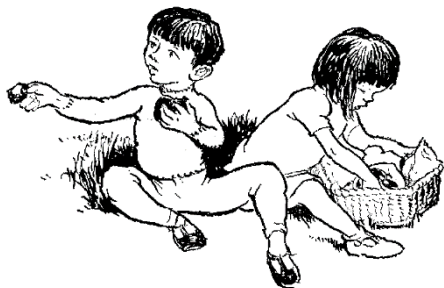




The parent/guardian must be present and the following information needs to be provided when registering a student:

- ❖ Birth certificate
- ❖ Immunization Record
- ❖ Custody papers *if applicable to your child
- ❖ Your Photo ID
- ❖ Three (3) proofs of your address:
 - Lease/Rental Agreement
 - Utility Bills(s) *in your 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



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).
- 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.
- Keep your child home if he/she has a fever or show signs of a contagious condition (lice, pink eye or ring worm).

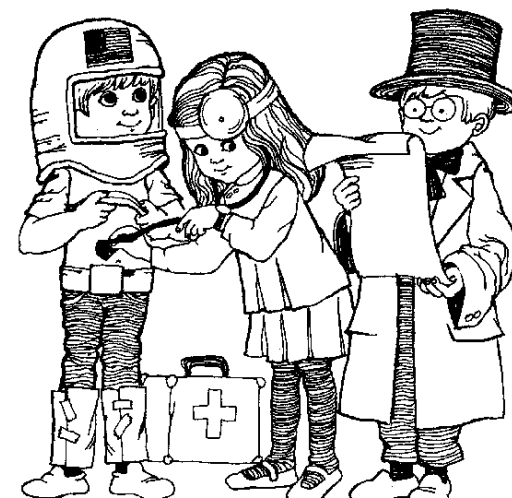
What Do I Need to Register My Child?

The State of Ohio requires children entering kindergarten to have all of the required vaccinations. These include the **DPT series** as well as immunizations against **measles, mumps, rubella, polio, Varicella** (chicken pox) and **Hepatitis B**. For specific requirements, please contact your physician or the clinic at the Lucas County Health Department at 419-213-4100.

You will need to present a legal birth certificate for your child when you register. If you do not have a birth certificate, you may obtain one from the Lucas County Health Department. In addition, you will need proof of your child's social security number. Parents and guardians will have to show a picture ID **and** two proofs of address for the family.

All children entering kindergarten must be five years old **on or before September 30**. Chronological age is not always the most important factor in determining a child's readiness for school. Some children may profit from delaying kindergarten one year.

Getting Ready For Kindergarten



Toledo Public Schools

Educational Campus
1609 N. Summit Street
Toledo OH 43604
419-671-0001

TPS
PROUD
Toledo Public Schools

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.
5. Recite nursery rhymes or read rhyming books such as:
 - a) Dr. Seuss
 - b) Mother Goose poems



6. 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:

Alex Mariah Jasmine

Math Skills

1. Counts 10 objects by touching each object and saying only one number (one to one correspondence).
2. Recognizes and names the numbers from 1 to 5.
3. Recognizes and names basic colors.
4. Recognizes and names the shapes circle, square, triangle, oval, rectangle and 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, cats, etc.
4. Count in sequence (1,2,3,4) to 10 leaving out a number. See if your child can fill in the missing number.

Social Skills

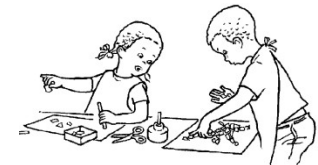
1. Follows 1 and 2 step verbal directions.
2. Listens to others as they speak.
3. Speaks clearly.
4. Accepts the authority of adults.
5. Plays cooperatively with others.

Personal Habits

1. Uses the bathroom appropriately, including dressing and hand washing.
2. Independently zips and buttons.
3. Puts on mittens and gloves.
4. Ties shoes (practice at home).

How Can I Help?

1. Encourage independence.
2. Practice dressing skills at home.
3. Discuss and demonstrate proper use of the restroom and sanitary hand washing.
4. Have your child open his or her own milk and other food containers when eating out.
5. Encourage your child to pick up after himself or herself.





