



MONROE LOCAL SCHOOLS

New Student Enrollment



500 Yankee Road • Monroe, OH 45050 • (513) 539-2536 • (513) 539-2648 fax

AT THE TIME OF ENROLLMENT THE NEW STUDENT MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN AND SUPPLY THE FOLLOWING DOCUMENTS:

Proof of Residency

Supply one of the following:

Rent/Lease Agreement *(must list all occupants)*
Purchase Contract/Land Contract
Copy of Deed
Settlement Statement
Most Recent Mortgage Statement
Most Recent Property Tax Bill
MCS 308 Form *(building home in the district, approved by Board & good for 60 days)*

AND

Parent/Guardian ID

AND

Most recent utility bill

Proof of Date of Birth

Supply one of the following:

Original Birth Certificate *(stamped seal)*
Certified Copy of Birth Certificate
Passport or Attested Passport Transcript *(shows date & place of birth of child)*
Form for Emergency Removal

Social Security Number

Supply one of the following:

Social Security Card
Application Form from SSA *(showing that you have applied for a number)*

Custody Verification

Please supply the following:

Court Order showing custody complete with the Court's stamp and Judge or Magistrate's signature. You must be the residential parent per court records.

Additional Documents

Supply all of the following:

The most recent grade/report card
Official Transcript
State test scores
Current Immunization Record
Name and Address of previous school

Student Services Documents

Supply all appropriate documents:

Evaluation Team Report/Individual Education Plan (Special Education)
Intervention Assistance Plan
504 Plan
Written Education Plan/Written Acceleration Plan (Gifted Education)
Individual Program Plan (Limited English Proficient Education)



MONROE LOCAL SCHOOLS ENROLLMENT FORM



Student Information:

Student's Legal Name: _____
(Last) (First) (Middle)

Social Security Number: ____ - ____ - ____ **DOB:** ____/____/____ **Sex: Male or Female**
(circle one)

Student's Race: Is the student Hispanic or Latino? Yes ____ No ____ **Also,** circle one or more of the following racial groups:
 White Black/African American Asian Native Hawaiian/Pacific Islander
 American Indian/Alaskan Native

Student's Place of Birth: _____
(City) (State) (Country)

Student's Home Address: _____
(Street, City, Zip code)

County of Residence: _____ **Phone Number:** _____

Former School Attended: _____
(Name)

(Street) (City) (State) (Zip Code) (Phone Number)

Last Grade attended in former school: _____

Please check all boxes that apply:

- Student has previously attended Monroe Local Schools
 Year _____
- Student has received instruction through any of the following as established by Ohio Department of Education:
 - Special Education Gifted Limited English Proficient Intervention Assistance
 - 504 Plan

Parent Information: (please print first and last name)

Father:
 Name: _____ Phone Number: _____

Father's email _____

Home Address: _____ Employer Name & Number: _____

Parent Information continued

Mother :

Name: _____ Maiden Name _____ Phone No: _____

Mother's email _____

Home Address: _____ Employer Name & Number: _____

Step-Father

Name: _____ Phone Number: _____

Home Address: _____ Employer Name & Number: _____

Step-Mother

Name: _____ Phone Number: _____

Home Address: _____ Employer Name & Number: _____

Foster Parent's Name: _____ **Home Address:** _____

Home Phone Number: _____ **Employer:** _____

City and State of Natural Parents when child was removed from home (if known)

(City) (State)

Custody Papers: **Yes** **No** **Parent's Never Married** **Pending Situation**
(Circle only one)

Other Adult Living in Household: _____
(Name and Relationship to Student)

Phone Number: _____ **Employer Name & Number:** _____

Emergency Name and Number: _____

Siblings living at home: _____
(Last Name, First Name, Grade) _____

Please check one of the following statements:

I do **grant permission** to the Monroe Local School District and/or any person authorized by them to use my child's likeness in print or other media.

I do **NOT grant permission** to the Monroe Local School District and/or any person authorized by them to use my child's likeness in print or other media.

Consent is hereby granted to Law Enforcement Officers to look at my child's records and make copies, thereof, if the matter of a missing child develops.

