student Registration Form	5-5a	
Birth Certificate (Registrar to copy the original)		
Social Security Card (Registrar to copy the original)		
Driver's License or Identification Card (Registrar to copy the original)	5a	
Home Language Survey Form	6	
SSID Form	7	
Residency Affidavit Form NOTARIZED	8	
Sworn Statement of Residency Form NOTARIZED	9	
New Home Construction/Pending Purchase of Existing Home NOTARIZED Letter from Real Estate Broker/Bank Officer Letter from the Builder See 8b Sample Letters	8a	
Rental/Lease Authorization for Release of Information	8c	
Rent, Lease Agreement or Deed		
Two (2) Proofs of Residency		
Custody Form NOTARIZED	10	
Judgment Entry (Divorce Decree) with all attachments/modifications/ certified/time-stamped		
Custody Form (Pending) NOTARIZED	11	
Transportation Form	12	
Foster Children/Guardian Form	13	
Time-stamped Application for Appointment of Guardianship Valid for 60-days only		
Record Release New/Withdrawing Student Form	14	
Authorization to Obtain Immunization Information Form	15	
Health History Form	16-16a	
Copy of Immunization Record		
Medication Policy Letter	17	Original to Parent
Physician's/Parent's Request for the Administration of Medication Form	17-19	
Emergency Medical Form	20	
Computer Network/Internet Acceptable Use Policy Form	21	
Emergency Notification	22	
Report Card (Grades 1 thru 8)		
Unofficial Transcript (Grades 9 thru 12)		
Special Needs (IEP – MFE – 504 Plan)		

Special Notes _____



Copley-Fairlawn City School District
 3797 Ridgewood Road
 Copley, OH 44321-1665
 (330) 664-4800
 Fax: (330) 664-4811

REGISTRATION CHECKLIST

(Only the person who is the residential parent, legal custodian, legal guardian, or, in limited circumstances, a grandparent of the child may register the child.)

Student Registration Packet	For Special Education/Special Needs (if applicable)
<input type="checkbox"/> Original or Certified Copy of Birth Certificate	<input type="checkbox"/> Multi-Factored Evaluation (M.F.E.)
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Individualized Education Program (I.E.P.)
<input type="checkbox"/> Health Records, including immunization record	<input type="checkbox"/> 504 Plan
<input type="checkbox"/> Withdrawal certificate from previous school (if applicable)	
<input type="checkbox"/> Report Card (Grades K-8 only)	
<input type="checkbox"/> Transcripts (Grades 9-12)	
<input type="checkbox"/> Standardized test scores/proficiency/achievement scores & school records	
<input type="checkbox"/> Guardianship, or custody papers when divorce, separation, foster care, etc., is involved.	
<input type="checkbox"/> Grandparent Power of Attorney or Caretaker Authorization Affidavit	

TO VERIFY GUARDIANSHIP OR CUSTODY, THE FOLLOWING ARE THE ONLY ACCEPTABLE PROOFS:

- A. Certified time-stamped complete Judgment Entry Divorce Decree, including *All Attachments and any Modifications*.

OR

- B. Time-stamped notice of the appointment of guardianship from Probate Court.

OR

- C. Certified Journal Entry designating custody and the school district responsible for educating.

❖THESE ARE THE ONLY ACCEPTABLE CUSTODY OR GUARDIANSHIP PAPERS. A LETTER FROM A LAWYER OR ANYTHING SIMILAR IS **NOT** ACCEPTABLE. ANY CHANGES OR MODIFICATIONS IN THE CUSTODY ORDERS MUST ALSO BE SUBMITTED TO THE SCHOOL WHEN THEY OCCUR.

Residency Information Please follow the directions below.

If you own, rent, or lease in the Copley-Fairlawn City School District	OR	If you living with another family in the Copley-Fairlawn City School District
<input type="checkbox"/> 1. Residency Affidavit Form (Notarized) AND <input type="checkbox"/> 2. You must have one of the following: <input type="checkbox"/> Rent, lease agreement or deed <input type="checkbox"/> You must supply a letter from the real estate broker or bank officer verifying there is a contract to purchase the house, that you are waiting upon the date of closing of the mortgage loan, and the house is at the location indicated by you. <input type="checkbox"/> A letter from the builder confirming that a new house is being built for you and that the house is at the location indicated in your statement. AND <input type="checkbox"/> 3. Two of the following proofs of residency with your name and current Copley-Fairlawn address. <input type="checkbox"/> Utility bill (example: gas, electric, telephone, cable) <input type="checkbox"/> Work records (pay stubs) <input type="checkbox"/> Public assistance (example: check stubs, forms) <input type="checkbox"/> Driver's license <input type="checkbox"/> State identification <input type="checkbox"/> Voter registration		<input type="checkbox"/> 1. Residency Affidavit Form (Notarized) AND <input type="checkbox"/> 2. You must supply a Sworn Statement of Residency Form (notarized) from the head of the household with whom you are living. Attached his/her deed*, rent, or lease agreement or a verifying letter from the real estate broker or bank officer that there is a contract to purchase the house at the location as indicated in your statement. AND <input type="checkbox"/> 3. Two of the following proofs of residency with the incoming resident's name and current Copley-Fairlawn address. <input type="checkbox"/> Utility bill (example: gas, electric, telephone, cable) <input type="checkbox"/> Work records (pay stubs) <input type="checkbox"/> Public assistance (example: check stubs, forms) <input type="checkbox"/> Driver's license <input type="checkbox"/> State identification <input type="checkbox"/> Voter registration

❖ Refer to Deed/Custody Information Sheet

DEED/CUSTODY INFORMATION

CUSTODY

A certified copy of the complete Judgment Entry Divorce Decree, including all attachments and all modifications is available from the Clerk of Court in the county that granted the divorce.

The following is a list of the Domestic Relations Departments in surrounding counties:

Summit County Court of Domestic Relations

Summit County Clerk of Courts
205 S. Main Street, Basement
Akron, OH 44308
(330) 643-2201
Cost: \$1.00 per page, cash only, Mon.-Fri. 7:30 a.m. to 3:00 p.m.
Located at the corner of Broadway St. and University Ave.

Cuyahoga County Court of Domestic Relations

***If divorce occurred after 2/1997**
Justice Center – Clerk of Court 1st floor
1200 Ontario Street
Cleveland, OH 44113
(216) 443-7977
Cost: \$1.00 per page, cash only, Mon.-Fri. 8:30 a.m. to 4:00 p.m.
Located at the intersection of Ontario St. and St. Clair Ave.

***If divorce occurred before 2/1997**

Old Court House
Domestic Relations Department
Room #4, Basement
1 Lakeside Avenue
Cleveland, OH 44113
(216) 443-7949

Located at the intersection of Ontario St. and Lakeside Ave.

