Dear Parents,

We welcome you to the Copley-Fairlawn City School District. Enclosed is information regarding the online registration process and the additional forms 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 online registration and all required forms, 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
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1. Begin the **Online Registration** process (page 2)

2. Complete and organize the necessary forms and documentation required for registration. Please reference the **Registration Checklist** on page 3 to determine the forms and documents required to register your child.

3. Upload the required forms and documentation under the **Registration Documents** section of the **Online Registration System** OR submit the forms in person during **Kindergarten Registration** or your **registration appointment**. Kindergarten registration information is located at [https://www.copley-fairlawn.org/kdgreg](https://www.copley-fairlawn.org/kdgreg).

4. Please ensure your online registration application has been **successfully submitted** prior to attending Kindergarten Registration or your Registration Appointment. You will receive an email confirmation indicating the online registration application has been received upon submission.

**For Grade 1 to 12 Registrations or Kindergarten Registration after May 16th**

5. After the online portion of the registration process has been submitted and all paper forms and documents are organized and complete, call 330-664-4800 to confirm the registration and setup a registration appointment (if necessary).

**For Kindergarten Registrations Submitted Online Prior to May 16th**

5. If the online registration has been submitted and you uploaded the required additional forms and documents, please call 330-664-4800 to confirm. If you receive confirmation from the Board of Education after calling, you need not come to Kindergarten Registration.

If the online registration has been completed but the required forms and documentation were not uploaded into the Online Registration System, please plan to bring the necessary documentation to Kindergarten Registration on the following days:

- CHS Auxiliary Gym - Wednesday, May 9, 2018 – 7 to 10:30am
- CHS Auxiliary Gym - Wednesday, May 16, 2018 – 4:30 to 7:30pm
How do I get started?
Visit www.copley-fairlawn.org/onlineregistration and create or log into your registration account (see more information about creating your account below). Once you have logged in, enter your child’s First Name, Last Name, and Date of Birth to begin the online registration form.

Should I create an account?
If you’ve never completed an online form with InfoSnap or Powerschool Registration, you will need to create an account. This allows you to securely save your work and come back at a later time if necessary. If you already have an account, you can sign in and complete the form using the same account. Forms for multiple children can be completed in the same account.

Do I have to answer all the questions?
Questions marked with a “Required” label are required.

What if I make a mistake?
If you would like to make a change, prior to submitting the form, you can either navigate back to the page using the “< Prev” and “Next >” buttons. Or if you are on the Review page, click on the underlined field.

Can I upload all required supporting forms and documents?
You can upload all required supporting documents! Please scan all required documents into a single file and upload the file under the Registration Documents section.

Am I required to come to Kindergarten Registration or make a registration appointment if I complete the online registration and upload all supporting documents?
You are not required to come to Kindergarten Registration or make a registration appointment if you are able to complete the online registration and upload all supporting documents. After uploading all supporting documents and submitting your registration, please call the Board of Education Office at 330-664-4800 to confirm all required documents have been received.

I’ve completed the form, now what?
Once you have finished entering your information, click “Submit.” This will send all of the information you’ve entered to the school. If you cannot click on this button, you will need to make sure that you have answered all REQUIRED questions.

What if I have more than one student in the district? Do I need to do this for each child?
Yes, because you’ll need to provide information that is specific for each child. We recommend that you complete and submit one form and then start another – this will allow you to share selected family information, which saves you time.

I’m not sure how to answer a question. I don’t know what the question is asking.
You can contact central registration at 330-664-4800 to ask any general questions about the form.