(Signature of Parent/Legal Guardian)

(Date of Enrollment)



Monroe Local School District
District IRN 139303

Release of Records Request

Student Name _____ Date of Birth _____ Grade _____

Previous School District _____ Previous School Name _____

Previous School Address _____

Release Records to:

Monroe Jr/Sr High School Registrar
Phone: (513) 539-8473
Fax: (513) 539-8474
220 Yankee Road
Monroe, OH 45050

Monroe Elementary Registrar
Phone: (513) 539-8101
Fax: (513) 539-8151
230 Yankee Road
Monroe, OH 45050

Monroe Primary Registrar
Phone: (513) 360-0700
Fax: (513) 360-0720
225 Macready Avenue
Monroe, OH 45050

Please release appropriate information listed below. Information should be sent to the school address indicated above.

To Be Completed By Previous Ohio School District
Student SSID # _____
District IRN # _____

Transcript of Grades
Immunization/Health Records
Copy of Birth Certificate

Copy of Social Security Card
Attendance Records
Test Scores

Confidential Records

Gifted Students
Testing Scores
Identification Documentation
WEP/WAP

LEP Students
OTELA Scores
Identification Documentation
IPP

Special Education Students
Evaluation Team Report (ETR)
Individual Education Plan (IEP)
504 Plan
Progress Reports
MRDD Eligibility Documentation
Intervention Documentation
Preschool Testing Scores

I hereby consent to the release of all records for enrollment at Monroe Local Schools.
At the time of signing this release, our son/daughter is not currently suspended or expelled for his/her current school.

Signature of Parent/Guardian _____ Date _____

**Records transferred by the release are not to be transferred to any other third party by the receiving school without written consent of a parent, legal guardian or student over 18 years of age.
Revised 5/23/12

Monroe Local School District Emergency Medical Authorization

Purpose- To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians **cannot** be reached.

Student Name _____ Date of Birth _____ M/F _____
Address _____ Phone () _____ Grade _____
Street City Zip Grades K-6 Homeroom _____

Mother's Name _____ Home Phone _____ Work Phone _____ Ext _____
Address (if different from student) _____ Cell/Pager _____

Father's Name _____ Home Phone _____ Work Phone _____ Ext _____
Address (if different from student) _____ Cell/Pager _____

Step Mother's Name _____ Home Phone _____ Cell/Pager# _____
Address _____ Work Phone _____ Ext _____

Step Father's Name _____ Home Phone _____ Cell/Pager# _____
Address _____ Work Phone _____ Ext _____

Person(s) who may be notified and to whom your child may be released to if school authorities cannot reach you:

Relative/Neighbor (circle one) 1. _____ Home Phone _____ Cell _____
Relative/Neighbor (circle one) 2. _____ Home Phone _____ Cell _____
Relative/Neighbor (circle one) 3. _____ Home Phone _____ Cell _____

Dentist to be called _____ Phone _____
Doctor to be called _____ Phone _____
Preferred Local Hospital _____

Please list any facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted: _____

PART 1- TO GRANT CONSENT

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 of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature of Parent/Guardian _____ Date _____

PART 2- REFUSE TO CONSENT (Do not complete if you completed Part 1)

I do **NOT** give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take **NO** action or to: _____

Signature of Parent/Guardian _____ Date _____

**Monroe Schools
Emergency Early Dismissal Form**

Child's Name _____

Grade _____ **Homeroom** _____

Check the appropriate box(es).

_____ **My child will follow the regular dismissal.**

_____ **I will pick my child up if early dismissal is announced.**

Parent's Signature _____ Date _____

Phone number where parents can be reached: _____

I give permission for my child to be released to the following individuals in the event that school would be dismissed early and I am not available to transport my child.

Name _____

Address _____ Phone _____

Relationship to child _____

Name _____

Address _____ Phone _____

Relationship to child _____

Monroe Local Schools Health History Form

Please Print and use black or blue ink.

Student's name _____ Male Female Date of birth _____

Family Health History Please list allergies, heart problems, diabetes, cancer, or other serious health conditions.

Father _____

Mother _____

Brothers and Sisters _____

Birth and Developmental History:

Did the mother have any unusual physical or emotional illness during this pregnancy? YES NO

Was infant born full term? YES NO Did infant have sickness or problems? YES NO

Briefly explain illness or problems.

