If you need assistance in reading, understanding, or completing forms or information, the district will provide, upon request, free interpretation services in multiple languages. Contact your school office, or go to https://www.tps.org/students-and-parents/language-assistance.html for further information.

Si necesita asistencia para leer, comprender o completar el formulario o la información que se adjunta, el distrito proporcionará, si se solicita, servicios de interpretación gratuitos en varios idiomas. Comuníquese con la oficina de su escuela o visite https://www.tps.org/students-and-parents/language-assistance.html para obtener más información.

As a reminder, the parent/guardian must be present when registering. Additionally, the following information needs to be provided to register the student:

❖ Birth certificate
❖ Immunization Record
❖ Custody papers *if applicable to your student
❖ Your Photo ID
❖ Three (3) proofs of your address:
  ➢ Lease/Rental Agreement
  ➢ Utility Bills(s) *in parent/guardian’s name, dated no more than 2 months from registration date
  ➢ Pay stubs
  ➢ Driver’s License/State ID *if address is correct
  ➢ Change of address form stamped by the U.S. Postal Office
  ➢ Voter registration Card
STUDENT ENROLLMENT CHECKLIST

This form is to be completed by the student’s custodial parent/legal guardian. Please note that the custodial parent/legal guardian must be present and show a photo ID when enrolling any student in a TPS school. (a copy will be attached to the completed Registration Packet). *For Agency/Government placed enrollments the Agency Representative must complete this form but the Foster Parent/Group Home Representative can bring in the completed packet (photo ID is still required).

Student Name: ___________________________________________    Student ID#: ____________________
Date of Birth: _____/_____/________ Grade: _________
Address:_________________________ City, State: ___________________________   Zip Code:  ________
Parent/Guardian’s Name:  ____________________________________  Contact Number:  _______________

Please circle ‘yes’ or ‘no’ to each statement below indicating if the statement pertains to your student and whether or not you have the document needed for registration. Then, initial the line next to the corresponding statement.

<table>
<thead>
<tr>
<th>Circle One</th>
<th>Parent/Guardian Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
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<tr>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

Falsification of any information on the Enrollment Checklist and Registration Form may be cause for Immediate Withdrawal of the student and relief of liability of any/all services that are provided by Toledo Public Schools.

Custodial Parent/Guardian or Agency Representative Signature ____________________________ Date ________________

Edited 4/6/21 for Kdg Registration Packet
Tell Us About YOUR Student

*This form is to be delivered by student to the homeroom.

| Student Name: ________________________________ | 900#: _________________________ |
| Address: _________________________________________________________________________________ |
| Nickname: ________________________________ | Date of Birth: ____________________ |
| Grade: _________ | Homeroom Teacher/Number: ______________________________ |
| Guardian #1: ________________________________ | Phone: ________________________ |
| Guardian #2: ________________________________ | Phone: ________________________ |
| Emergency Contact: ________________________________ | Relationship: ________________ |
| Walker/Bus Rider: ________________ |

| Does your child receive any special services, take any medications at school, have any medical concerns for school, or need a special diet?: YES / NO (If yes, have parent/guardian meet with the nurse immediately) |
| -If yes, explain: |
|___________________________________________________________________________________________ |
|___________________________________________________________________________________________ |
|___________________________________________________________________________________________ |

| Anything about your child you want to inform us (Counselor, Nurse, Teachers) about?: |
|___________________________________________________________________________________________ |
|___________________________________________________________________________________________ |
|___________________________________________________________________________________________ |

Cc:
Homeroom Elementary Teacher
Departmentalized Teachers/Intervention Specialist
Specialists (Gym, Art, Music etc..)
ETI
Nurse
Counselor
Principal
*High School Counselor receives when scheduling student and distributes based upon feedback

This student should be active in eSchool within 24hours of receipt at Central Registration

Edited 4/6/21 for Kdg Registration Packet
Toledo Public Schools Student Registration Form

PLEASE PRINT LEGIBLY

OFFICE USE ONLY: As a reminder, make sure all sections and forms are complete and legible.

| Enrollment Date | Start Date | School | LOC #
|-----------------|------------|--------|------|

<table>
<thead>
<tr>
<th>Student ID#</th>
<th>Current Grade</th>
<th>Teacher</th>
<th>Room #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation Needed</th>
<th>Bus #</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes [ ] No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Verification</th>
<th>Address Verification</th>
<th>Parent/Guardian Info</th>
<th>Special Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Certificate</th>
<th>Immunization Records/Waiver</th>
<th>Free/Reduced Lunch Form</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If NOT school of residence:</th>
<th>Out of District Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes [ ] No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cumulative File</th>
<th>Records Requested</th>
<th>Records Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

*Please note that each year’s registration forms (should be stapled together before putting them in the cumulative folder).