If you are not sure which location to go to - call Docket Department at 216-443-7960

Medina County Domestic Relations Court

99 Public Square, 2nd Floor
Medina, OH 44256
(330) 725-9740
Fax (330) 764-8794
Cost: \$.25 per page plus \$1.00 for certification. Must prepay. Mon.-Fri. 8:00 a.m. to 4:00 p.m.

Portage County Common Pleas/Domestic Relations

Ravenna Court House
203 West Main Street
2nd Floor, Room 201A
Ravenna, OH 44266
(330) 297-3475
Cost: \$1.00 per page, cash or check only, Mon.-Fri. 8:00 a.m. to 4:00 p.m.
Located at the corner of Rt. 59 (Main St. and Chestnut <in the center of town>).

DEED

To get a copy of a Deed for your home in Summit County:

Go to <http://fiscaloffice.summitoh.net/AdditionalServices/RecSplit.html> to download and print a copy of your deed.

BIRTH CERTIFICATE INFORMATION SHEET

To obtain a certified copy of the birth certificate for most cities within the United States:

- Website: www.vitalcheck.com
- Call the city of birthplace to see where the records are kept.

The following is a list of surrounding counties and the requirements for obtaining a birth certificate:

Summit County

*All Akron Births

Akron Health Department Vital Statistics Office

368 South Main Street

Akron, OH 44311

(330) 375-2976

Cost: \$22.00 for a certified copy,

Mon. & Thurs., 8:00 a.m. to 5:45 p.m.; Tues., Wed. & Fri. 8:00 am to 3:30 pm

Obtain a copy in person, mail or website: www.vitalcheck.com

Located one block south of the Akron Aero's Stadium (Canal Park).

Cuyahoga County

City of Cleveland –Bureau of Vital Statistics

1st Floor of City Hall—Customer Service Counter

601 Lakeside Avenue, Room 122

Cleveland, OH 44114

(216) 664-2315

Cost: \$17.00 for a certified copy, Mon.-Fri. 8:00 a.m. to 4:00 p.m.

Obtain a copy in person, by phone, fax, mail or website: www.vitalcheck.com

Located at the intersection of E. 6th St. and Lakeside Ave. in downtown Cleveland.

Medina County

4800 Ledgewood Drive

Medina, OH 44256

(330) 723-9511

Cost: \$17.00 for a certified copy, Mon.-Fri. 8:00 a.m. to 12:15 p.m. and 1:00 p.m. to 4:30 p.m.



Copley-Fairlawn City School District

3797 Ridgewood Road
 Copley, OH 44321-1665
 (330) 664-4800
 Fax: (330) 664-4811

STUDENT REGISTRATION FORM

(All Copley-Fairlawn educational programs are offered without regard to age, color, disability, military status, national origin, race, religion, or sex.)

Please check one:

- | | |
|--|---|
| <input type="checkbox"/> Copley High School | <input type="checkbox"/> Fort Island Primary School |
| <input type="checkbox"/> Copley-Fairlawn Middle School | <input type="checkbox"/> Herberich Primary School |
| <input type="checkbox"/> Arrowhead Primary School | |

School Use Only
Student ID # _____

Date _____

STUDENT RESIDENTIAL INFORMATION

Last Name	First Name	Middle Name
Street Address		Phone
City	State Zip	Cell Phone
Residential Parents(s)/Guardian(s) Last Name	Residential Father's First Name	Residential Mother's First Name

Parents(s)/Guardian Relationship (With whom does the student reside?)
 F=Father M=Mother O=Other P=Parents R=Relative G=Guardian I=Independent Student S=Stepfather T=Stepmother

Student Citizen Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Exchange Student <input type="checkbox"/> Other/Non-U.S. Citizen	Language Spoken by Student <input type="checkbox"/> English <input type="checkbox"/> Other _____
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The Ohio Legislature has required all school districts to gather the following data as part of the statewide Education Management Information System (EMIS).

Student Birthdate / / Month Day Year	Student Gender (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Ethnic Code (Check one) <input type="checkbox"/> W=White, Non-Hispanic <input type="checkbox"/> B=Black, Non-Hispanic <input type="checkbox"/> H=Hispanic <input type="checkbox"/> A=Asian or Pacific Islander <input type="checkbox"/> I=American Indian or Alaskan Native <input type="checkbox"/> M=Multiracial
Student Birthplace City Name _____ Student Social Security Number _____ (Must have this information)		

SCHOOL USE ONLY

Admission Date _____	Verified With _____
Counselor Name _____	Status Code _____ Grade _____ School Year _____ Homeroom _____
1=First school (District Attended) 2=From a non-public school 3=From another school district in same county 4=From another school district in Ohio-other county 5=From another school district outside Ohio 6=From another country 7=From home schooling 8=From an institution	9=From MR/DD 10=Previously dropped out 11=Court referral 12=From a licensed preschool 13=From a kindergarten 14=From Head Start 15=From a JVS preschool
Calendar _____ (School Use Only) 1=Full Day 2=1/2 Day (Kindergarten Request) 3=1/2 AM (Preschool) 4=1/2 PM (Preschool)	

STUDENT BACKGROUND

Place of Birth	Student Name
----------------	--------------

Has the child been enrolled previously in the Copley-Fairlawn City School District? Yes No

Residence address before entering Copley-Fairlawn City School District

School last attended (include preschool, etc.) District

School Address City State Zip

Kindergarten was attended (please check) ½ day full day

Was this child in any special education? Yes No If "yes" what type of special services was the child receiving?

Check all areas in which the child has received, or was receiving, special help from the previous school system:
 Speech Remedial Reading Remedial Math Special Services _____ (i.e. SLD, CD, SED, Gifted, MH, ESL)

Was this child seen for a multi-factored evaluation in your previous school district by their school psychologist? Yes No

Is the student under expulsion? Yes No

Present Grade Level	Has student repeated a grade?	If so, what grade?
---------------------	-------------------------------	--------------------

Check average grade to date A B C D F

RESIDENTIAL PARENT INFORMATION (Information for person(s) who student resides with)

<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother	Business Phone	Birthplace
Name		

Street Address	City	State Zip
----------------	------	--

Employer	Occupation/Dept.	Education completed
----------	------------------	---------------------

<input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather	Business Phone	Birthplace
Name		

Street Address	City	State Zip
----------------	------	--

Employer	Occupation/Dept.	Education completed
----------	------------------	---------------------

Parents separated Yes No Mother deceased Yes No

Parents divorced Yes No Father deceased Yes No

Number of brothers (older) _____ Number of brothers (younger) _____

Number of sisters (older) _____ Number of sisters (younger) _____ Language spoken by parents/guardians _____

Other Parent Information: _____

Provide a copy of a valid driver's license or identification card (Registrar to copy the original)

Check here if there are any court orders in regard to custody of this student. If so, you must provide a copy of court custody orders (See Enrollment Checklist for details)

 Signature of person enrolling child Relationship to child Date

Copley-Fairlawn City Schools
3797 Ridgewood Road, Copley, OH 44321-1665

Phone (330) 664-4800

Fax (330) 664-4811

HOME LANGUAGE SURVEY

Date _____

The Office of Civil Rights (OCR) requires that schools conduct a language survey of all students registering for school to identify those in need of language assistance and for the purpose of providing appropriate programming. (Title VI compliance Issues 9/91)

Student Name _____ Grade _____
Last First M.I.

