



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
- ❖ One (1) proof 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



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	One Current Proof 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



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: _____

Phone: _____

Allergies: _____

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



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)

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)

<p>Incoming kindergarten student ONLY.</p> <p>If your child is NEW to kindergarten, please complete this section regarding previous year's care/attendance.</p> <p>[] Attended a TPS preschool [] Attended another preschool or childcare center [] Attended no preschool or childcare center</p>

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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 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 _____

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**

Edited 4/6/21 for Kdg Registration Packet

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

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,**

- Student Address
- Student Name/ID
- Student Phone Number
- Student Photo

TO:

- Military
- Higher Education
- Companies
- Organizations
- Any group or individual

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)

[] 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

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 _____

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.



Beth Barrow
Executive Director
Cheryl Sherman
Placement/Funding Specialist
419-671-0818

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 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: _____

ORIGINAL: Cumulative File
SCAN COPY TO: studentservices@tps.org

School: _____

900 _____

Grade _____

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: <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? _____ If a language other than English is necessary, what services do you require? Oral (spoken) interpretations <input type="checkbox"/> Written translations <input type="checkbox"/></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? Δ Yes Δ 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? Δ Yes Δ 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>	
<p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____</p>	

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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**FRONT PAGE COMPLETED BY PARENT/GUARDIAN
 BACK PAGE COMPLETED BY DISTRICT EMPLOYEE**



(Appendix A, continued)

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.

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.

<p>Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	_____
<p>Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	_____
<p>Potential English learner Check Yes for responses of a language other than English to Questions 2-4. Check No if English is the only language indicated.</p>	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
<p>Immigrant student status 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 <u>all</u> students in EMIS.</p>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child. No is checked if student was born in the U. S. or a U.S Territory of: American Samoa, Guam, Northern Mariana Islands, Puerto Rico and U.S. Virgin Islands. No is also checked if student was born in another country, but has been attending U.S. Schools for more than 3 full academic years.

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

SCHOOL: _____

CHILD'S NAME LAST FIRST MIDDLE BIRTH DATE

HOME ADDRESS RESIDENCE PHONE

PARENT/GUARDIAN'S NAME

PARENT'S 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:

Child's Name _____

DOB _____

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.
- _____ further appointments have been arranged.

Comments: _____

Date _____

Signature of dentist _____

• **PHYSICIAN'S REPORT**

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/ADHA
- _____ Behavior concerns
- _____ Bone/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



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).

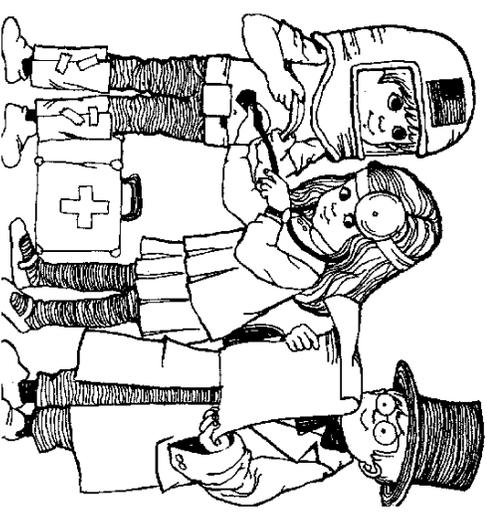
What Do I Need to Register My Child?

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

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



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

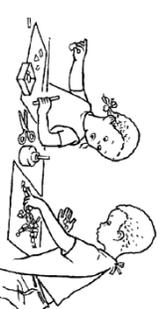
1. Follows 1 and 2 step verbal directions.
2. Listens to others as they speak.
3. Speaks clearly.
4. Accepts the authority of adults.
5. Plays cooperatively with others.

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.





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



Mission

Toledo Public Schools' mission is to produce competitive college and career ready graduates through a rigorous curriculum across all grade levels by implementing Ohio's New Learning Standards with fidelity.

Vision

Toledo Public Schools' strives to be an "A" rated district whose graduates are college and career ready.