STUDENT INFORMATION

Is there legal custody pending? [ ] Yes [ ] No

Do you have custody paperwork? [ ] Yes [ ] No

Are you the biological parent? [ ] Yes [ ] No

If no, what is your relationship to the student? ________________________

Who has legal custody of the student? [ ] Both Parents [ ] Mother Only [ ] Father Only [ ] Shared Parenting [ ] Gov’t Agency/Group Home [ ] Host Parent/Guardian (Foreign Exchange Students) [ ] Other ___________________________

Is your student currently under suspension/expulsion from another school or school district? [ ] Yes [ ] No

At your child’s last school, did he/she receive special services? Special Education Services: [ ] Yes [ ] No

504 Accommodation Plan: [ ] Yes [ ] No

Medical Accommodations [ ] Yes [ ] No

Academically or Intellectually Gifted Services? [ ] Yes [ ] No

ESL Services? [ ] Yes [ ] No

Other Services [ ] Yes [ ] No

Student’s Legal Name (as it appears on birth certificate)

First Name: _____________________________________________

Middle Name: __________________________ Last Name: __________________________

Nickname: ____________________________________________

Date of Birth _____/_____/______ [ ] Male [ ] Female (as it appears on birth certificate)

Date Withdrawn from Last School: _____/_____/______

Grade at Time of Withdrawal: ________

Has student EVER attended a TPS School? [ ] Yes [ ] No

Name of Last TPS School: ____________________________

If No, Name of Last Non-TPS School Attended ________________________________________

Address of Last School Attended

Street Number & Name (if available) __________________________

City: __________________________ State: __________________________ Zip (if available): __________________________

Incoming kindergarten student ONLY.

If your child is NEW to kindergarten, please complete this section regarding previous year’s care/attendance.

[ ] Attended a TPS preschool

[ ] Attended another preschool or childcare center

[ ] Attended no preschool or childcare center

If you need assistance in reading, understanding, or completing forms or information, the district will provide, upon request, free interpretation services in multiple languages. Contact your school office, or go to https://www.tps.org/students-and-parents/language-assistance.html for further information.

Si necesita asistencia para leer, comprender o completar el formulario o la información que se adjunta, el distrito proporcionará, si se solicita, servicios de interpretación gratuitos en varios idiomas. Comuníquese con la oficina de su escuela o visite https://www.tps.org/students-and-parents/language-assistance.html para obtener más información.

Edited 4/6/21 for Kdg Registration Packet
**Student's Physical Address:**

Is this address different from last year? [ ] Yes [ ] No

*Office Note: POR is needed for new address*

<table>
<thead>
<tr>
<th>Street Number &amp; Name</th>
<th>Apt or Unit</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Student's Mailing Address (if different than physical address):**

<table>
<thead>
<tr>
<th>Street Number &amp; Name</th>
<th>Apt or Unit</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Native Language/Primary Language of Child Spoken in Home (circle one):**

English • Albanian • Amharic • Arabic • Cambodian Cantonese • Creole (French) • German • Hmong • Japanese Korean • Laotian • Navajo • Portuguese • Romanian • Russian • Serbo-Croatian • Somali • Spanish • Tagalog • Tigrinya • Ukrainian • Vietnamese • Other

1. What language did your child learn first? _______________________________________________________________

2. What language does your child use the most at home? ______________________________________________________

3. What languages are used in your home? ________________________________________________________________

**Student's Place of Birth** _____________________________ If Born Abroad, Date of Entry to the U.S.: _____/_____/_______

(City, State/Country)

Date of FIRST Enrollment in a U.S. School: _____/_____/_______

**If 18 or older,** is the student registered with Selective Service? [ ] Yes [ ] No [ ] Does Not Apply, (is under 18 or female)

**Is this student displaced due to a natural disaster?** [ ] Yes [ ] No If yes, name the event/disaster, city and state and date/year it occurred:

____________________________________________________________________________________________

Names of brothers/sisters in TPS Schools (first & last name) and Name of School(s) attending:

_______________________________________________________________________________________________________________

**PARENT/GUARDIAN INFORMATION**

Is this student an Agency or Court placement? [ ] Yes [ ] No If yes, please note that for students under government agency jurisdiction, the government agency must be listed below and a government agency representative MUST complete and sign ALL paperwork for this student.