Name of School _____ Sex M F Date of Birth _____ / _____ / _____
Month Day Year

Father/Guardian Name _____ Mother/Guardian Name _____

Address _____ Place of Birth _____
Number Street City Zip City/State/Country

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email _____

1. What language did your child speak when first learning to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently when speaking to your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your child attended school in the U.S.? _____ Months _____ Years
6. If an interpreter is needed, list name, address, and phone number of a person you prefer.

List all schools your child attended in the U.S. Use the back of the page if necessary.

Name of School(s)	Year Attended	Grade	Location: City/State	Date Enrolled From Mo/Yr-Mo/Yr

7. Check your child's dietary needs: No Restrictions Vegetarian No Pork Products Other _____
 List food allergies: _____

Signature of Person completing form _____

Date _____

School Use Only

Date Enrolled _____ Number of days of attendance in other U.S. Schools _____

Date _____ Sent to ESL building tutor for evaluation	<i>If language(s) other than American English is listed, please send copies of the completed form, plus registration form, passport/birth certificate, names and addresses of all schools attended in U.S. to ESL tutor.</i>
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**REQUIRED BY OHIO DEPARTMENT OF EDUCATION
STATEWIDE STUDENT IDENTIFIER (SSID) STUDENT DATA**

Student Name _____

Homeroom _____ Grade _____

Was the child ever enrolled in Copley-Fairlawn or another Ohio school district? Yes No

If "Yes" School District _____ Year Enrolled _____

If "Yes" Send a copy of this form to EMIS Coordinator Date Sent _____

INFORMATION NEEDED

FILL IN INFORMATION

Legal First Name (Legal First Name of the student as it appears on the birth certificate)	
Legal Middle Name (Legal Middle Name of the student as it appears on the birth certificate)	
Legal Last Name (Legal Last Name of the student as it appears on the birth certificate)	
Name Suffix (Legal Suffix of the student as it appears on the birth certificate) Example: "Jr.", "II", "III"	
Birthplace City Name (City in which student was born, as it appears on the birth certificate)	
Native Language (Native language-primary or home language of the student, Example: English, German, Spanish, Russian, etc.)	
Mother's Maiden Name (Mother's maiden name as it appears on the birth certificate)	
Polio Immunization Date (MM/DD/YY) (Date when the student was first vaccinated for polio)	

School Use Only
Date entered into Computer _____



Copley-Fairlawn City School District
 3797 Ridgewood Road
 Copley, OH 44321-1665
 330-664-4800
 Fax: 330-664-4811

RESIDENCY AFFIDAVIT

For the purpose of establishing a school
 residency. (To be completed by parent/legal
 custodian/legal guardian/grandparent)

TO: THE BOARD OF EDUCATION OF THE COPLEY-FAIRLAWN CITY SCHOOL DISTRICT

I, _____, hereby certify that I am a resident of the Copley-Fairlawn City School District and, reside permanently at the following address:

Address	Apt. #	Lot #	City	Zip
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Name of Children (Please Print)

Last	First	M.I.	Date of Birth	School/Grade
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Last	First	M.I.	Date of Birth	School/Grade
------	-------	------	---------------	--------------

Last	First	M.I.	Date of Birth	School/Grade
------	-------	------	---------------	--------------

I further certify that:

1. This information is true, accurate, and not made up for the purpose of circumventing the attendance laws of the State of Ohio or the policies of the Board of Education requiring legal residency in order to attend the Copley-Fairlawn City Schools.
2. If I change my present address to another address that is within the Copley-Fairlawn City School District, I will immediately file another Residency Affidavit with the Board of Education of the Copley-Fairlawn City School District.
3. I understand and agree that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the Copley-Fairlawn City School District, I will withdraw my child/children from the Copley-Fairlawn City School District and will enroll my child/children in the new district of residence.
4. If it is determined that I am not a resident of the Copley-Fairlawn City School District, I understand that my child/children will be withdrawn from the Copley-Fairlawn City School District. I will also be responsible for and will pay the current full tuition rate as determined by the Ohio Department of Education to the Treasurer of the Copley-Fairlawn City School District pursuant to Section 3317.08 of the Ohio Revised Code, for the part of the school year that my child/children were enrolled in the Copley-Fairlawn City School District. The tuition rate for the current year is \$8,609.01. The rate for the 2012-2013 school year has not been determined by ODE.

NOTE: I understand that providing false information under oath is a violation of Ohio Revised Code Section 2921.13 which carries a penalty of six months in jail and a one-thousand dollar fine upon conviction. Further, I am aware that any effort to circumvent the residency requirements of this school district mandated by Ohio law may result in criminal prosecution for the theft of services, a violation of the Ohio Revised Code Section 2913.02.

NOTE: Sign only in presence of a Notary Public

Signature of Parent/legal custodian/guardian/grandparent	Date	Relationship to Student(s)
--	------	----------------------------

Parent/legal custodian/guardian/grandparent (Please print)	Social Security # of Parent/legal custodian/guardian/grandparent
--	--

County of _____)
 State of Ohio _____)

SWORN TO AND SUBSCRIBED in my presence this _____ day of _____, 20 _____

(Seal)

 Notary Public
 My commission expires: _____



Copley-Fairlawn City School District

3797 Ridgewood Road
Copley, OH 44321-1665
330-664-4800
Fax: 330-664-4811

Not Applicable _____ Initial

- NEW HOME CONSTRUCTION (90-DAY CLAUSE)
PENDING PURCHASE OF AN EXISTING HOME (90-DAY CLAUSE)

For purchase of new home construction or pending purchase of an existing home. (To be completed by parent/legal custodian/legal /guardian/ grandparent.)

You have chosen to enroll your child in Copley-Fairlawn City Schools while in the process of purchasing or constructing a residential dwelling within the boundaries of our district. Ohio law allows us to grant you 90 calendar days during which your child can attend school, tuition free, until you make your final move.