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 # _____
Student ID# _____ Current Grade _____ Teacher _____ Room # _____
Transportation Needed []Yes []No Bus # _____
Age Verification []Yes []No Address Verification []Yes []No Parent/Guardian Info []Yes []No
Birth Certificate []Yes []No Immunization Records/Waiver []Yes []No Special Services []Yes []No
Emergency Card []Yes []No Free/Reduced Lunch Form []Yes []No
If NOT school of residence: Out of District Application []Yes []No
Cumulative File []Yes []No Records Requested ___/___/___ Records Received ___/___/___
*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 ESL Services? []Yes []No
Academically or Intellectually Gifted 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) Social Security Number _____

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)

Student's Physical Address: [] Is this address different from last year? []Yes []No *Office Note: POR is needed for new address

Street Number & Name Apt or Unit City State Zip

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

Street Number & Name Apt or Unit City State Zip

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 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 _____

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.

Is student of Hispanic/Latin origin?		Race/Ethnic Group		Student Demographic-Race
Yes	If Yes then →	(H) Hispanic (Cuban, Mexican, South or Central American, Puerto Rican or Other Spanish culture or Origin regardless of race)	Is there another racial group that may apply? If Yes, then choose all that may apply in the next column →	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
No	If No then →	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	If M, choose all that apply in the next column →	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

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



SCHOOL LOCATION/NAME: _____

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.

Circle One			Parent/Guardian
Yes	No		Initials
Y	N	Special Education Student - Current IEP/MFE/504	_____
Y	N	Currently under Expulsion and/or Suspension	_____
Y	N	Department of Youth Services/Youth Treatment Center transfer (must go through Pupil Personnel Center)	_____
Y	N	Birth Certificate/Biological Parents	_____
Y	N	Custody Documents/Tuition Location	_____
Y	N	Immunizations (Kdg. requires dental & physical forms)	_____
Y	N	Three Current Proofs of Residency (please see list of accepted documentation)	_____
Y	N	Social Security Card (optional)	_____
Y	N	Withdrawal from previous school, proof of current grade level and withdrawal grades and/or grade cards, State Test results (optional - if available)	_____
Y	N	Foster or Pending Custody Care (non-biological parents) cases must First secure a 'Permission to Enroll' form from the appropriate Pupil Personnel Office before the school can enroll the student.	_____

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



Student ID # _____

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. Where are we capturing the email address?

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 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, yearbooks, 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 TO:**
- Any group or individual
 - Colleges or post-secondary institutions
 - Military recruiters
 - Employment agencies, companies, businesses
 - Non-TPS schools

IV. Student Acceptable Use, Internet & E-Mail

STUDENT AGREEMENT

I have read, understand, and agree to abide by the terms of the Acceptable Use, E-Mail & Internet Safety Policy of Toledo Public Schools. Should I commit any violation or in any way misuse my access to Toledo Public School's 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 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.

As the District continues its adoption of online 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 building approved account to access Toledo Public School's 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)

[] I **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**

Child's Name _____ DOB _____

• PHYSICIAN'S REPORT

DENTIST'S REPORT

The following services have been performed: (please check)

- _____ radiographs
- _____ oral prophylaxis
- _____ fluoride treatment
- _____ restorations

The following statements are applicable: (please check)

- _____ all necessary services have been performed.
- _____ no restorative services are required at this time.
- _____ further treatment is indicated.
- _____ future appointments have been arranged.

Comments: _____

Date: _____

Signature of dentist

IMMUNIZATIONS

	Date	Date	Date	Date	Date
DtaP, DPT, DT					
Polio					
MMR					
Hepatitis B					
Varicella					

Hearing: Right _____ Left _____

Vision:
Distance acuity Right 20/ _____ Left 20/ _____

Lead Screening Results _____

ALLERGIES: please list (medications, insect stings, food, etc.)

Current medications:

Any special diet or treatment?

Physical Assessment

Check one:

_____ Entirely within normal limits

_____ Abnormalities as follows:

- ___ Asthma
- ___ ADD/ADHD
- ___ Behavior concerns
- ___ Bone/muscle/joint problems
- ___ Bowel/bladder problems
- ___ Cystic fibrosis
- ___ Diabetes
- ___ Developmental delays
- ___ Ear problem/hearing difficulty
- ___ Hemophilia
- ___ Seizure disorder
- ___ Sickle cell anemia
- ___ Skin conditions
- ___ Speech problems
- ___ other _____

Is there any reason why the student cannot carryout a full program of school work:

_____ Yes _____ No

Signature of Health Care Provider

Address: _____

Phone #: _____

Date: _____

SCHOOL _____ **SCHOOL HEALTH EXAMINATION RECORD** GRADE _____

CHILD'S NAME LAST FIRST MIDDLE BIRTH DATE

HOME ADDRESS RESIDENCE PHONE

PARENT/GUARDIAN'S NAME

PARENT/GUARDIAN'S NAME

Who does the child live with?