Caseworker's Name: _________________________________________________________________________________

Agency Name and Address: ____________________________________________________________________________

Work phone: (______)_____________________ ext: ______________    Cell phone: (______)_______________________

Student Lives with (check all that apply): [ ] Mother [ ] Father [ ] Step Mother [ ] Step Father [ ] Grandparent(s) [ ] Other Relative/Foster Parent [ ] Host Parent/Guardian [ ] Other ______________________________

Edited 4/6/21 for Kdg Registration Packet
RESIDENTIAL PARENT/GUARDIAN (1st Priority Contact) INFORMATION: Residential Parent/Guardian will be the first to be contacted in cases of emergency.

Name: ___________________________________________________  _____/_____/______/    ______________________
First                                                                  Last                                  (Date of Birth)              Relationship to Student
Home Phone: (_______)____________________________ Cell Phone: (_______)______________________________
Employer: _________________________________________ Work Phone: (_______)_____________________________
E-Mail Address: ___________________________________________________________ __________________________

Is this Parent/Guardian in the military? [  ]Yes  [  ]No    If yes, [  ] Active Military Duty    [  ] Reserve Military Duty

RESIDENTIAL PARENT/GUARDIAN (2nd Priority Contact) INFORMATION: Residential Parent/Guardian will be the first to be contacted in cases of emergency.

Name: ___________________________________________________   _____/_____/______/    ______________________
First                                                      Last                                                      (Date of Birth)      Relationship to Student
Home Phone: (______)____________________________  Cell Phone: (______)_____________________________
Employer: ______________________________________ Work Phone: (_______)____________________________
E-Mail Address: ___________________________________________________________ __________________________

Is this Parent/Guardian in the military? [  ]Yes  [  ]No     If yes, [  ] Active Military Duty    [  ] Reserve Military Duty

EMERGENCY/OTHER CONTACT INFORMATION

Other than Parent/Guardian, please list additional adults (over the age of 18) who could be contacted for school emergencies in the event that the parents(s)/guardian(s) cannot be reached. UNLESS NOTED THEY WILL NOT BE ALLOWED TO PICK UP THE STUDENT FROM SCHOOL. Please note: except in cases of school emergencies, Parent/Guardian permission will be required. Please see the Student Handbook and/or Board Policy regarding “Student Dismissal Precautions”.

Name: _____________________________________________________________________         ____________________
First                                                                                 Last                                                         Relationship to Student
Home Phone: (____)________________    Cell Phone: (____)_______________ Work Phone: (_____)_______________
[  ] Emergency Contact  OR   [  ] Other Contact        Does this person have permission to pick up student from school [  ]Yes  [  ]No

Name: _____________________________________________________________________         ____________________
First                                                                                 Last                                                         Relationship to Student
Home Phone: (____)_______________    Cell Phone: (____)______________ Work Phone: (____)_______________
[  ] Emergency Contact  OR   [  ] Other Contact        Does this person have permission to pick up student from school [  ]Yes  [  ]No

Name: _____________________________________________________________________         ____________________
First                                                                                 Last                                                         Relationship to Student
Home Phone: (____)_______________    Cell Phone: (____)_______________ Work Phone: (____)_______________
[  ] Emergency Contact  OR   [  ] Other Contact        Does this person have permission to pick up student from school [  ]Yes  [  ]No
### ETHNIC CODE

Please circle the accurate responses pertaining to your student’s ethnicity and race.

<table>
<thead>
<tr>
<th>Is student of Hispanic/Latin origin?</th>
<th>Race/Ethnic Group</th>
<th>Student Demographic-Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>(H) Hispanic (Cuban, Mexican, South or Central American, Puerto Rican or Other Spanish culture or Origin regardless of race)</td>
<td>Choose all that may apply: (W) White, Non-Hispanic, (European, Mid East, North African) (B) Black or African American (A) Asian (Far East incl. India) (I) American Indian or Alaskan native (P) Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>If Yes then</td>
<td>Is there another racial group that may apply? If Yes, then choose all that may apply in the next column</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Choose only one: (M) *Multiracial (go to next column) (W) White, Non-Hispanic (European, Mid East, North African) (B) Black or African American (A) Asian (Far East incl. India) (I) American Indian or Alaskan Native (P) Native Hawaiian/Pacific Islander</td>
<td>Choose all that may apply: (W) White, Non Hispanic (European, Mid East/North African) (B) Black or African American (A) Asian (Far East incl. India) (I) American Indian or Alaskan native (P) Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>If No then</td>
<td>If M, choose all that apply in the next column</td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURE**