This 90-day time period will begin on the first day of school attendance by your child and will end on _____. If your family has not moved into your new home by this date, tuition must be paid as set forth by the Ohio Department of Education for the annual tuition rate for Copley-Fairlawn City Schools per student until you have moved into your new Copley-Fairlawn residence. (Tuition rate is subject to change at the beginning of each school year.)

During this transition period, you are responsible for providing transportation for your child to his/her assigned school within the Copley-Fairlawn City School District until such time as you establish residency within the district.

We hope that this information is helpful to you in planning the transition of your child into our school district.

I, _____, hereby certify that I am in the process of purchasing or constructing a residential dwelling at the following:

Street Address City State Zip Code Phone Number

I intend to reside in the residential dwelling at the above address when the purchase or construction is completed. I am aware that I have ninety (90) calendar days to move into my residential dwelling within the Copley-Fairlawn City School District, and that if I do not do so, I will be responsible for paying tuition as set forth above for my child.

Parent's Name (please print) _____ Parent's Signature _____
Child's Name _____ School/Grade _____

NOTE: Sign only in presence of a Notary Public

County of _____)
State of Ohio _____)

SWORN TO AND SUBSCRIBED in my presence this _____ day of _____, 20 _____

(Seal) _____ Notary Public
My commission expires: _____

ATTACH ONE OF THE FOLLOWING LETTERS (See 8b - Sample Letters)
NEW HOME CONSTRUCTION: Letter from builder confirming that a new house is being built for the parent and that the house is at the location indicated in the parent's statement, R.C. 3313.64(F)(6)(b).
PENDING PURCHASE OF EXISTING HOME: A letter from the real estate broker or bank officer confirming that the parent has a contract to purchase the house, that the parent is waiting upon the date of closing of the mortgage loan, and that the house is at the location indicated in the parent's statement. R.C. 3313.64(F)(7)(b).
This time period for tuition-free attendance when a purchase of an existing home is pending or a new home is being constructed cannot exceed 90 days. R.C. 3313.64(F)(7).

NEW HOME CONSTRUCTION

Builder **MUST** write a letter on company letterhead.

MUST include statement: A new house is being built at _____
Address

for _____
Parent

Signature of Builder

SAMPLE

PENDING PURCHASE OF EXISTING HOME

Real Estate Broker or Bank Officer **MUST** write a letter on company letterhead.

MUST include statement: _____ has a contract
Parent

to purchase a house at _____, and is waiting upon the date of closing
Address

of the mortgage loan.

Signature of Real Estate Broker or Bank Officer

SAMPLE



Copley-Fairlawn City School District
 3797 Ridgewood Road
 Copley, OH 44321-1665
 (330) 664-4800
 Fax: (330) 664-4811

Not Applicable _____ Initial _____

**AUTHORIZATION FOR RELEASE OF
 INFORMATION**

I, _____, hereby authorize _____

(Landlord or Management Company or Entity) and its agents to release any and all information regarding my rental of the property situated at _____, _____, Ohio, to the Copley-Fairlawn City School District and its employees and agents ("Copley-Fairlawn.") My authorization to release information includes, without limitation, authorization for the above named Landlord or Management Company or Entity to provide to Copley-Fairlawn a copy of my lease and a list of the people authorized to reside with me at the above referenced property.

 Renter's Signature

Print Name: _____

Date: _____

School Use Only
 Copy to EMIS Coordinator
 Sent _____ Initial _____



Copley-Fairlawn City School District
 3797 Ridgewood Road
 Copley, OH 44321-1665
 (330) 664-4800
 Fax: (330) 664-4811

Not Applicable _____ Initial

SWORN STATEMENT OF RESIDENCY
 O.R.C. 3313.64

(For use only if living with another Copley-Fairlawn family)

For the consideration that _____ may attend the Copley-
 Student's Name

Fairlawn City School District, I _____, do
 Copley-Fairlawn Resident (Please Print)

hereby swear and affirm that _____, will reside with me at my home
 Student's Name

_____, _____, _____,
 Street Address City Zip Code

_____ and that Mr. and/or Mrs. and/or Ms. _____
 County Parent's Name(s)

will also reside at the above address. I fully understand that this sworn statement entitles temporary attendance in the Copley-Fairlawn City School District. If the family or any member thereof moves from my home, I will immediately notify the Treasurer of the Board of Education of the Copley-Fairlawn City School District, 3797 Ridgewood Road, Copley, OH 44321-1665, (330) 664-4815.

I am aware also that if a student is found to have established residency in our district by using false or inaccurate information, the student(s) will be immediately dismissed from school and the parents of the students(s) will be held liable for all costs incurred while the student(s) was enrolled in the Copley-Fairlawn City Schools which the law provides under the criminal code. I agree to pay tuition for student(s) at a rate established annually by the State of Ohio Department of Education. A tuition billing will be issued to me for the school year or portion thereof. My signature evidences agreement to pay such tuition in accordance with terms as stated on the tuition billing.

NOTE: Sign only in presence of a Notary Public

 Date Signature of Copley-Fairlawn Resident

County of _____)
 State of Ohio _____)

SWORN TO AND SUBSCRIBED in my presence this _____ day of _____, 20 _____

(Seal) _____
 Notary Public

My commission expires: _____

ATTACH A COPY OF THE COPLEY-FAIRLAWN RESIDENT'S PURCHASE AGREEMENT, RENTAL AGREEMENT, LEASE AGREEMENT OR DEED



Copley-Fairlawn City School District
 3797 Ridgewood Road
 Copley, OH 44321-1665
 (330) 664-4800
 Fax: (330) 664-4811

Not Applicable _____ Initial _____

CUSTODY FORM

Date _____

I, _____, certify that I am the residential parent, and or legal
 Parent/Custodian
 custodian of _____, and have established permanent residency
 Child
 at _____, in the Copley-
 Address

Fairlawn City School District. I further certify that this child does reside with me at the above address. I have provided school officials with a signed, certified copy of the court order granting legal custody.

 Name of Student

 Birthdate

 Name of Student

 Birthdate

Section 3313.672 O.R.C. requires a custodial parent to provide the public school with a certified copy of the custody order, with all attachments. Any changes or modifications in the custody order must also be submitted to the school when they occur.

NOTE: Sign only in presence of a Notary Public

 Signature of Parent/Guardian Date Relationship to Student(s)

 Parent/Guardian (Please print) Social Security # of Parent/Guardian

County of _____)
 State of Ohio _____)

SWORN TO AND SUBSCRIBED in my presence this _____ day of _____, 20 ____.