Help! I’m having technical difficulties.
For technical support, visit the PowerSchool Community help center at https://help.powerschool.com/ or by calling the Family Support line at 866-434-6276.
For All Students
- Online Registration
- Original or Certified Copy of Birth Certificate
- Driver’s License or Identification Card
- Social Security Card
- Record Release – Form F (Grades 1-12)
- Health Records – Forms G, H, I & J
- Immunization Record
- Withdrawal certificate from previous school (if applicable)
- Report Card (Grades K-8 only) or Transcripts (Grades 9-12)
- Standardized test score/achievement scores & school records (if applicable)

To Verify Guardianship or Custody, the Following Are the Only Acceptable Proofs:

<table>
<thead>
<tr>
<th>Joint or Sole Custody</th>
<th>Foster Parent, Legal Guardian or Legal Custodian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Custody Form (Form D)</td>
<td>Foster Parent, Guardian, or Legal Custodian Form (Form E)</td>
</tr>
<tr>
<td>Certified time-stamped complete Judgment Entry Divorce Decree, including All Attachments and any Modifications.</td>
<td>OR</td>
</tr>
<tr>
<td>OR</td>
<td>Time-stamped notice of the appointment of guardianship from Probate Court.</td>
</tr>
<tr>
<td>OR</td>
<td>Certified Journal Entry designating custody and the school district responsible for educating.</td>
</tr>
</tbody>
</table>

- 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.

For Special Education/Special Needs (if applicable)
- Multi-Factored Evaluation (M.F.E.)
- Individualized Education Program (I.E.P.)
- 504 Plan

Custody Information

Please follow the directions below.

Residency Information

Please follow the directions below.

If you own, rent, lease, building or are in the process of purchasing a home in the CFCS District.

1. Notarized Residency Affidavit – Form A OR Notarized New Home or Pending Purchase – Form B AND
2. You must have one of the following:
   - Rent, lease agreement or deed
   - 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.
   - 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
3. Two of the following proofs of residency with your name and current Copley-Fairlawn address.
   - Utility bill (example: gas, electric, telephone, cable)
   - Work records (pay stubs)
   - Public assistance (example: check stubs, forms)
   - Driver’s license
   - State identification
   - Voter registration

If you living with another family in the CFCS District.

1. Notarized Residency Affidavit – Form A AND
2. You must supply a Sworn Statement of Residency – Form C (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
3. Two of the following proofs of residency with the incoming resident’s name and current Copley-Fairlawn address.
   - Utility bill (example: gas, electric, telephone, cable)
   - Work records (pay stubs)
   - Public assistance (example: check stubs, forms)
   - Driver’s license
   - State identification
   - Voter registration
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. High 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.

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

- Website: [www.vitalcheck.com](http://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](http://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](http://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

FORM A
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:

<table>
<thead>
<tr>
<th>Address</th>
<th>Apt. #</th>
<th>Lot #</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
</table>

Name of Children (Please Print)

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
<th>Date of Birth</th>
<th>School/Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 $12,305.17. The rate for the 2021-2022 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)

My commission expires: ____________________

Notary Public
For the purpose of establishing a school residency.

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

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

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  (sample letters are available on next page)

□ 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 OR PENDING PURCHASE SAMPLE LETTERS

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

PENDING PURCHASE OF EXISTING HOME

Real Estate Broker or Bank Officer MUST write a letter on company letterhead. MUST include statement: _____________________________ Parent _____________________________ has a contract to purchase a house at _____________________________ Address _____________________________, and is waiting upon the date of closing of the mortgage loan. _____________________________ Signature of Real Estate Broker or Bank Officer
FORM C
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-Fairlawn City School District, I, _______________________________, Copley-Fairlawn Resident (Please Print), do hereby swear and affirm that _______________________________, Student’s Name, will reside with me at my home _______________________________, Street Address, City _______________________________, Zip Code, and that Mr. and/or Mrs. and/or Ms. _______________________________, 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 _______________________________
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
Date ______________________

I, ________________________, certify that I am the residential parent, and or legal custodian of ________________________, and have established permanent residency at ________________________, in the Copley-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
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

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Address</td>
<td>City/Zip</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>Social Security No. - -</td>
</tr>
<tr>
<td>Date Enrolled</td>
<td>Building/Grade</td>
</tr>
<tr>
<td>Last School Attended</td>
<td>School Address</td>
</tr>
</tbody>
</table>

#### GUARDIAN INFORMATION

<table>
<thead>
<tr>
<th>Guardian/Legal Custodian/Foster Parent Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian/Legal Custodian/Foster Parent Address</td>
</tr>
<tr>
<td>Guardian/Legal Custodian/Foster Parent Telephone No.</td>
</tr>
<tr>
<td>Agency Telephone No.</td>
</tr>
<tr>
<td>Special Comments</td>
</tr>
</tbody>
</table>

#### BIOLOGICAL PARENT(S) INFORMATION

Biological parent(s) name and address at the time of placement with agency, legal guardian or legal custodian.