Falsification of any information on the Registration Form and Enrollment Checklist may be Cause for Immediate Withdrawal of the student and relief of liability of any/all services to be provided by Toledo Public Schools. ORC 2913.42

Custodial Parent/Guardian or Agency Representative Signature ___________________________ Date ___________________________
PARENTAL CONSENT AND AUTHORIZATION FORM
FOR TOLEDO PUBLIC SCHOOLS

PLEASE READ CAREFULLY and complete and sign one form for each student in your family. Please print clearly and review and/or fill out each section completely BEFORE signing and dating the form.

Student's Name (Please print: Last, First, MI)          School      Grade

I. Permission to Contact Using Email
I give my consent (or do not give consent) to be contacted by school staff members by email. I understand that my email address will remain confidential and will not be given out or used for any purposes other than for district and/or school-related information. The Board of Education encourages parents/guardians to participate in any and all forms of communication that will enhance the student’s potential for success in school.

Upon your consenting signature on this document, school staff members may use the email address you provided on the Registration Form.

[  ] I give my consent      [  ] I do not give my consent      [  ] N/A - I do not have an email address at this time

II. Permission to Display Photographs, Audio, Video or Electronic Images, Artwork and Stories
I give consent (or do not give consent) for photographs, audio, video or electronic images of my child, original written materials, artwork or other work created by my child during the course of instruction; to be used by the school District outside the school setting for exhibition, public display, publication, publicity materials, advertising, news media stories, video, audio or other electronic media such as the district’s website and/or social media pages, television, CD-ROM or DVD. I understand that my child’s full name may also be used with such display. It is also understood that all students may be photographed or video-recorded at events that are open to the public/community or to parents, or events that are held off school property, such as performances, field trips, concerts, picnics, sporting events, etc. Toledo Public Schools has no control over and no liability for the taking of photographs or recording of video images at these events.

NOTE: This form will not impact a parent’s choices concerning school photo yearbook options.

[  ] I give my consent                [  ] I do not give my consent

III. Directory Information
Some information in your child’s school record may be released without your consent to organizations with “legitimate educational interests”. This information is known as directory information. In the interest of protecting the privacy and safety of students, Toledo Public Schools directory information is designated as the following: Name, photo, dates of attendance/graduation, major field of study, participation in sports and activities, height, weight, awards received.

[See Notifications of Rights under FERPA available in TPS Board Policy Manual Section: J Student]

If you do not want all or part of the above information released to anyone (including local support organizations, media, universities, military recruiters, etc.), you must indicate what types of information you DO NOT want released in the “I do not give my consent” area below.

I do not give my consent; GIVE NO INFORMATION REGARDING, TO:

[  ] Student Address                 [  ] Military
[  ] Student Name/ID                 [  ] Higher Education
[  ] Student Phone Number             [  ] Companies
[  ] Student Photo                    [  ] Organizations
[  ] Any group or individual

Edited 4/6/21 for Kdg Registration Packet
IV. Student Acceptable Use, Internet, E-Mail & Virtual Learning

STUDENT AGREEMENT

I have read, understand, and agree to abide by the terms of the Acceptable Use, E-Mail, Virtual Learning & Internet Safety Policy of Toledo Public Schools. Should I commit any violation or in any way misuse my access to Toledo Public Schools’ Computer network or the Internet, I understand and agree that my access privileges may be revoked and District Disciplinary action(s) may be taken against me.

Student Signature________________________________________________      Date:______/______/________

User (place an “X” in the correct bracket)    [  ]I am under 18         [  ]I am 18 or older

PARENT AGREEMENT (To be read and signed by Parent/Guardian of students who are under 18)

As the parent or legal guardian of the above, I have read, understand, and agree that my child or ward shall comply with the terms of TPS’s Acceptable Use & Internet Safety Policy for the student’s access to Toledo Public School’s computer network and the Internet. I understand that it is impossible for the District to restrict access to all offensive and controversial materials and understand my child’s or ward’s responsibility for abiding by the 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 for virtual learning or is not in the District setting.

Toledo Public School students, Grades 8-12, will be assigned a student TPS account and password which will include a TPS student email. The student account, along with email, is meant to enhance student learning.