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

About the same Delayed Advanced

Student Health Conditions:

NO medical conditions

YES, my child receives regular medical/health care for the following conditions:

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Juvenile arthritis |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Lead Poisoning |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Behavioral Concerns | <input type="checkbox"/> Neuromuscular disorder |
| <input type="checkbox"/> Birth/Congenital Malformation | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Bone/muscle/joint problems | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> Blood problems | <input type="checkbox"/> Skin conditions |
| <input type="checkbox"/> Bladder problems | <input type="checkbox"/> Speech problems |
| <input type="checkbox"/> Bowel problems | <input type="checkbox"/> Substance abuse (tobacco, alcohol, drugs) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Tourette syndrome |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Diabetes, Type _____ | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Ear problems/hearing difficulty | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Emotional concerns | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Other _____ |

Please explain any conditions above or any reasons for hospitalizations:

Health History Continued on the Other Side

Health History continued

Please indicate any allergies your child may have:

Allergy type	Reaction	School restriction or recommended actions
<input type="checkbox"/> Bee/insect _____	_____	_____
<input type="checkbox"/> Food _____	_____	_____
<input type="checkbox"/> Medication _____	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A Monroe School Medication Permit must be completed by both the parent/guardian and child's physician before ANY medication—over-the-counter medication OR prescription medication—may be given during school hours. If your child has a severe allergy and needs to possess and self-administer an Epinephrine Autoinjector there is an additional medication form that must be completed. Please request these forms from the School Clinic.

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

YES NO If YES, please explain. _____

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

(Optional Statement to Answer—Please check the box below if you want information)

My child is not covered by health insurance. Please give me information about the Healthy Start/Healthy Families Program. If financially eligible, the Healthy Start/Healthy Families Program provides health care coverage of doctor visits, prescriptions, hospital care, immunizations, vision/dental care, mental health services, and more.

YES, please give me information about the Healthy Start/Healthy Families Program.

To the best of my knowledge, the above information is correct. I will notify the school nurse of any changes in my child's health.

Parent/Guardian Signature _____ Date _____ Phone _____

Immunization Summary for School Attendance Ohio

VACCINES	<i>FALL 2017</i> IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	<p><u>K</u> Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required. *</p> <p><u>1-12</u> Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</p> <p><u>Grades 7-12</u> One (1) dose of Tdap vaccine must be administered prior to entry. **</p>
POLIO	<p><u>K-7</u> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. ***</p> <p><u>Grades 8-12</u> Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</p>
MMR Measles, Mumps, Rubella	<p><u>K-12</u> Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</p>
HEP B Hepatitis B	<p><u>K-12</u> Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.</p>
Varicella (Chickenpox)	<p><u>K-7</u> Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.</p> <p><u>Grades 8-11</u> One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>
MCV4 Meningococcal	<p><u>Grade 7-8</u> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.</p> <p><u>Grade 12</u> Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****</p>

NOTES:

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Vaccine doses administered \leq 4 days before the minimum interval or age are valid (grace period). Doses administered \geq 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at www.odh.ohio.gov, Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

*Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required.

** Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheria-toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

*** The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

**** Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.

MEDICAL CERTIFICATION OF IMMUNIZATION
Monroe Local School District

A Complete Shot Date (MONTH, DAY, and YEAR) is required for each vaccine.

Student's Name _____ Date of Birth _____ Grade _____

DtaP/DPT/DT 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Tdap 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Td 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

IPV (Polio) 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

OPV (Polio) 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

MMR 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Hepatitis B 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

HIB 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Varicella 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Seasonal Influenza 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Pneumococcal 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Hepatitis A 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Meningococcal 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Human Papillomavirus 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Other Vaccine _____

TB Skin Test Date Given _____ Type _____ Result _____

Date Given _____ Type _____ Result _____

Printed Physician's Name _____ Phone Number _____

Physician's Address _____

Physician's Signature _____ Date _____

Parent/Guardian: Please complete the following statement if your child had chickenpox.

I, _____ (parent/guardian) verify that my child,
_____ had chickenpox on _____ (month and year).

Parent/Guardian Signature _____ Date _____

PARENTS: Please read and **sign the back** of the first two pages and **return** to your child's teacher.