ELEMENTARY SCHOOL STUDENT 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, Old West End Academy, Escuela SMART Academy, Chase STEMM Academy, Hawkins STEMM Academy, Marshall STEMM Academy and McKinley STEMM Academy. These schools have a dress code specifically for their building. Please contact the principal/ school for clarification.

**

Toledo Public Schools has adopted the following dress code for all students who attend one of the District's traditional elementary schools. It is expected that all students will comply with the dress code, beginning with the first day of school. Parents and students are equally responsible for the appearance of the student.

The purpose of Toledo Public Schools' Elementary School dress code is:

- To enhance school safety
- To support the learning environment
- To promote good behavior
- To avoid discipline problems
- To prepare student for the world of work

The following items are **NOT** appropriate:

1. Clothing/grooming that illustrates or promotes drugs, alcohol, tobacco and/or sex and that could be considered offensive or degrading to others; have symbols of hate or oppression; reference gang membership or present a hazard to an individual or other people.
2. Clothing/grooming that is disruptive to the educational process:
 - a. Undergarments should not be visible at any time (this includes underwear, bras, etc.)
 - b. Skirts or shorts must be no higher than just above the knee.
 - c. Spaghetti straps, halter tops, tube tops or tank tops are not allowed.
 - d. Cleavage should not be visible at any time.
 - e. Holes/tears in jeans are **not** permitted, unless the holes are below the fingertips when arms are fully extended.
 - f. Tight, form-fitting clothing is not permitted. Tights and leggings are allowed if the front and back are covered by a long shirt, skirt or dress.
3. Clothing/grooming that is deemed **unsafe** for the classroom or school environment, including but not limited to hats/coats/outerwear/gloves, etc.
4. Clothing/grooming that does not reflect good personal hygiene.
5. Tops and bottoms that do not overlap while standing or seated (i.e. no midriffs).
6. Pajama pants, including pants made of flannel or fleece.

Additional guidelines:

- A. Hooded sweatshirts are permitted as long as hoods are not worn or does not cover the head.
- B. Footwear must be worn at all times. For safety considerations, all footwear must be adequately secured to the foot with heels no higher than two inches.
- C. Slippers, shoes with retractable skates, cleats, or footwear with flexible, soft soles (flip flops, beach shoes, etc.) are not permitted. Crocs are permitted only if there is a strap on the heels to secure the foot.
- D. Shoes that expose the feet or toes are not allowed in shop areas or in science classes when chemicals are being used.
- E. Hats, bandanas, sweatbands, curlers, rollers, gloves or sunglasses will not be allowed except for medical reasons.
- F. No headgear or head wraps unless of a religious nature or approved by school officials.
 - These guidelines are to be followed on all days when school is in session and for school- sponsored events where students are actively participating and/or representing Toledo Public Schools.
 - The school administration shall determine the appropriateness of student dress and grooming, acting in the best interests of establishing and maintaining a safe and effective learning environment for the benefit of the school.
- G. All students must comply with the District's policies and procedures in place regarding wearing facial coverings to prevent the spread of COVID-19.

Students who do not comply with the dress code are subject to progressive disciplinary action.

Toledo Public Schools

ACCEPTABLE USE, EMAIL, & 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. 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. 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.

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. Users are responsible for their behavior and communication on the Network. All use of the Network must be consistent with the educational mission and goals of the District.
2. Use appropriate language. Do not use profanity, obscenity or other language which may be offensive to other users. Illegal activities are strictly forbidden.
3. Do not reveal anyone's personal home address or phone number.
4. Note that electronic mail (e-mail) is not private. Technology coordinators have access to all messages including those relating to or in support of illegal activities and such activities may be reported to the authorities.
5. Use of the Network is not for financial gain or for any commercial or illegal activity.
6. The Network should not be used in such a way that it disrupts the use of the Network by others.
7. All communications and information accessible, stored, transmitted or otherwise used on the Network should be assumed to be property of the District.