(Seal) _____
 Notary Public

My commission expires: _____

ATTACH SIGNED, CERTIFIED, TIME-STAMPED COPY OF COURT ORDER OF CUSTODY OR GUARDIANSHIP PAPERS



Copley-Fairlawn City School District
 3797 Ridgewood Road
 Copley, OH 44321-1665
 (330) 664-4800
 Fax: (330) 664-4811

Not Applicable _____ Initial

CUSTODY/GUARDIANSHIP FORM
 (Pending)

Date _____

I, _____, have filed a notice of application for appointment of guardian from Probate Court for:

 Name of Child

 Birthdate

 Name of Child

 Birthdate

Time-stamped copies of the court pleadings are attached.

I understand that Ohio Law (3313.64) allows the Copley-Fairlawn City School District to enroll this child for up to sixty (60) calendar days, tuition free, with a copy of the documentation that legal proceedings have been started.

I agree to pay the full tuition to the Treasurer of the Copley-Fairlawn City School District pursuant to Section 3317.08 of the Ohio Revised Code if I have NOT been given legal custody by the sixty calendar days time line. I will provide the school with a copy of the signed, certified court order granting me legal custody within sixty (60) days.

I understand that the above named child will be removed from the Copley-Fairlawn City School District if this time line is not met and will be required to attend the school system of his/her legal custodian.

I have read the entire document and the information provided by me on this form is true and accurate.

NOTE: Sign only in presence of a Notary Public

 Signature of Parent/Guardian Date Relationship to Student(s)

County of _____)
 State of Ohio _____)

SWORN TO AND SUBSCRIBED in my presence this _____ day of _____, 20 ____ .

(Seal)

 Notary Public

My commission expires: _____

ATTACH SIGNED, TIME-STAMPED COPY OF NOTICE OF MOTION FOR LEGAL CUSTODY OR NOTICE OF APPLICATION OF GUARDIANSHIP



Copley-Fairlawn City School District
 3797 Ridgewood Road
 Copley, OH 44321-1665
 (330) 664-4800
 Fax: (330) 664-4811

TRANSPORTATION FORM
 New/Withdrawn/Transfer
 Student

TO: TRANSPORTATION DEPARTMENT

FROM: (Check one) CHS CFMS APS FIPS HPS OTHER

Transportation will begin _____

Transportation will end _____

RE: (Check one) New Transfer Address Change Phone # Change Withdrawn

Print Clearly

Grade _____ Starting Date _____ New Student _____ Withdrawn Date _____

Student Last Name _____ Student First Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Daytime Phone _____ Ext. _____

Cell Phone _____ Student's Date of Birth _____

Parent/Legal Guardian Name _____

School Use Only

A.M. Bus # _____ Location _____ Time _____

P.M. Bus # _____ Location _____

Noon Bus # _____ Location _____ Time _____

Review By: _____ Date _____

Copy FAXED to: Building Secretary Date: _____ Initial: _____

Acknowledged by Transportation Department Date: _____ Initial: _____



Copley-Fairlawn City School District
 3797 Ridgewood Road
 Copley, OH 44321-1665
 (330) 664-4800
 Fax: (330) 664-4811

Check One

- FOSTER PARENT**
 GUARDIAN
 LEGAL CUSTODIAN

To be completed by Foster Parent, Guardian, or Legal Custodian other than parent.

Date _____

The following information is needed for students living with a foster family, legal guardian or legal custodian other than their parents.

COURT PLACEMENT PAPERS MUST BE ATTACHED

STUDENT INFORMATION	
Student Name	Date of Birth
Student Address	City/Zip
Telephone No.	Social Security No. - -
Date Enrolled	Building/Grade
Last School Attended	School Address
GUARDIAN INFORMATION	
Guardian/Legal Custodian/Foster Parent Name	
Guardian/Legal Custodian/Foster Parent Address	City/Zip
Guardian/Legal Custodian/Foster Parent Telephone No.	Agency
Agency Telephone No.	Social Worker
Special Comments	
BIOLOGICAL PARENT(S) INFORMATION	
Biological parent(s) name and address at the time of placement with agency, legal guardian or legal custodian.	
Father's Name _____	Mother's Name _____
Father's Address _____	Mother's Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
School District of Parents _____	

School Use Only
 COPY OF THIS FORM ALONG WITH COPY OF COURT ORDER TO EMIS COORDINATOR
 Date _____ Initial _____



Copley-Fairlawn City School District
 3797 Ridgewood Road
 Copley, OH 44321-1665
 (330) 664-4800 (Board of Education)
 (330) 664-4855 (Pupil Services)
 Fax: (330) 664-4811

**RECORD RELEASE
 NEW OR WITHDRAWING STUDENT**

Date _____

Please release all school records including:

- Cumulative records (including attendance and discipline records)
- Transcripts
- Health Records
- Group test scores –Achievement/OAT/OAA/OGT Scores
- Ohio Test of English Language Acquisition (OTELA) Scores or Equivalent
- K-RAL Scores (if available)
- Psychological reports and Multi-Factored Evaluations (M.F.E.)
- Individualized Education Programs (I.E.P.)
- Functional Behavior Assessments (FBA) and Behavior Intervention Plans (BIP)
- Related special educational forms, as applicable
- 504 Plan
- Discipline Files

Please send to:

Copley High School
 3807 Ridgewood Road
 Copley, OH 44321
 (330) 664-4822
 FAX: (330) 664-4951

Copley-Fairlawn Middle School
 1531 S. Cleve-Mass. Road
 Copley, OH 44321
 (330) 664-4875
 FAX: (330) 664-4912

Arrowhead Primary School
 1600 Raleigh Blvd.
 Copley, OH 44321
 (330) 664-4885
 FAX: (330) 664-4927

Fort Island Primary School
 496 Trunko Road
 Fairlawn, OH 44333
 (330) 664-4890
 FAX: (330) 664-4921

Herberich Primary School
 2645 Smith Road
 Akron, OH 44333
 (330) 664-4991
 FAX: (330) 664-4989

Pupil Services Dept.
 3797 Ridgewood Road
 Copley, OH 44321
 (330) 664-4855
 FAX: (330) 664-4854

Student's Name _____

Last Grade Attended _____ Date of Birth _____

Signature of Parent/Legal Guardian _____

NEW STUDENTS ONLY

Former School _____ Phone Number _____

Address _____

Date withdrawn from above school _____ Date Entered Above School _____

WITHDRAWN STUDENTS ONLY

New School _____

Address _____

Date withdrawn (Last day attended) _____

School Use Only

_____ Records Requested _____ Records Received
 _____ Records Sent _____ Release Form (copy sent to Director of Pupil Personnel)
 _____ Special Education Records (copy sent to Director of Pupil Personnel)

Neither state nor federal law requires consent or parental signature to transfer student records to an educational institution for legitimate educational purposes. O.R.C. 3319.321 (c) 20USCA 1232g(b)(1)(B)

AUTHORIZATION TO OBTAIN IMMUNIZATION INFORMATION

Name of child _____ Date of Birth _____
 I, _____, parent/guardian of the above named child, hereby authorize
 (Name of) Medical Provider(s) _____

to disclose the specific and individually identifiable immunization records of the above named child to : **The Copley-Fairlawn City School District** for the specific purpose of presenting written evidence, satisfactory to the person in charge of admission, that the above named child has been immunized by a method of immunization approved by the department of health as required by section 3313.671 of the Ohio Revised Code.