1. Is there anything about your child that the teacher needs to know to understand him/her better?

2. List diseases and other serious illnesses, injuries or health conditions your child has had and give dates (year only):

3. Does anyone living in the home have a serious illness or chronic health condition? Describe:

School: _____

900 _____

Grade _____

Appendix A: Language Usage Survey

THIS FORM IS ONLY FILLED OUT ON THE FIRST TIME ENROLLING IN AN OHIO SCHOOL.

Parents and Guardians: Please only complete this page of the survey. The back of this form will be 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: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____	
<p>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.</p>		<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>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.</p>		<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>	
<p>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.</p>		<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year</p>	
<p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p>			
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____	

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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(Appendix A, continued)

COMPLETED BY SCHOOL EMPLOYEE

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. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

<p>Student’s native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p>Student’s home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p>Potential English learner See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student’s English proficiency. <input type="checkbox"/> No. Do not assess the student’s English proficiency.</p>
<p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

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



Beth Barrow
Student Services Director
Cheryl Sherman
Placement and Funding Specialist
419-671-0411

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 419-671-0411.

Student Name : _____

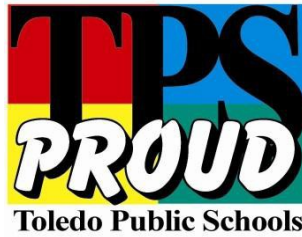
Date of Birth: _____

- I understand and agree to give permission to share my child's IEP records in order to access Medicaid.
- I do not give my 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: _____

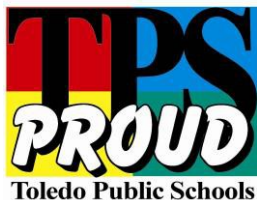
Date: _____



**TOLEDO PUBLIC SCHOOLS
DISTRICT-WIDE ELEMENTARY DRESS CODE**

*** The following elementary schools are exempt from this dress code: Ella P. Stewart Academy for Girls, Grove Patterson Academy, Martin Luther King Jr. Academy for Boys and Old West End Academy. These schools have a dress code specifically for their building. Please contact the principal/school for clarification.*

ITEM	FEMALE	MALE	COLOR
SWEATERS/JACKETS No hoods on cardigans, pullovers, jackets, sweaters and vests. Light weight jackets only. Collars must be worn at all times (except on spirit wear)	Cardigans, pullovers, jackets or vest in any color fleece or fabric.	Cardigans, pullovers, jackets or vest in any color fleece or fabric.	Any color or patterns; No graphics or text.
TOPS In addition to traditional polo shirts and other allowed tops, TPS/school spirit wear t-shirts, sweatshirts; hooded and crew neck are also allowed. Collars must be worn at all times with the exception of spirit wear	Blouses with a collar, traditional polo shirts with collars as well as turtlenecks, sweaters & cardigans. These items must be TPS/school spirit wear ONLY -- t-shirts and sweatshirts; hooded and crew neck.	Dress shirts, polo or Oxford button down shirts with collars as well as turtlenecks, sweaters & cardigans. These items must be TPS/school spirit wear ONLY -- t-shirts and sweatshirts; hooded and crew neck.	Any color or patterns; No graphics or text.
BOTTOMS No sweat suits for either males or females. Pants must be worn at the waist. No jeans, jeggings, leggings or yoga pants allowed.	Skirts, jumpers, casual pants, slacks, shorts or skorts and capris. All items must be knee length or longer.	Dress, casual, or corduroy pants as well as knee length shorts.	Any solid colors of dark blue/navy, khaki/tan, black, brown or gray. No graphics or text.
SHOES/BOOTS/TENNIS SHOES	Shoes/boots with enclosed heels and toes. No platforms or slippers.	Shoes/boots with enclosed heels and toes. No platforms or slippers.	Any color or pattern; No graphics or text.



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.