MONROE LOCAL SCHOOLS

ACCEPTABLE USE POLICY

INFORMATION TECHNOLOGY RESOURCES IN THE SCHOOLS

We in the Monroe Local School District are pleased to be able to offer our students, staff and guests access to computer technology, including access to the Internet, certain online services, and the Monroe Local Schools information technology network. We are dedicated to access and support of appropriate technology which unlocks our potential and connects us locally and globally. We envision a learning environment where technology is a part of us, not apart from us.

We believe that the tremendous value of technology and the information technology network as an educational resource far outweighs the potential risks. We will leverage existing and emerging technology as a means to learn and thrive in the 21st Century and prepare our students for success toward their goals in the competitive global, electronic age. We feel that access to the tools and resources of a world-wide network and understanding when and how these tools are appropriately and effectively used are imperative in each student's education. However, if parents feel they do not want their child to have Internet access, then they will be responsible for informing their child's teachers in writing.

The school's information technology resources, including email and Internet access, are provided for educational purposes. If you have any doubt about whether a contemplated activity is acceptable, consult with a teacher, supervisor, or administrative staff to help decide if a use is appropriate. Adherence to the following policy is necessary for continued access to the school's technological resources:

Users must respect and protect the privacy of others by:

1. Using only assigned accounts.
2. Only viewing, using, or copying passwords, data, or networks to which they are authorized.
3. Refraining from distributing private information about others or themselves.

Users must respect and protect the integrity, availability, and security of all electronic resources by:

1. Observing all district Internet filters and posted network security practices.
2. Reporting security risks or violations to a teacher or network administrator.
3. Not destroying or damaging data, networks, or other resources that do not belong to them, without clear permission of the owner.
4. Conserving, protecting, and sharing these resources with other users.
5. Notifying a staff member or administrator of computer or network malfunctions through the creation of a service request.

Users must respect and protect the intellectual property of others by.

1. Following copyright laws (not making illegal copies of music, games, or movies).
2. Citing sources when using others' work (not plagiarizing).

Users must respect and practice the principles of community by:

1. Communicating only in ways that are kind and respectful.
2. Reporting threatening or discomfoting materials to a teacher or administrator.
3. Not intentionally accessing, transmitting, copying, or creating material that violates the school's code of conduct (such as messages/content that are pornographic, threatening, rude, discriminatory, or meant to harass).
4. Not intentionally accessing, transmitting, copying, or creating material that is illegal (such as obscenity, stolen materials, or illegal copies of copyrighted works).
5. Not using the resources to further other acts that are criminal or violate the school's code of conduct.
6. Avoiding spam, chain letters, or other mass unsolicited mailings.
7. Refraining from buying, selling, advertising, or otherwise conducting business, unless approved as a school project.

Users may, if in accord with the policy above:

1. Design and post web pages and other material from school resources.
2. Communicate electronically via tools such as email, chat, text, or videoconferencing (students require a teacher's permission).
3. Install or download software, if also in conformity with laws and licenses, (students must be under the supervision of a teacher).
4. Use the resources for any educational purpose.

Consequences for Violation.

Violations of these rules may result in disciplinary action, including the loss of a user's privileges to use the school's information technology resources. Further discipline may be imposed in accordance with the Board's Code of Conduct up to and including suspension or expulsion depending on the degree and severity of the violation.

Supervision and Monitoring.

The use of District owned information technology resources is not private. School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement.

The district reserves the right to determine which uses constitute acceptable use and to limit access to such uses. The district also reserves the right to limit the time of access and priorities among competing acceptable uses.

Disclaimer of Liability

The district shall not be responsible for any material encountered on a computer network, including the Internet, which may be deemed objectionable to a user (or his/her parents, if a minor); for any inaccurate information disseminated over the network; for any hostile or injurious actions of third parties encountered through a computer network; for any charges incurred by the user of a computer or computer network without prior permission; or for any damage or loss incurred by a user or any subsequent party by the use of files or software obtained over a computer network. Due to the nature of electronic communications and Ohio public records law, it is also impossible for the district to guarantee confidentiality of e-mail sent and received over any computer network.

The district shall not warrant the functions of the system to meet any specific requirements the user may have, or that it would be error-free or uninterrupted; nor shall the district be liable for any direct or indirect, incidental, or consequential damages, including damage to personal devices, lost data, information or time sustained in connection with the use, operation or inability to use the system.