There are times in which your child may be required to access managed software programs for instructional purposes. This along with the required online State testing, will be exempt from the "opt out" choice of the Acceptable Use Policy.

I hereby give permission for my child or ward to use the district approved account to access Toledo Public Schools’ computer network and the Internet. I acknowledge that the AUP is available online at http://www.tps.org and can also be obtained at my student’s school office.

[  ] I give my consent (for Acceptable Use & Internet)       [  ] I do not give my consent (for Acceptable Use & Internet)

[  ] DO NOT want my student to be allowed to have an e-mail account.*

*This option does not prevent the student from having access to the Internet, but will prevent him/her from having an e-mail option.

V. Student Handbook Certification

I understand the rights and responsibilities pertaining to students and agree to support and abide by (and agree to have my student support and abide by) the rules, guidelines, procedures and policies of the School District as reflected in the Student Handbook.

I acknowledge that the Student Handbook is available online at http://www.tps.org and can also be obtained at my student’s school office.

Parent/Guardian Initials ____________       Student Initials ____________

VI. Signature(s)

Parent/Guardian Signature: ___________________________________________ Date: _____/_____/_______

Student Printed Name: ________________________________________________

Student Signature: _______________________________________________ Date: _____/_____/_______

[  ] Student is 18 or older
Toledo Public Schools

EMERGENCY MEDICAL AUTHORIZATION

Student Name __________________________________________ Date of Birth __________________________

Student Address ______________________________________ Home Phone _____________________________

School ______________________________________________ Home Room _______________________________

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.

Pertinent medical information may be shared with appropriate school personnel

Residential Parent/Guardian:

Mother’s Name ________________________________________ Daytime Phone __________________________

Father’s Name ________________________________________ Daytime Phone __________________________

Other’s Name ________________________________________ Daytime Phone __________________________

Name of Relative or Childcare Provider ____________________ Relationship __________________________

Address ____________________________________________________________ Daytime Phone __________

(Part I OR PART II MUST BE COMPLETED) – PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor ___________________________________________ Phone ________________________________

Dentist ___________________________________________ Phone ________________________________

Medical Specialist ________________________________ Phone ________________________________

Local Hospital ______________________________________ 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 doctor, or, in the event, the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

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

Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

________________________________________________________________________________________

Date _____________ Signature of Parent/Guardian ________________ Address ______________________________

(DO NOT COMPLETE PART II IF COMPLETED PART I) – PART II – REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____________ Signature of Parent/Guardian ________________ Address ______________________________

Edited 4/6/21 for Kdg Registration Packet
SECTION 3313.712, OHIO REVISED CODE
(Pursuant to S.B. 40, 6/30/92)

As used in this section, “parent” means parent as defined in Section 3321.01 of the Ohio Revised Code.*

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board’s jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form.

If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the pupil’s emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

(B) The emergency medical authorization form provided for in division (A) of this section is as follows: (see reverse side)

*SECTION 3321.01, OHIO REVISED CODE
(Pursuant to S.B. 140, 7/1/81)

PARENT DEFINED

As used in this chapter, “parent”, “guardian”, or “other person having charge or care of a child” means either parent unless the parents are separated or divorced or their marriage has been dissolved or annulled, in which case “parent” means the custodial parent. If the child is in legal or permanent custody of a person or government agency, “parent” means that person or government agency. When a child is a resident of a home, as defined in section 3313.64 of the Revised Code, and his parent is not a resident of this state, “parent”, “guardian”, or “other person having charge or care of a child” means the head of the home.
One Time Parent Consent Form

Parent Consent to Share Information and Access Public Benefits

Toledo Public Schools

Ohio School Districts have the opportunity to receive Federal Medicaid dollars through a program called the Ohio Medicaid School Program (OMSP). Through this important program, all Ohio school districts can receive critically necessary Medicaid dollars to help support the special education type services provided to its students, such as Speech/language, Audiology, Physical Therapy, Occupational Therapy, Nursing, Psychology, Counseling and Social Work.