8. The user in whose name an online service account is issued is responsible for its proper use at all times. Users must keep personal account numbers and passwords private. They shall use the Network only under the account numbers issued by the District and shall not allow others to log on the account specifically provided to the user.
9. The Network shall be used only for purposes related to education or administration of District business. Commercial, political and/or personal use of the Network is strictly prohibited. The administration reserves the right to monitor any computer activity and online communications for improper use.
10. Users shall not use the Network to encourage the use of drugs, alcohol or tobacco, nor shall they promote unethical practices or any activity prohibited by law or Board policy.
11. Users shall not view, download or transmit material that is threatening, obscene, disruptive or sexually explicit or that could be construed as harassment, bullying or disparagement of others, including 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.
12. Copyrighted material may not be placed on the system without the author's and the District's permission.
13. Users shall not use the Network to engage in slander or libel. Slander and libel are terms defined specifically in law. Generally, slander is "oral communication of false statements injurious to a person's reputation," and libel is "a false publication in writing, printing, or typewriting or in signs or pictures that maliciously damages a person's reputation or the act or an instance of presenting such a statement to the public." (American Heritage Dictionary of the English Language, Third Edition). Users shall not knowingly or recklessly post false or defamatory information about a person or organization. Users are reminded that material distributed over the Internet is "public" to a degree no other school publication or utterance is.
14. 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.
15. Users shall not read other users' mail or files; they shall not attempt to interfere with other users' ability to send or receive electronic mail, nor shall they attempt to read, delete, copy, modify or forge other users' mail or other documents or information stored electronically.
16. Users exhibiting hazing, harassing, intimidating behavior or found bullying through the Network or use of a personal electronic device are subject to discipline under Board policies and procedures and applicable law.
17. Users shall not disable technology protection measures, security features, filters or block on the Network without express written consent of an appropriate administrator.
18. Users may not use a camera feature to capture or record audio, video or still photos of other students, faculty or staff during school hours, in-person, or remote instruction, or at school events unless for educational purposes and only with explicit written permission given by the subject of the photo or video. If the subject of the image is a student, written permission must be given by the parent or guardian. The prohibition in this paragraph does not apply to teachers. District employees are permitted to conduct remote instruction utilizing videoconferencing and online chat or communication services.
19. Transmission or download of any material in violation of any State or Federal law or regulation, or Board Policy is prohibited.

c) NETIQUETTE

All users must abide by rules of network etiquette, which include the following:

- a. General Rule: Do not put anything in an email that you would not put on District letterhead.
- b. Be polite, courteous, and respectful in your messages to others. Use language appropriate to school situations in any communications made through the Network. Refrain from using obscene, profane, lewd, vulgar, rude, inflammatory, sexually explicit, defamatory, threatening, abusive or disrespectful language in communication through the Network (including but not limited to public messages, private messages, and material posted on webpages).
- c. Do not engage in personal attacks, including prejudicial or discriminatory attacks.

- d. Do not harass another person. Harassment is persistently acting in a manner that distresses or annoys another person. If a user is told by a person to stop sending him/her messages, the user must stop.
- e. Do not post information that if acted upon could cause damages or a danger of disruption.
- f. Do not forward or include with emails jokes or similar fun messages to amuse the reader.
- g. Do not subscribe through your District email account to any service for personal use including but not limited to the regular transmission of jokes, horoscopes, recipes, vacation information, or similar items of information or amusement.
- h. Users have no right or expectation to privacy when using the Network. The District reserves the right to access and inspect any facet of the Network, including but not limited to computers, devices, cell phones, networks, or Internet connection, email or other messaging or communication systems or any other electronic media within its technology systems or that otherwise constitutes its property and any data, information, email, communication, transmission, upload, download, message or material of any nature or medium that may be contained therein. A user's use of the Network constitutes his/her waiver of any right to privacy in anything he/she creates, stores, sends, transmits, uploads, downloads or receives on or through the Network and related storage medium and equipment. Routine maintenance and monitoring, utilizing both technical monitoring systems and staff monitoring, may lead to discovery that a user has violated Board policy and/or the law.

An individual search will be conducted if there is reasonable suspicion that a staff member has violated Board policy and/or law, or if requested by local, State or Federal law enforcement officials. Users are reminded that their communications are subject to Ohio's public records laws and FERPA.

Users shall report any security problem or misuse of the Network to the teacher or building administrator.