<table>
<thead>
<tr>
<th>Father’s Name</th>
<th>Mother’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father’s Address</td>
<td>Mother’s Address</td>
</tr>
<tr>
<td>City State Zip</td>
<td>City State Zip</td>
</tr>
<tr>
<td>School District of Parents</td>
<td></td>
</tr>
</tbody>
</table>
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

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) 664-4980
  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 ___________________________ 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)
FORM G
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: This authorization was revoked on: ____________________________ 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 ____________________________ Date Authorization Signed
Name of Person who signed Authorization ____________________________
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 ____________________________

13
School Year: ______________

Student Name: ___________________________ Male _____ Female _____

Date of Birth: ______________ Grade: ______________

How does this child’s development compare to other children, such as brothers/sisters or playmates? About the same_______ Delayed_______ Advanced_______

**Health Conditions:** Please check any that your child has or had.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Current</th>
<th>Past</th>
<th>Current</th>
<th>Past</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Anaphylactic reaction</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Asthma or wheezing</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Attention Deficit</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Behavior/Emotional concerns</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Birth/Congenital malformations</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Blood problems</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Bone/Joint problems</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Bowel problems</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Cancer</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Chickenpox</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Cystic Fibrosis</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Diabetes</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Ear problems/poor hearing</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Eczema/skin conditions</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Eye problems/poor vision</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Headache (frequent)</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Hepatitis</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Juvenile Arthritis</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Meningitis/Encephalitis</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Seizures/Epilepsy</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Sore throat (frequent)</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Speech difficulties</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Toothaches/dental problems</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Urinary tract infections</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Wetting during day/night</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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</tr>
</tbody>
</table>

**Current Health:** Tell us about any current health conditions or concerns.

__________________________________________________________

__________________________________________________________

Illness, Injuries & Hospitalizations (please explain):

__________________________________________________________

__________________________________________________________

Medical Home: Please provide us with your child’s current health care provider’s name and contact information.

Healthcare Provider/Physician Name: ___________________________ Phone: __________

Address: __________________________________________________
**FORM H**

**SCHOOL HEALTH HISTORY RECORD**

Page 2

**Allergies:** If your child has any food or environmental allergies, please obtain the Allergy Action Plan form from the school clinic for your child’s health record.

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Reaction</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Medications:** Describe medicine your child takes regularly. If your child must take medication at school, please obtain the Medication Administration Authorization form from the school clinic to be completed by you and your child’s healthcare provider.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason</th>
<th>How often?</th>
<th>What time?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Explain any special assistance your child may need during the school day:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please add any comments or concerns you have about your child’s health, development, behavior, family or home life that you would like the school to be aware of:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please check with your health care provider to be sure your child’s immunizations are all current and up to date. You will be requested to provide an updated copy of immunization records to the school if the records on file with the school are not current.

If you have questions or concerns about your child’s health or would like information about a medical home for your child or community services that may be available, please contact your school clinic.

_____________________________________________________________________________
_____________________________________________________________________________

Name of Person Completing Form ___________________________ Signature ___________________________ Date __________
FORM I
PHYSICIAN/HEALTHCARE PROVIDER REPORT

School Year: ___________________________ Grade: ___________________________
Name: ___________________________ Male ______ Female ______ Date of Birth: ___________________________
Height: ___________________________ (________ %ile) Weight: ___________________________ (________ %ile) B.P.: ___________ Pulse: ___________

Vision
Distance Acuity Right ______ Left ______
Tested with glasses? ______ yes ______ no
Muscle Balance: ______ pass ______ fail ______ not done
Farsightedness: ______ pass ______ fail ______ not done
Color vision with pseudo: ______
Isochromatic plates: ______ pass ______ fail ______ not done
Child wears glasses? ______ yes ______ no
Glasses for: ______ distance ______ reading ______ all times
Referral made? ______ yes ______ no