I ACKNOWLEDGE AND UNDERSTAND MY OBLIGATIONS:

As the parent/guardian of this student, I have read the acceptable use policy, and have discussed it with my child.

Student User's Full Name (PLEASE PRINT): _____

Grade: _____ Homeroom Teacher: _____

Please check which applies:

____ We have internet access at home.

____ We **do not** have internet access at home.

Please CHECK if you give permission:

____ I give permission for Monroe Local Schools or any authorized person to photograph my child or utilize their work for print, media & yearbook this includes use on school and teacher websites, Twitter and other school related social media.

If you **do not give permission** to photograph your child or utilize their work please list if there are any exceptions or you wish to disclude them from all print, media and yearbook.

My child can be photographed or their work utilized for the following...

Parent Signature: _____

Monroe Local Schools **“Home of the Hornets”**

500 Yankee Road, Monroe, OH 45050 (513)539-2536

Dear Parents or Guardians of a Monroe Local School District Student,

The Monroe Local School District is committed to providing students with the best educational resources and technology. Toward this end, the district utilizes a suite of online applications called Google Apps for Education to integrate 21st century technology tools into the curriculum.

Because the District's use of Google Apps for Education involves online storage of student class work and the collection of personal information from students under the age of 13 (first name, last name and username), the District requires written parent/guardian consent for students to use Google Apps for Education. Parent/guardian consent is entirely voluntary. However, students who do not have permission to use Google Apps for Education will not be able to create or share assignments online.

Google Apps for Education offers free web-based tools that facilitate collaboration and communication among students and staff when creating, sharing, and storing documents and assignments online. Each of the Google Apps for Education tools can be accessed from any internet connection at school, home, or elsewhere. Descriptions of the Google Apps Suite tools can be found at <http://support.google.com>.

After receiving a signed Addendum to the Appropriate Use Policy Form, students accounts are created through an automated process during which the student's information is transmitted to, and stored by Google, on behalf of the district. This information is used only to create, manage, and maintain user accounts; Google's Privacy Policy prevents Google from sharing personal information, and they do not have access to content stored on Google Apps unless the district gives them explicit permission to do so for troubleshooting purposes. More information about Google Apps for Education and its privacy policies are available at <http://www.google.com/apps/intl/en/edu/>. Student use of Google Apps for Education is subject to the District's policy of the Appropriate Use of District and Personal Technology by Students (Policy JS). The District's use of Google Apps for Education is subject to two important privacy laws.*

In addition to the core Google applications, the district may make additional applications available provided that any such app supports student achievement while reasonably ensuring a safe and secure environment.

Sincerely,
Tony R. Thornton
Director of Technology
Monroe Local Schools and City of Monroe

*The Family Educational Rights and Privacy Act (“FERPA”) and the Children's Online Privacy Protection Act (“COPPA”). FERPA protects the privacy of education records, including student class work stored in *Google Apps for Education*. Pursuant to FERPA, the District may not disclose such records without parental consent except in limited circumstances. COPPA requires commercial website operators to get parental consent before collecting any personal information from kids under the age of 13. COPPA allows, but does not require, schools to act as agents for parents in providing consent for the online collection of students' personal information within the school context.

Google Apps for Education

I have read the enclosed *Google Apps for Education* Background Information, and am aware that the District utilizes a suite of online applications called *Google Apps for Education* to facilitate collaboration and communication among students and staff when creating, sharing, and storing documents and assignments online.

I understand that when a District user account is created for the student, a corresponding *Google Apps for Education* account will be automatically created, causing information about the student (first name, last name, and username) to be collected and stored electronically. I further understand that the student may store class work or files in *Google Apps for Education*; depending on the sharing options selected by the students, these files may be accessible to someone other than the District or the Student, including classmates or the public. I have read the privacy policies associated with the use of *Google Apps for Education*.

[\(https://edu.google.com/trust/\)](https://edu.google.com/trust/)

Check one:

I give permission for a District user account (*including* Internet and *Google Apps for Education*) to be issued to the Student. I realize that my child may be able to selectively release educational records he/she chooses to change the security setting profiles of his/her account.