This authorization will expire upon the presentation of written evidence sufficient to comply with section 3313.671 of the Ohio Revised Code or for the period of time needed to fulfill its purpose. I also understand that I may revoke this authorization, in writing at any time and that I may be asked to sign the *Revocation Section* below. I further understand that any action taken by the above named Provider(s) or School in accordance to this authorization prior to it being revoked is legal and binding.

I understand that my information may not be protected from re-disclosure by the requestor of the information unless otherwise provided for by state or federal law. Please note: medical records provided to schools that receive federal funding are protected by the Family Educational Rights and Privacy Act. (FERPA).

I understand that I may refuse to sign this authorization.

I also understand that my refusal to sign this authorization may prevent the school from verifying that the above named child has been immunized. I further understand that if the school cannot verify and I cannot provide satisfactory written evidence that above named child has been immunized, the child may be excluded from school pursuant to section 3313.671 of the Ohio Revised Code.

I further understand that I may request a copy of this signed authorization.

Signature of Parent/Guardian	Date ❖ ❖ ❖ ❖ ❖	Relationship/Authority
NOTE: <i>This authorization was revoked on:</i>		
	Date	Signature of Staff

REVOCATION SECTION

I do hereby request that this authorization to disclose health information of _____
Name of Child/Patient

signed by _____ on _____
Name of Person who signed Authorization
Date Authorization Signed

be rescinded, effective _____
Date

I understand that any action taken by the named Provider(s) or School in accordance to this authorization prior to the revocation date is legal and binding.

Signature of Parent/Guardian	Date	Signature of Witness	Date
Copy to building clinic personnel	Date _____	Initial _____	



Copley-Fairlawn City School District
 3797 Ridgewood Road
 Copley, OH 44321-1665
 (330) 664-4800
 Fax: (330) 664-4811

HEALTH HISTORY
 (To be completed by parent/legal
 custodian/guardian/grandparent)

Please Print

Please check one: <input type="checkbox"/> CHS <input type="checkbox"/> CFMS <input type="checkbox"/> APS <input type="checkbox"/> FIPS <input type="checkbox"/> HPS		
Date		
Last Name	First Name	Date of Birth / /
Address	City	State Zip
Phone No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth

FAMILY HISTORY – Please list this child’s brothers and sisters					
Name	Birth Year	Sex	Name	Birth Year	Sex
1.			3.		
2.			4.		

IMMUNIZATION RECORDS
I certify that my child has the following immunizations by State Law: <ul style="list-style-type: none"> • 5 Diphtheria/Tetanus/Pertussis (DPT, DtaP, DT, Td) • 4 Polio (OPV, IPV) • 1 Chicken Pox <ul style="list-style-type: none"> • 2 MMR (Measles, Mumps, Rubella) • 3 Hepatitis B (Hep B)

IMMUNIZATION	DATE RECEIVED
Diphtheria Pertussis (Whooping Cough) Tetanus	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
Polio	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
Measles (Rubeola)	1. _____ 2. _____
Rubella (German Measles)	1. _____ 2. _____
Mumps	1. _____ 2. _____
MMR Combined	1. _____ 2. _____
T.B. (Optional)	1. _____ 2. _____
Hepatitis B.	1. _____ 2. _____ 3. _____
H.I.B.	1. _____ 2. _____ 3. _____
Chicken Pox	1. _____
Other:	1. _____ 2. _____

PERINATAL HISTORY (Pre-School – Elementary)

Student Name: _____

Did the mother have any unusual physical or emotional illness during this pregnancy? Yes No
 If “yes”, explain briefly.

How old was the mother when this child was born?

Was this infant born:
 Full term Early Late

What was the infant’s birth weight?

Did the infant have any sickness or problems while in the nursery? Yes No
 If “yes”, explain briefly.

DEVELOPMENTAL HISTORY (Pre-School – Elementary)

Please give the approximate age at which this child:

- Walked alone _____
- Spoke in sentences _____
- Toilet trained _____
- Dressed self _____

How does this child’s development compare to other children, such as his/her brothers, sisters or playmates?

same slower faster

HEALTH CONDITIONS – Please check any that this child has had:

Abnormal spinal curvature Scoliosis, etc.	Emotional	Nervous twitches or tics
Allergies or hay fever	Ear problems, poor hearing	Poisoning
Anemia	Eye problems, poor vision	Pregnancy
Asthma or wheezing	Frequent headaches	Rheumatic Fever
Bed wetting at night	Frequent skin infections	Seizures or epilepsy
Behavior problems	Frequent sore throat infections	Sickle Cell disease
Birth or congenital malformation	Heart disease, type _____	Stool soiling
Cancer, type _____	Hepatitis	Substance abuse (alcohol, drugs)
Chicken Pox	Kidney disease, type _____	Suicide attempt
Chronic diarrhea or constipation	Measles (old-fashioned ten day)	Toothaches or dental infections
Concern about relation with siblings or friends	Meningitis or encephalitis	Urinary tract infection
Cystic Fibrosis	Mumps	Wetting during the day
Diabetes	Near drowning or near suffocation	Other injuries and illnesses

ALLERGIES – Please list and describe allergies or reactions to:

Medicine/Drugs

Foods/plants/animals/other

Recommended treatment if allergy is severe.

MEDICATIONS

What medications are given daily?

What medications are given frequently, but not daily?

The child is usually: very active normally active inactive

Do you have any concerns about how your child gets along with other children? Yes No

Do you have other comments or concerns about this child’s health, development, behavior, family or home life that you would like the school to be aware of? If “yes”, explain briefly.