Hearing
Pure Tone testing (20 dB @ 1000, 2000, 4000 Hz)
Right Ear: ______ pass ______ fail
Left Ear: ______ pass ______ fail
Other tests (specify) ______

Child wears hearing aid? ______ yes ______ no
Tested with Hearing aid? ______ yes ______ no
Referral made? ______ yes ______ no

Speech/Language
Speech assessment: ______ done ______ not done ______ Child has no discernible speech problem
Child has possible problem with: ______ Articulation ______ Rhythm ______ Voice ______ Language
Speech Evaluation recommended: ______ yes ______ no

Physical Examination
Does this child require any special assistance during the school day? ______ yes ______ no
If yes, please explain: ____________________________________________________________

Is child able to participate in the following?
Classroom and academic activities: ______ yes ______ no
Physical education classes: ______ yes ______ no
Competitive athletics: ______ yes ______ no
Contact sports: ______ yes ______ no

If limitations are advised, please explain these limitations: ____________________________________________________________

Medications
Current Medications/Reason for Taking:
__________________________________________________________

Will these medications need to be given at school? ______ yes ______ no

Immunizations
Please attach current immunization record.

__________________________ __________________________
Physician/Healthcare Provider Signature __________________________
Date Physician/Healthcare Provider Name (please print)

__________________________ __________________________
Physician/Healthcare Provider address __________________________
Physician/Healthcare Provider phone __________________________

7/09, 1/10, 4/12, 6/14, 10/15, 5/16
# DENTIST REPORT

**Child's Name:** ____________________________  **Birth Date:** ____________________________

**The following services have been performed:**

- Examination  
  **Date of Exam:** ____________________________
- Radiographs  
  **Prescription for fluoride supplements**
- Diagnosis  
  **Oral prophylaxis**  
  **Topical application of fluoride**

**The following oral hygiene instruction was provided:**

- Toothbrushing  
  **Diet counseling**
- Flossing  
  **Home/school use of fluoride mouth rinse**

**The following statements are applicable:**

- All necessary services have been performed
- Further treatment is indicated
- No restorative services are required at this time
- Further appointments have been arranged

**Comments:**

---

**Please Print or Stamp:**

<table>
<thead>
<tr>
<th><strong>Dentist's Name:</strong></th>
<th><strong>Signature:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Address:</strong></th>
<th><strong>Date Signed:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Phone:</strong></th>
</tr>
</thead>
</table>

Please return this completed and signed dentist form to your child's school clinic.
Dear Parent/Guardian,

Copley High School understands how important social and emotional development is to a student’s success in school and beyond. In order to better understand your child’s development and instructional needs, we will be having your child complete a screening tool known as the Behavior Intervention Monitoring Assessment System-2 (BIMAS-2).

This screening tool measures your child’s social-emotional health including risk issues, defiant behaviors, anxiety, organization and planning skills, social skills, and motivation for learning. These ratings are then compared to other students of the same age using a national sample. This information will help Copley High School to target instructional social emotional learning toward specific areas/skills to be developed and over time to measure and improve the effectiveness of the intervention programs and supports. In addition, based on your child’s individual responses, the response to intervention (RtI) team may recommend additional support and services for your child.

The Protection of Pupil Rights Amendment requires school districts to obtain written consent from parents prior to minors participating in screenings that reveal information about social/emotional behaviors. Please sign and submit this form as soon as possible to the guidance office.

For more information on this screening please visit: https://tinyurl.com/SEScreeener

Parent Consent for Social-Emotional Screening

<table>
<thead>
<tr>
<th>Student:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>School: Copley High School</td>
</tr>
</tbody>
</table>

Check one:
- [ ] I give permission for my child to participate in the universal social-emotional screener
- [ ] I do not give permission for my child to participate in the social-emotional screener

Parent/Guardian Signature: ____________________________________________

Date: ___________________________ Relationship to Child: Parent/Guardian