In the process of billing Medicaid for these services, a limited amount of billing information must be shared with the Ohio Department of Medicaid. To do so, we must obtain a one-time/life signed Parental Consent to share the following NON-MEDICAL information:

- Your child's name, Medicaid recipient number, and birth date
- Service code (numerical code that identifies the service(s) provided)
- Service time spent with your child (number of minutes)

Your consent is voluntary. You have the right under Federal Medicaid Regulations (34 CFR Part 99 and Part 300) to withdraw your consent at any time. You are never required to enroll in Medicaid for your child to receive special education services in this or any other Ohio Public School District. No matter whether you grant, refuse or revoke consent, your child will be provided with all evaluation and/or the services listed in their IEP, AT NO COST to your family. The School District's Medicaid billing process will not require you to incur any out-of-pocket expenses such as deductible or co-pay, decrease lifetime coverage, increase premiums or lead to the discontinuation of benefits, or result in you paying for services that would otherwise be covered by Medicaid. If you have questions regarding this form please call 419-671-0818.

Student Name: ______________________________________

Date of Birth: ______________________________________

☐ I understand and agree to give permission to share my child's IEP records in order to access Medicaid.

☐ I do not give permission to share my child's IEP records in order for the School District to receive Medicaid funding.

Parent/Guardian Printed Name: ________________________

Parent/Guardian Signature: ___________________________

Date: ______________________________

ORIGINAL: Cumulative File
SCAN COPY TO: studentservices@tps.org
Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form is completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child’s proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: (First Name and Last Name)          Student Date of Birth: (mm/dd/yyyy)

Communication Preferences
Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child’s education in a language they understand.

1. In what language(s) would your family prefer to communicate with the school?

   If a language other than English is necessary, what services do you require?
   Oral (spoken) interpretations ☐ Written translations ☐

Language Background
Information about your child’s language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

2. What language did your child learn first?

3. What language does your child use the most at home?

4. What languages are used in your home?

Prior Education
Responses about your child’s birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.

5. In what country was your child born?

6. Has your child ever received formal education outside of the United States?
   ∆ Yes      ∆ No
   If yes, how many years/months?
   If yes, what was the language of instruction?

7. Has your child attended school in the United States?
   ∆ Yes      ∆ No
   If yes, when did your child first attend a school in the United States?
   __________/_________/_________
   Month  Day  Year

Additional Information
Please share additional information to help us understand your child’s language experiences and educational background.

Parent/Guardian First Name: ______________________ Parent/Guardian Last Name: ______________________

Parent/Guardian Signature: ______________________ Today’s Date: (mm/dd/yyyy) ______________________

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child’s school. Translated information about schools’ civil rights obligations to English learner students and limited English proficient parents can be found here: https://www2.ed.gov/about/offices/list/ocr/ellresources.html

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1. **Check.** Confirm the following statements related to the administration of Ohio’s language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form’s purpose. The language usage survey only is used to understand students’ linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English Learners.
- Results of the language usage survey are kept with the student’s cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below.

<table>
<thead>
<tr>
<th>Student’s native language</th>
<th>See Language Usage Survey Question 2. Report for all students in EMIS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s home language</td>
<td>See Language Usage Survey Question 3. Report only for English learners in EMIS.</td>
</tr>
<tr>
<td>Potential English learner</td>
<td>Check Yes for responses of a language other than English to Questions 2-4. Check No if English is the only language indicated.</td>
</tr>
<tr>
<td>Immigrant student status</td>
<td>See Language Usage Survey Questions 5-7. Check Yes if student is aged 3-21, was not born in the U.S. or U.S. territories of American Samoa, Guam, Northern Mariana Islands, Puerto Rico or U.S. Virgin Islands and who has not been attending U.S. schools for 3 full academic years. Report for all students in EMIS.</td>
</tr>
<tr>
<td></td>
<td>Yes, the student is an immigrant child. No, the child is not an immigrant child.</td>
</tr>
</tbody>
</table>

4. **Validate.** Complete the information below.

   Signature of validating school employee ________________________________ Date (mm/dd/yyyy) ________________________________
   Printed name of validating school employee ________________________________ Name of school or school district ________________________________

***COMPLETED BY SCHOOL EMPLOYEE***

Main Office Personnel completes items 1-4 and places in student’s cumulative file.

If English & the United States are the only responses. DO NOT SEND TO ESL DEPT.

If a language other than English or a country other than the United States is indicated. Send a copy to the ESL DEPT.

Edited 4/6/21 for Kdg Registration Packet
Thank you for honoring our commitment to the safety of your children!

In order to stay healthy and ready to learn, your child should:

• Get plenty of sleep (10 to 12 hours per night are recommended for this age group). Some children may profit from delaying kindergarten one year.

• Eat a healthy diet, including breakfast.

• Get up in plenty of time to get ready for school.