Completed by _____ Relationship to Child _____

COPLEY-FAIRLAWN CITY SCHOOLS



3797 Ridgewood Road
Copley, OH 44321-1665

School Health Services

Phone: (330) 664-4800
Fax: (330) 664-4811

Dear Parent/Guardian:

The **Board of Education and Akron Children's Hospital School Health Services** strongly urges parents to give their children their medications at home whenever possible. If it is necessary for your child to take medication at school the following policy must be followed:

1. Medication forms must be completed by the student's doctor and parent and returned to the school before medications may be taken or given at school. Copies of forms are attached. Additional forms may be obtained from the school office or School Health Services clinic personnel.
2. The "**Permission Form for Non-Prescription Medication to be Administered by School Personnel**" is required if a student is to receive non-prescription medication at school. This form must be completed and brought to the school before the medication can be given at school. Parents must ensure safe delivery of medication to the school. All medications must be in the original container accompanied by clear instructions for administration including the student's first and last name, dosage and times or intervals that the medication is to be given.
3. "**Permission Form for Prescription Medication to be Administered by School Personnel.**" Parents must ensure safe delivery of medication to school. Medications must be in the original container from the prescribing physician or licensed pharmacist with the name of the medication, student's first and last name, dosage and times for the medication to be given. Pharmacists will often provide an appropriately labeled container for school if requested. A doctor's signature is required on the "Permission Form for Prescription Medication to be Administered by School Personnel."
4. "**Permission Request that Student Carry and Administer own Medication.**" Requires doctor signature. The student may only carry a one-day dose to school (exception meter dose inhaler).
5. New forms must be submitted at the beginning of each school year and when any information (medication dosage, time) changes.

COPLEY-FAIRLAWN CITY SCHOOLS



3797 Ridgewood Road
Copley, OH 44321-1665

School Health Services

Phone: (330) 664-4800
Fax: (330) 664-4811

Prescription Medication Administered at School

Student: _____ Building/Grade: _____ School Year: _____

To Be Completed by Doctor:

Name of medication: _____ Dose: _____

Time to be given: _____ (during school hours)

Reason for medication: _____

Form of medication: Tablet Liquid Inhaler Nebulizer Other

Start Date: _____ Stop Date: _____

Special Instructions: _____

Potential adverse reactions to be reported: _____

Physician's Signature: _____ Date: _____

Physician's Name: _____ Phone: _____

Print

To Be Completed by Parent/Guardian:

I give permission for my child to receive medication at school according to the school district policy and as instructed by the physician and agree to:

- Assume responsibility for safe delivery of the medication in its original container to the school
- Have a new form completed by the doctor if medication or dosage is changed
- Notify the school of changes in health care provider
- Allow School Health Services staff to contact the prescribing physician with any questions regarding the administration of this medication.

I hereby release from liability, and in addition agree to indemnify, all school employees, the Board of Education and School Health Services for damages or injury resulting from the use, misuse or nonuse of such medication except as such Board, School Health Services or its employees are grossly negligent or engage in wanton or reckless misconduct.

Parent/Guardian Signature: _____ Date: _____

THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR

COPLEY-FAIRLAWN CITY SCHOOLS



3797 Ridgewood Road
Copley, OH 44321-1665

School Health Services

Phone: (330) 664-4800
Fax: (330) 664-4811

Non-Prescription Medication Administered at School

Student: _____ Building/Grade: _____ School Year: _____

To Be Completed by Parent/Guardian:

Name of medication: _____ Dose: _____

Time to be given: _____ (during school hours)

Reason for medication: _____

Form of medication: Tablet Liquid Inhaler Nebulizer Other

Start Date: _____ Stop Date: _____

Special Instructions: _____

Reactions to be reported to parent or doctor: _____

Physician's Name: _____ Phone: _____

I give permission for my child to receive medication at school according to the school district policy and agree to:

- Assume responsibility for safe delivery of the medication in its original container to the school
- Have a new form completed by the parent if medication or dosage is changed
- Notify the school of changes in health care provider

Further, I hereby release from liability, and in addition agree to indemnify, all school employees, the Board of Education and Akron Children's Hospital School Health Services for damages or injury resulting from the use, misuse or nonuse of such medication except as such Board, School Health Services or its employees are grossly negligent or engage in wanton or reckless misconduct.

Parent/Guardian Signature: _____ Date: _____

Daytime Phone Number: _____

THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR

EMERGENCY MEDICAL FORM

Please completely fill in the form below and edit any incorrect information.

Parents or Guardians must provide a signature in Part III or Part IV

PART I: STUDENT INFORMATION

Student Name	Gender	Birth Date	School	Grade Level	Homeroom	Bus Number
--------------	--------	------------	--------	-------------	----------	------------

PART II: EMERGENCY CONTACT INFORMATION - Please provide the requested information for the primary contact and three nearby family or friends. In case of emergency, illness, or accident the school is authorized to contact and/or release the student to those listed on the form.

Primary Contact/Lives with (name)		Relationship	Parent/Guardian Primary Email Address (this authorizes us to notify parent(s) via email to discuss student and have parent communication)			
Street Address			City, State, Zip Code			
Home Phone	Cell Phone	Work Phone	Primary Number <input type="checkbox"/> Home Phone (call first) <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone			
Second Contact	Relationship	Phone #1	Phone #2			
Third Contact	Relationship	Phone #1	Phone #2			
Fourth Contact	Relationship	Phone #1	Phone #2			

PART III: GRANT CONSENT --I hereby give consent for the following medical care providers and local hospital to be called:

Physician	Phone	Dentist	Phone
Medical Specialist	Phone	Local Hospital	Emergency Room Phone

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer to any hospital reasonable 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 impairments to which a physicians should be alerted:

Date: _____ Signature of Parent/Guardian: _____

PART IV: REFUSE CONSENT-- I do not give my consent for emergency medical treatment of my child. In the event of illness or injury regarding emergency treatment, I wish the school authorities to take the following action.

Date: _____ Signature of Parent/Guardian: _____

PART V: EMERGENCY RELEASE In rare instances, it may be necessary to release the entire student body due to an emergency. Please choose how you would like your child to be released. Due to large numbers of students and limited time during an emergency, it is not possible to make phone calls home.

Choose only one: Ride bus as usual Wait at school for ride Walk home Carpool with _____

PART VI: PARENTAL RELEASE

Permission to Publish Student's Work – Please check one box below stating if your student's work can be published or not.
 I authorize the use of my child's work for publication I do not authorize the use of my child's work for publication

Photograph of Student –We occasionally have student pictures printed in the newspaper and other public media.

- My child's name and photo may be released Do not release my child's name or photo
 My child's photo may be release only as part of a group of 5 or more students

LARGE PRINT VERSION AVAILABLE AT
www.copley-fairlawn.org

COMPUTER NETWORK/INTERNET USER
 GUIDELINES AND AGREEMENT

Internet accounts, passwords, and access are provided to students and educators solely for the purpose of aiding education and research; through the enhancement of information gathering and exchange, and the promotion of growth in communications technology.