I do not give permission for the Student to have Internet or *Google Apps for Education* access. The Students will NOT be issued a District user account, and will only be provided with access while participating in District-adopted computer-based assessments.

Print Student's Name ("Student")

Date of Birth (mm/dd/yyyy)

Parent/Guardian's Name (printed)

Parent/Guardian's Signature

Date: _____



**TRANSPORTATION
REGISTRATION FORM**

*Please return this form to the transportation Dept.
505 Yankee Road, Monroe, Ohio 45050
Phone: 513-539-0324 Fax: 513-360-0820*

Office Use Only:
Bus #: _____
Start Date: _____
Student ID#: _____

Please check one: New Student Alternate Transportation Change of Address

School _____

Student Name _____ Sex (M/F) _____

Homeroom _____ Grade _____ If preschool, please circle one: AM or PM

Date of Birth _____ Home Phone # _____

Mother's Home Address _____
Street Apt. # City Zip

Mother's Name _____ Mother's Home # _____

Mother's Wk # _____ Mother's Cell # _____

Father's Home Address _____
Street Apt. # City Zip

Father's Name _____ Father's Home # _____

Father's Wk # _____ Father's Cell # _____

Guardian's Home Address _____
Street Apt. # City Zip

Guardian's Name _____ Guardian's Home # _____

Guardian's Wk # _____ Guardian's Cell # _____

Emergency Contact's Name _____ Relation to Child: _____

Emergency Contact's # _____

MEDICAL INFORMATION Please list any medical information that will assist in transporting your child safely (allergies, seizures, medications, asthma, crutches, speech problems, walker and/or wheelchair):

Transportation TO SCHOOL FROM HOME each day (Please check one and circle appropriate days):
 I will make arrangements for student to be driven/Student will not be riding the bus: MON TUES WED THURS FRI
 Student is a walker/Student will not be riding the bus: MON TUES WED THURS FRI
 Student will ride bus to school from home address: MON TUES WED THURS FRI
 Student will ride bus to school from sitter/daycare: (See child Care portion of form) MON TUES WED THURS FRI

Transportation TO HOME FROM SCHOOL each day (Please check one and circle appropriate days)
 I will pick student up from school/Student will not be riding the bus: MON TUES WED THURS FRI
 Student is a walker/Student will not be riding the bus: MON TUES WED THURS FRI
 I give permission for the person listed below to pick up my child from school: MON TUES WED THURS FRI

Name of Person _____ Relation to Child _____

Student will ride bus from school to home address: MON TUES WED THURS FRI
 Student will ride bus from school to sitter/daycare: (see Child Care portion of form) MON TUES WED THURS FRI

CHILD CARE INFORMATION (Complete if child will be picked up or dropped off at a location other than home address).

My student who attends **MONROE PRIMARY** will be (check one) _____ picked up _____ dropped off at:

- _____ Child Time 755 Coldwater Drive 539-8000 MON TUES WED THURS FRI
- _____ Hornet Haven 206 East Avenue 539-0433 MON TUES WED THURS FRI
- _____ Early Edge 100 East Avenue 539-4673 MON TUES WED THURS FRI
- _____ Earth Angels Childcare Center 500 Macready Avenue 539-8004 MON TUES WED THURS FRI
- _____ Hilltop Daycare 230 Seminary 360-0123 MON TUES WED THURS FRI
- _____ Other – (list name./address) MON TUES WED THURS FRI

My student who attends **MONROE ELEMENTARY** will be (check one) _____ picked up _____ dropped off at:

- _____ Child Time 755 Coldwater Drive 539-8000 MON TUES WED THURS FRI
- _____ Hornet Haven 206 East Avenue 539-0433 MON TUES WED THURS FRI
- _____ Early Edge 100 East Avenue 539-4673 MON TUES WED THURS FRI
- _____ Earth Angels Childcare Center 500 Macready Avenue 539-8004 MON TUES WED THURS FRI
- _____ Hilltop Daycare 230 Seminary 360-0123 MON TUES WED THURS FRI
- _____ Other – (list name./address) MON TUES WED THURS FRI

Parent/Guardian of (please list child’s name) _____

Parent/Guardian Signature _____ Date: _____

Note: It takes 3 business days to arrange transportation.