• Wear comfortable clothes that are appropriate for the weather.

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• Keep your child home if he/she has contagious condition (louse, pink eye, a fever or show signs of a cold) or before September 30.

All children entering kindergarten must present a legal birth certificate and two proofs of address for the family. Parents and guardians will have to show a picture of your child, social security number, parent's ID and proof of address for the family. In addition, you will need proof of your child's social security number. Parents, guardians, you may obtain one from the Lucas County Health Department. In addition, you will need to present a legal birth certificate for your child when you register. If you do not have a birth certificate, you will need to present a legal birth certificate to the Lucas County Health Department at the Lucas County Health Department at the Lucas County Health Department. For specific requirements, please contact your physician or the clinic.

Heptatis B, Varicella zoster (chicken pox) and non-polio Enteroviruses, mumps, rubella, DT series as well as immunizations required for kindergarten.

The State of Ohio requires children entering kindergarten to have all of the required vaccinations. These include the following:

• Diphtheria, tetanus, and pertussis (a baby's vaccination schedule should include all three of these).

• Measles, mumps, and rubella (MMR) vaccine.

• Polio vaccine.

• Varicella (chicken pox) vaccine.

• Hepatitis A and B vaccines.

What Do I Need to Register My Child?

The Toledo Public Schools Educational Campus

1609 N. Summit Street

Toledo OH 43604

419-671-0001

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• Get up in plenty of time to get ready for school.

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• Polio vaccine.

• Varicella (chicken pox) vaccine.

• Hepatitis A and B vaccines.

What Do I Need to Register My Child?
Reading Readiness

1. Recognizes his or her own name in the format shown.
2. Recites the alphabet.
3. Recognizes letters out of order, both upper and lower case.
4. Understands rhyming words.

How Can I Help?
1. Read to your child daily, even if for only a short time.
2. Ask your child questions about the stories you read or events around your family.
3. When talking or interacting with your child, point out and name letters around you – such as the “M” in McDonalds or the “P” in Pizza Hut.
4. Read alphabet books, such as:
   a) Chicka Chicka Boom Boom
   b) A, My Name is Alice
   c) Old Black Fly
   d) Visit your library for more choices and for story hour.

When you write your child’s name, always write the first letter upper case and the rest of the letters lower case. Your child should practice copying his or her name. Here are some examples:

<table>
<thead>
<tr>
<th>Alex</th>
<th>Mariah</th>
<th>Jasmine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math Skills</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Social Skills

1. Uses the bathroom appropriately, including dressing (practice at home).
2. Follows 1 and 2 step verbal directions.
3. Speaks clearly.
4. Listens to others as they speak.
5. Plays cooperatively with others.

Math Skills

Alex, Mariah, Jasmine

Alphabet Skills

1. Recognizes his or her name.
2. Recites the alphabet.
3. Recognizes letters out of order.
4. Recognizes rhyming words.

Reading Readiness

1. Independence, including dressing.
2. Count in sequence (1, 2, 3, 4, 5) to 10.
3. Recognizes and names the numbers from 1 to 5.
4. Recognizes and names the shapes circle, square, triangle, oval, rectangle, diamond.

How Can I Help?
1. Have your child count out small quantities of objects.
2. Ask your child to find objects in your house that are shaped like a circle, square, triangle or other shapes.
3. Walk around the neighborhood counting common objects such as houses, trees, cars, etc.
4. Count in sequence (1, 2, 3, 4) to 10.
5. Read nursery rhymes or read rhyming books such as:
   a) Dr. Seuss
   b) Mother Goose poems
   c) Old Black Fly
   d) Visit your library for more choices and for story hour.
   e) Read alphabet books, such as:
      a) Chicka Chicka Boom Boom
      b) A, My Name is Alice
      c) Old Black Fly
      d) Visit your library for more choices and for story hour.
Beat the Back-to-School rush and get your child’s vaccines scheduled now!

Call to schedule an appointment at 419-213-2013

We are located at 635 N. Erie St
Toledo OH 43604
Toledo Public Schools

ACCEPTABLE USE, E-MAIL, & INTERNET SAFETY POLICY

Toledo Public Schools, hereafter referred to as TPS, is pleased to make available to students access to interconnected computer systems within the District and to the Internet.

In order for TPS 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. While the District’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 Acceptable Use and Internet Safety Policy (“Policy”) of TPS. Upon reviewing, signing, and returning the signature page, each student will be given the opportunity to enjoy Internet access at TPS subject to the conditions of the Policy. If a student is under 18 years of age, he or she must have his or her parents or guardians read and sign the Policy.

