



Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_  
Business Address \_\_\_\_\_ Business Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Natural Father Living? Y N Natural Mother Living? Y N  
Address If Not At Pupil's Residence Address If Not At Pupil's Residence  
\_\_\_\_\_  
\_\_\_\_\_

High School Graduate Y N High School Graduate Y N  
Attended College Y N Attended College Y N  
College Graduate Y N College Graduate Y N

Student's Brothers (Names and Ages) Student's Sisters (Names and Ages)  
\_\_\_\_\_  
\_\_\_\_\_

### RESIDENCY CERTIFICATION

**OHIO ATTENDANCE LAWS STIPULATE THAT A CHILD IS ENTITLED TO ATTEND SCHOOL ONLY IN THE DISTRICT IN WHICH THE CHILD AND HIS/HER PARENT OR LEGAL GUARDIAN RESIDE. GIVING FALSE RESIDENCY INFORMATION CAN RESULT IN LEGAL ACTION AND LIABILITY FOR TUITION.**

Enrolling Adult \_\_\_\_\_

Relationship to Student Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparent \_\_\_\_\_  
Step Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
If Other, Explain \_\_\_\_\_

#### Proof of Residency (Two Items Required)

Deed/Mortgage/Purchase Agreement/Lease \_\_\_\_\_  
Driver's License/License Plate/Auto Registration \_\_\_\_\_  
Employment/Payroll Record \_\_\_\_\_  
Welfare Statement \_\_\_\_\_  
Voter Registration \_\_\_\_\_  
Insurance Record \_\_\_\_\_  
Utility Bill \_\_\_\_\_  
Other \_\_\_\_\_

# EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name: _____	Grade: _____
School: _____	Address: _____
Phone: _____	_____

**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.

**Residential Parent or Guardian:**

Mother's Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Other's Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

**Name of Relative or Childcare Provider:**

Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime Phone (\_\_\_\_) \_\_\_\_\_  
Zip \_\_\_\_\_

### 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:

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

\_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
Zip \_\_\_\_\_

#### 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 \_\_\_\_\_  
Zip \_\_\_\_\_

## PERMISSION TO BE PHOTOGRAPHED PERMISSION FOR DIRECTORY TO BE ON OUR WEB

It is the intention of the Newbury Local Schools to maintain a current collection of photographs to document School District events and activities, including photographs and names of our students engaged in active participation in school programs. These photos and names may appear in School District slide shows or in displays. They may also be in news releases or in School District publications such as the Knightlines, brochures or be contributed to other agencies whose publications feature the Newbury Local School District. Photos may be used as an identity safeguard on the electronic school lunch system.

Newbury Local Schools is also on the WEB. We put school information and class news on our web pages, which can be reached through [www.newburyschools.org](http://www.newburyschools.org). We may want to add some student photos and names throughout the year to show some of our projects. Pictures and names will not be posted without parent permission.

The Newbury Local School District recognizes your right to privacy and understands that you may object to having your child's picture taken and the photographs and names used in the means stated above.

\_\_\_\_\_ The Newbury Local School District has my permission to photograph my child.

\_\_\_\_\_ I **DO NOT** want photographs taken of my child.

Parent/Guardian Signature \_\_\_\_\_

Student Name \_\_\_\_\_

Student Grade \_\_\_\_\_

Dear Parents,

Keeping you informed is important at Newbury Local Schools. That's why we have adopted the CONNECT 5 Notification Services which will allow us to send a telephone or e-mail message to you providing important information about school events or emergencies. We anticipate using CONNECT 5 to notify you of school delays or cancellations due to inclement weather and important school related events. In the event of an emergency at school, you can have peace of mind knowing that you will be informed quickly by phone or email.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If you have more than one student, please indicate names and grade levels on the form below and we will do the rest. If this information changes during the year, please let us know immediately.

**What you need to know about receiving calls sent through CONNECT 5**

Caller ID will display the school's main number for the school delays or cancellations. Caller ID will display 411 if the message is an emergency notification. Be sure to say "Hello" when you answer the phone. The technology must hear a voice to deliver. CONNECT 5 will leave a message on any answering machine or voicemail.

Please complete the information below and return this form to either building office as soon as possible. Thank you for your cooperation. If you have any questions, please don't hesitate to contact us. We are very pleased to incorporate CONNECT 5 as a tool to improve parent communication and look forward to having the ability to delivery real time important information to you.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID Number \_\_\_\_\_

Primary Phone Number \_\_\_\_\_  
Emergency Phone 1 \_\_\_\_\_  
Emergency Phone 2 \_\_\_\_\_  
Emergency Phone 3 \_\_\_\_\_  
Email Address \_\_\_\_\_

Regards,

Michelle R. Mrakovich  
Superintendent

**Newbury Local Schools**  
**Student User Agreement of Understanding**

Access to and use of the Internet, World Wide Web (WWW), electronic mail, software programs, computers, and related equipment is a PRIVILEGE for the user.

Students may not abuse hardware; enter directories without permission of staff; alter, add or remove software or files; change computer desktop software or software parameters; or bypass any safeguards or passwords. Students may load their own CD with prior teacher permission.

**Responsibilities**

Students exercising their privilege to use the Internet or WWW as an educational resource shall also accept responsibility for all materials received under their user accounts and shall not communicate the password for said accounts to anyone unless requested to do so by the network or building administrator.

This is a restricted use computer system. Unauthorized access and/or use are prohibited by law. Individuals using this computer system without authority, or in excess of their authority, are monitored and recorded by system personnel. In the course of monitoring individuals improperly using this system, or in the course of system maintenance, the activities of authorized users may be monitored. Anyone using the system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

Students have the responsibility to monitor all material via the Internet, WWW, or e-mail under their user account. Students will accept the responsibility of keeping all inappropriate material/text files, or files dangerous to network integrity from entering the school or the LGCA system via the Internet, WWW, or e-mail. Parents should be aware that the Internet and WWW allow access to some inappropriate and even pornographic content. Although Newbury School will supervise student use to the extent possible and employ a proxy server system that prevents most illegal and inappropriate sites from being accessed, parents should note that students will hold primary responsibility for proper use of the Internet, WWW and e-mail. Improper/inappropriate system use may result in school disciplinary action to include the possibility of removal of system use privileges in addition to detention, suspension, or expulsion.

We have read the above responsibilities and hereby agree to be responsible for, and abide by, all rules and regulations of this agreement. The student also acknowledges that failure to abide by the above responsibilities may result in the revocation of user privileges and removal of username from the system.

\_\_\_\_\_  
Student Name ( please print)

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Signature/Date