The use of the Copley-Fairlawn Computer Network is a privilege which may be revoked by District administrators at any time for abusive conduct or violation of the conditions of this agreement. In exchange for the use of the Copley-Fairlawn Computer Network, the user understands and shall agree to the following:

1. The Copley-Fairlawn Computer Network does not warrant that functions of the system and network will meet any specific requirements one may have, or that it will be error free or uninterrupted; nor shall it be liable for any direct or indirect, incidental, or consequential damages (including lost data, information, or profits) sustained or incurred in connection with the use, operation, or inability to use the system or network. The Board of Education of the Copley-Fairlawn City School District shall not be liable for any damage incurred due to harmful programs (including computer viruses), which on rare occasions may propagate through computer networks such as the Copley-Fairlawn Network and Internet.
2. Network and Internet electronic mail (email) and other forms of electronic communication are not private. District administrators or others may access mail and other forms of communication at any time, and email software may misdirect messages. These considerations should be kept in mind when corresponding with others.
3. All information and materials contained on the Copley-Fairlawn Computer Network, is placed there for educational and general information purposes and is, in no way, intended to refer to, or be applicable to, any specific person, case, or situation.
4. Copley-Fairlawn Network and Internet Accounts are for the exclusive use of the account owners only. Network users (account owners) are responsible for the use of all passwords and accounts. Network users may not misrepresent themselves, or allow any other person to misrepresent themselves by using the network under the guise, password, or name of another account owner. Network users shall not reveal passwords, violate right of privacy, or reveal another's name, personal addresses, phone numbers, or places of business. Any problems which arise from the misuse of an owner's account are the responsibility of the account owner. Any misuse will result in the suspension of account privileges. Use of an account by someone other than the registered account holder may result in loss of account privileges. Network users shall not violate any federal, state, or local criminal or civil laws. Network users shall not load, install, or disseminate copyrighted material or illegal copyrighted software onto or through the network. (Public domain and "Shareware" software and materials may be uploaded.) Network owners shall not download or use copyrighted software which others may have illegally uploaded onto the Network and Internet.
5. All information services and features contained on Copley-Fairlawn systems and networks are intended for the sole use of network account owners. All communications and information accessible via the network should be assumed to be property of the District. Network users shall not engage in any commercial for-profit activity, advertising, political "lobbying", extensive personal business or other unauthorized use of the network or materials contained therein which are hereby expressly forbidden.

6. Network users shall conduct themselves according to accepted network etiquette, and refrain from any discriminatory or anti-social behavior. The use of obscene, vulgar, threatening, abusive, defamatory, or otherwise objectionable language in either public or, upon registration of complaint, private messages is expressly forbidden. The staff of Copley-Fairlawn City Schools will be the sole arbiter of what constitutes obscene, vulgar, threatening, abusive, defamatory, or otherwise objectionable language.
7. Network users shall not; infiltrate any sub-networks connected to the Internet, violate anyone's right to privacy, disrupt the use of the Internet or any sub networks, or abuse, modify, or destroy any hardware or software used in accessing the Internet or any sub-network.
8. Copley-Fairlawn Computer Network student users and parents need to be aware that Internet, like television, telephone service, and other forms of mass media, provides access to information and people, representing many different countries, cultures, political/philosophical/moral/religious views and lifestyles. The responsibility for supervision of students using the Copley-Fairlawn Computer Network account from home or anywhere else outside of the classroom shall be that of the parent/s or guardian/s. Just as parents need to monitor television and video viewing, radio listening, and reading materials, parents of students using the Copley-Fairlawn Computer Network need to supervise the use of the network.
9. Network users shall not access, view, or introduce any textually or visually objectionable, obscene, or pornographic materials on/into the network. The staff of Copley-Fairlawn City Schools will be the sole arbiter of what constitutes objectionable, obscene, or pornographic materials. Although care has been taken to restrict student access to Internet domains that might contain objectionable materials, it is impossible to guarantee that no student will ever be able to obtain access to those domains. Therefore, students and their parents are ultimately responsible for the materials received through the use of student Internet accounts.
10. The Copley-Fairlawn Computer Network is a shared resource with finite capacities. Network users shall be considerate when transferring or storing large files on Copley Computer Network resources. Network users shall not engage in any use of the network which disrupts other users or seriously degrades performance of the system and network. Any use determined to be disruptive by the District administrators will result in appropriate action being taken against the user.
11. The account user/owner agrees to abide by such rules and regulations of system and network usage that may be promulgated from time to time by the administrators of the Copley-Fairlawn Computer Network.
12. In consideration for the privilege of using the Copley-Fairlawn Computer Network and in consideration for having access to the information contained on it, the user hereby releases the Copley-Fairlawn Computer Network, its operators and administrators, the Board of Education of the Copley-Fairlawn City School District, its employees, agents, and any institutions with which they are affiliated from any and all claims of any nature arising from the use, or inability to use, the Copley-Fairlawn Computer Network.
13. Copley-Fairlawn City School District retains the right to monitor network activity, review any material stored in files, edit or remove any material which the Copley-Fairlawn administration, in its discretion, believes violates the above standards, and terminate the network accounts of any persons violating the conditions set forth in this agreement.

PART I: STUDENT INFORMATION

Student Name	Birth Date	School Building	Grade Level	Homeroom
--------------	------------	-----------------	-------------	----------

PART II: PARENT COMPUTER NETWORK/INTERNET USER AGREEMENT

We, (parent/guardian) _____ of (student name) _____ have read and understand the Copley-Fairlawn Computer Network User Guideline and Agreement Policy and we agree to its terms and conditions. We confirm our child's intentions to abide by the terms and conditions therein and we agree to supervise our child's use of the Copley-Fairlawn Computer Network at home or outside of the classroom.

Date _____ Signature of Parent/Guardian _____

PART III: STUDENT COMPUTER NETWORK/INTERNET USER AGREEMENT

Student signature required only for grades 7 through 12

I have read and I understand this Copley-Fairlawn Computer Network User Guideline and Agreement Policy, and agree to abide by all of the rules and standards for acceptable use stated within.

Date _____ Signature of Student _____



Copley-Fairlawn City School District
 3797 Ridgewood Road
 Copley, OH 44321-1665
 (330) 664-4800
 Fax: (330) 664-4811

**EMERGENCY NOTIFICATION SYSTEM
 CONTACT INFORMATION UPDATE**

To update the contact information used by the emergency notification system, please return this form to the building secretary or email the information to steve.robinson@copley-fairlawn.org. Please complete a new form anytime your contact information changes.

Student's Name _____ Grade _____

Parent's Name _____

Building CHS CFMS APS FIPS HPS _____

Primary Phone _____

Emergency Phone 1 _____

Emergency Phone 2 _____

Emergency Phone 3 _____

Emergency Phone 4 _____

Email 1 _____

Email 2 _____

Email 3 _____