



Gallia County Local Schools

4836 State Route 325 • Patriot, Ohio 45658
 Phone (740) 379-9085 • Fax (740) 379-9138

www.gallialocal.org

District IRN # 065680

REQUEST FOR RECORDS

_____ / ____ / _____
 Student's Name Grade Date of birth

STUDENTS'S OFFICIAL ENROLLMENT DATE WILL BE: _____

Please release the following records to the building circled below by fax, or email to robing@seovec.org:

- SSID # for the state of Ohio
- Permanent record of alpha/numerical grades, credits earned and grading scale used
- Current schedule along with current alpha/numerical grades
- Custody or court documents
- All standardized test scores
- Current health/ immunization records and physical (if available)
- Copy of birth certificate and social security card
- Psychological reports, IEP, special education and gifted records (when applicable). If these are housed in a different location, please forward a copy of this request. **Please send a copy of all special education records to our Central Office at the above fax or address.**

Addaville Elementary 1333 Brick School Rd Gallipolis, OH 45631 740-367-7283 phone 740-367-5004 fax	Hannan Trace Elementary 9345 St Rt 218 Crown City, OH 45623 740-256-6468 phone 740-256-1803 fax	River Valley HS 8785 St Rt 160 Bidwell, OH 45614 740-446-2926 phone 740-446-7382 fax	River Valley Middle 8779 St Rt 160 Bidwell, OH 45614 740-446-8399 phone 740-441-3038 fax
South Gallia Middle/HS 55 Rebel Drive Crown City, OH 45623 740-256-1054 phone 740-256-6399 fax	Southwestern Elementary 4834 St Rt 325 Patriot, OH 45658 740-379-2509 phone 740-379-2000 fax	Vinton Elementary 123 Keystone Rd Vinton, OH 45686 740-388-8261 phone 740-388-4000 fax	

(Previous School) Please indicate or send information for Kindergarten (KRA) through 3rd Grade Diagnostic Testing Results:

Grade Level _____ Reading Score _____ On Track _____ Not On Track _____
 Math Score _____ On Track _____ Not On Track _____ Writing Score _____ On Track _____ Not On Track _____

Previous School _____ Previous School District _____

City _____ State _____ Phone # _____ Fax # _____

_____ Date

_____ Parent/Guardian Signature

Thank you for your time and prompt attention in this matter,
 Robin Armstead ▪ robing@seovec.org
 Central Registrar ▪ Maintenance/Technology Admin Assistant
 Phone 740-379-9085 ▪ Fax 740-379-9138

Gallia County Local Schools

Enrollment

Building to attend _____ **Has student ever attended?** AE HTE RVHS RVMS SGHS SGMS SWE VE

Last Name

First Name

Middle Name

Gender: M F DOB _____/_____/_____ City/State of Birth _____

SS# _____ - _____ - _____ Race/Ethnicity: White _____ Black/African American _____ Asian _____

American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander _____ Hispanic/Latino _____

Grade _____ Court/Foster Placed Yes No Do Court Documents apply & are they included? Yes No

School District responsible for education (Home district) _____

Special Programs: ETR/IEP Yes No 504 Plan Yes No

Parents Names: Mother _____ Phone _____

Father _____ Phone _____ Living together? Y N

Other than Mother/Father _____ **Relationship** _____ **Phone** _____

Student Address: _____

Please list all siblings in the household attending Gallia County Local Buildings _____

Parent Signature _____ Date _____

**Gallia County Local Schools District
Confidential History Form**

TODAY'S DATE _____ SCHOOL ENROLLING TODAY _____

STUDENT'S NAME: LAST _____ FIRST _____ MIDDLE _____

CURRENT GRADE: _____ DATE OF BIRTH ____/____/____ GENDER: M F

MOTHER'S NAME _____ PHONE: _____

FATHER'S NAME _____ PHONE: _____

CHILD LIVES WITH: MOTHER FATHER GRANDPARENT GUARDIAN OTHER _____

CHILD'S PRIMARY ADDRESS: _____

SIBLINGS AND AGES: _____

DOES YOUR CHILD HAVE: IEP YES NO 504 PLAN Y N SPECIAL EQUIPMENT Y N

DOES YOUR CHILD HAVE ALLERGIES (FOOD, MEDICATIONS, INSECTS, LATEX, ETC)? Y N

IF YES, PLEASE LIST ALLERGY AND TREATMENT _____

Please list any medications/treatments this student requires daily (even if not needed at school): _____

CHECK ANY OF THE FOLLOWING THAT APPLY TO THIS STUDENT:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> No Health Conditions | <input type="checkbox"/> Vision Impairments | <input type="checkbox"/> Digestive Issues | <input type="checkbox"/> MusculoSkeletal Issues |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> amblyopia | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> wears glasses/contacts | <input type="checkbox"/> Menstrual Issues | <input type="checkbox"/> Mental Health Concerns |
| <input type="checkbox"/> Migraines/Headaches | <input type="checkbox"/> color vision deficits | <input type="checkbox"/> Learning Disabilities | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cardiac Issues | <input type="checkbox"/> Kidney Issues | <input type="checkbox"/> Hearing Issues |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Vascular Issues | <input type="checkbox"/> Hearing Aides R L |
| | <input type="checkbox"/> Liver Issues | | |

If you checked any of the above boxes, please describe the condition and current treatments:

If this student has had accidents or surgery, please list the dates and nature of each:

Please list any concerns not already listed that the school nurse/teacher need to address:

**Gallia County Local Schools District
Confidential History Form**

I understand that in order to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of any health or medical conditions that may affect my child's school day or impact their learning.