If any user violates this Policy, the student’s access will be denied, if not already provided, or withdrawn and he or she may be subject to additional disciplinary action and/or legal action based on federal, state, and local law.

A) ACCEPTABLE USES

Educational Purposes Only. TPS is providing access to its computer networks and the Internet for educational purposes only. If you have any doubt about whether a contemplated activity is educational, you may consult with the person(s) designated by the District such as your teacher or administrator to help you determine if the use is appropriate. The user in whose name an online service account is issued is responsible for its proper use at all times. Users shall keep personal account numbers and passwords private. They shall use this system only under the account issued by the District. Students should note that all electronic communications are not guaranteed to be private. TPS has the ability to view all electronic communications sent or received through the network. Messages relating to or in support of illegal activities will be reported to the authorities. Network and Internet access is provided as a tool for your education. TPS reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of the District and no user shall have any expectation of privacy regarding such materials.

B) UNACCEPTABLE USES

Among the uses that are considered unacceptable and which constitute a violation of this Policy are the following:

1) Uses that violate the law or encourage others to violate the law. Don’t sell drugs, alcohol, or tobacco. Don’t promote unethical practices or any activity prohibited by law or Board Policy. Don’t view, transmit, or download pornographic materials or materials that encourage others to violate the law. Don’t intrude into the networks or computers of others. Don’t download or transmit confidential or trade secret information.

2) Copyrighted material may not be placed on the system without the author’s permission. Even if materials on the networks are not marked with the copyright symbol, you should assume that all materials are protected unless there is explicit permission on the materials to use them.

3) Users shall not view, download, or transmit material that is threatening, offensive, obscene, disruptive, or sexually explicit or that could be construed as harassment, bullying, or disparagement of others based on their race, national origin, ancestry, citizenship status, sex, sexual orientation, gender identity, age, disability, religion, military status, political beliefs, or any other personal or physical characteristics.

4) Vandalism results in the cancellation of user privileges. Vandalism includes uploading/downloading any inappropriate material, creating computer viruses, and/or any malicious attempt to harm or destroy equipment or materials or the data of any other user.
5) Users shall not read another users’ mail or files. Users shall not attempt to interfere with another users’ ability to send or receive e-mail, nor shall they attempt to read, delete, copy, modify, or forge another users’ mail.

6) No user may sell or buy anything over the Internet. Private information about you or others, including addresses, phone numbers, Social Security numbers, and credit card numbers should not be given to others.

7) Students are prohibited from attempting to bypass the District’s filtering system. The use of a “Web Proxy” site is prohibited.

8) Any other uses deemed unacceptable by the District

C) Netiquette. All users must abide by rules of network etiquette, which include the following:

1) Be polite. Use appropriate language. No swearing, vulgarities, suggestive, obscene, belligerent, or threatening language.

2) Avoid language and uses which may be offensive to other users. Don’t use computer or network access to make, distribute, or redistribute jokes, stories, or other material which is based upon slurs or stereotypes relating to race, gender, ethnicity, nationality, religion, or sexual orientation.

3) Don’t assume that a sender of e-mail is giving his or her permission for you to forward or redistribute the message to third parties or to give his/her e-mail address to third parties. This should only be done with permission from the individual.

4) Do not use the network in such a way that will disrupt the use of the network by other users.

5) Students shall not engage in any form of cyber bullying or cyber threats. Cyber bullying includes, but is not limited to, the following misuses of technology: harassing, teasing, intimidating, threatening, or terrorizing another student or staff member by way of any technological tool, such as sending or posting inappropriate or derogatory electronic communications which has the effect of:
   a) Physically, emotionally or mentally harming a student;
   b) Placing a student in reasonable fear of physical, emotional, or mental harm;
   c) Placing a student in reasonable fear of damage to or loss of personal property; or
   d) Creating an intimidating or hostile environment that substantially interferes with a student’s educational opportunities.

6) Students are not to engage in “Sexting.” Sexting is the act of sending sexually explicit or sexually provocative photos or video electronically, primarily between cell phones. Such photos and videos are often taken by the cell phone’s own camera. The photos may also be transmitted by computer through electronic communications, and/or posted to a website. Engaging in this activity, whether during school or outside of the premises, may result in disciplinary action.

7) Rules and regulations of online etiquette are subject to change by the administration.