I understand that for the safety of my student, or to provide for their educational achievement, the school nurse may need to share information about my child with the appropriate school staff and/or associated agencies. Under the regulations of FERPA (Family Education Rights and Privacy Act of 1974), this information shall be shared in confidential manner only as necessary. If I do not want information shared, I must request this in writing and file this request with the school nurse.

In order for a child to receive over the counter medication (such as Tylenol, Motrin), the parent/guardian will be contacted for permission to administer. Prescription medications, including inhalers and EpiPens, require completion of GCLS Authorization to Administer form by your physician and specific procedure for administering medication at school. Please ask for appropriate forms if needed.

This written validation will be in effect until otherwise noted or changed.

Signature of Parent/Guardian: _____ **Date:** _____

ACCEPTABLE USE AND INTERNET SAFETY POLICY FOR THE COMPUTER NETWORK OF THE GALLIA COUNTY SCHOOL DISTRICT

The Gallia County Local School District is pleased to make available to students access to the Internet, the world-wide network that provides various means of accessing significant educational materials and opportunities.

In order for the School District to be able to continue to make its computer network and Internet access available, all students must take responsibility for appropriate and lawful use of this access. Students must understand that one student's misuse of the network and Internet access may jeopardize the ability of all students to enjoy such access. While the School's teachers and other Staff will make reasonable efforts to supervise student use of network and Internet access, they must have student cooperation in exercising and promoting responsible use of this access.

Below is the permission form for the Computer Network and Internet Acceptable Use Policy ("Policy") of the Gallia County Local School District and the Data Acquisition Site that provides Internet access to Gallia County Local Schools. Upon signing and returning this permission slip, each student will be given the opportunity to enjoy Internet access at School and is agreeing to follow the Policy. **If a student is under 18 years of age, he or she must have his or her parents or guardians sign the Policy.** *The School District cannot provide access to any student who, if 18 or older, fails to sign and submit the permission slip for the Policy to the School as directed or, if under 18, does not return the Policy as directed with the signatures of the student and his/her parents or guardians.*

STUDENT'S/ STAFF'S AGREEMENT

Every student, regardless of age, must read and sign below:

I understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the Internet, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

(Check One) _____ Student	_____ Gallia County Local School Staff
Student/Staff name (PRINT CLEARLY)	User (place an "X" in the correct blank):
_____	_____ I am under 18 _____ I am 18 or older
Student/Staff signature	Date
_____	_____

Application Portion of Document:

User's Full Name (please print) _____

Home Address _____

Home Phone: _____ Work Phone: _____

(Check One) _____ Student _____ Staff at _____

Address _____

PARENT'S OR GUARDIAN'S AGREEMENT

To be read and signed by parents/ guardians of students who are under 18:

As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the School District's Acceptable Use and Internet Safety Policy for the student's access to the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the Policy. I am therefore signing and agree to indemnify and

hold harmless the School, the School District and the Data Acquisition Site that provides the opportunity to the School District for computer network and Internet access against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such networks or his or her violation of the foregoing Policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the School setting. I hereby give permission for my child or ward to use the building-approved account to access the School District's computer network and the Internet.

Parent or Guardian name(s) (PRINT) _____

Parent or Guardian signature(s) _____

Date _____

**Gallia County Local Schools
Photography and Videotapes Release**

Child's Name: _____

Technology plays an important role in our schools. Students are exposed to a number of programs that will help them improve in academics. Gallia County Local Schools web site <http://www.gallialocal.org> features the faculty and staff, our classrooms and the many programs that are offered to our students and their families. We would like to celebrate student achievement by posting pictures on our web site, in newsletters and local newspaper articles, the school yearbook, school broadcasts, student of the month postings, etc. We would like to feature our students working together in the classroom and participating in school activities.

Your consent is required for your child to be included in any of the pictures or videotaping. Your child will not be identified by name except in the yearbook. The material will not be used for any commercial purposes and no payments will be made to the participants.

To be completed by students eighteen or older:

I am over the age of eighteen. I have read the foregoing and fully understand the contents thereof.

Signature

Print Name

Date

To be completed by parents/guardians of students under eighteen years of age:

_____ I give consent for my child to be included in any pictures taken. I know that they will not be used for any commercial purposes and will be used solely for displaying the dimensions of the program.

_____ I do not consent for my child to be included in any pictures. I understand that he/she will continue in the activities and remain out of the camera view during any photograph/ video sessions.

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____