

## Newbury Local Schools

14775 Auburn Rd.

Newbury, OH 44065

Phone: (440) 564-2282 Fax: (440) 564-9690

## REGISTRATION PROCESS

**Welcome Parents and Students!** We are pleased that you have chosen to be a part of our district. Student registration takes place at the Newbury Board of Education located at 14775 Auburn Rd. Registrations are done by **APPOINTMENT ONLY** with our Office Staff. Registration Packet Forms **MUST** be completed in full prior to your appointment and **ALL** required documentation (*included on "Registration Checklist" included in the packet*) must be presented at the appointment to complete the registration of your student(s). If any of this information is missing the appointment will be rescheduled.

### FAQ'S

1. **Who may register a child?** Only a Parent or Legal Guardian may register a child for school. The Parent/Guardian must be a resident of the district to qualify.
2. **What defines Residency?** To qualify to attend the Newbury Local School District the Parent/Guardian must reside within the district boundaries. Residency is defined as the location where the student lives (sleeps, eats and bathes) a majority of the time.
3. **What is Kindergarten Eligibility?** Ohio law requires all children complete a formal kindergarten program. Children who are five years old on or before September 30" are eligible to attend kindergarten.
4. **Is there early entrance for Kindergarten?** Under rare instances, if a child's birthdate falls between October 1 and December 31 of the year they will attend school, an Early Entrance Evaluation may be authorized to indicate that the child has demonstrated superior functioning in the areas of ability and achievement. Contact the building Principal for further information regarding Early Entrance.
5. **How do I register my child for Kindergarten?** Newbury Local School's conduct's a mass Kindergarten registration in early March each year to register new Kindergarten students for the next school year. This mass registration typically occurs on the first Saturday in March; however please check the Newbury Website at [www.newburyschools.org](http://www.newburyschools.org) for the exact date each year. The information will also be published in local newspapers. If a Parent/Guardian is unable to attend the Saturday registration individual appointments can be arranged by contacting the Office to schedule.

### REGISTRATION PACKET FORM DESCRIPTION

1. **Registration Checklist** - *Checklist form parent/guardian to complete and verify prior to registration appointment*
2. **Registration Form/Notification of Legal Obligation** - *Provides district with student and parent/guardian demographic information and required information regarding academic documentation of perspective student. Notifies parent/guardian's legal obligation to the district regarding information provided and present or future notifications to the district.*
3. **Residency and Custody Declaration** - *Provides district with household members and verification that parent/guardian is aware and knows of all of their legal obligations to the district.*
4. **Home Language Survey** - *State mandated form notifying district of the student's native language.*
5. **Health History Form** - *Provides district with student health history and/or concerns of the child.*
6. **Immunization History** - *State mandate form notifying district of immunizations provided to the student.*
7. **New Student Record Release** - *Release for district to obtain previous records and/or information to be able to provide accurate academic instruction to student. New Kindergarten students may also need this form to obtain information from a Preschool entity.*

The Newbury Local School District is pleased to welcome your family to the district. In order to expedite the registration process please review the Registration Process and complete this Checklist PRIOR to making your registration appointment to avoid delaying your child(ren) from attending the district.

**Reminders:**

- > ALL forms and documents MUST be presented at the Registration Appointment or the appointment will be rescheduled
- > If you have questions and/or problems with any required documentation please contact the Registrar PRIOR to your appointment for instructions.
- > Additional documentation may be required if needed

**CHECKLIST**

- Picture identification of the parent/guardian registering the child (ex., driver's license, state ID, passport, military ID)
- Birth Certificate of child being enrolled -MUST be original or a certified copy
- Proof of Residency

**If parent/guardian owns home:**

**One of the following:**

- .Purchase Agreement
- Mortgage Deed

**Two of the following:**

- Recent Utility Bill\*\* (within 30 days)
- Current tax statement or bill
- Voter Registration

**\*\*Acceptable Utility Bill - water/sewer, electric, gas, phone-(land line only)**

**If parent/guardian is renting or living with someone:**

**Two of the following:**

- Current Lease Agreement (Signed/dated by ALL parties)
- Property Owner Affidavit (Notarized) form available on website
- Recent Utility Bill\*\* (within 30 days)

- Registration Packet Forms**

- Registration Form I Notice of Legal Obligation
- Residency and Custody Declaration
- Home Language Survey
- Health History Form
- Immunization Form
- Record Request Form
- Transportation Form

**Previous Academic Records** - if student is transferring from another district records will be requested. However, last report card, at the very least, must be presented to verify grade level.

**The following documents must be presented if applicable:**

- IEP/ETR** -If child receives any special education services the documentation must be presented with registration
- Complete Legal Documentation of Divorce** -If student(s) parents are divorced.
- Complete Legal Documentation of Custody Determination** - if anyone other than birthparents have custody
- Complete Legal Documentation of Name Change or Adoption**

**To schedule your Registration Appointment please call: 440-564-2282**

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

*If you are missing any documentation, or if you feel you have a situation not covered in this document, please contact the Registrar PRIOR to your appointment*

## STUDENT REGISTRATION FORM

Date student will enter Newbury Local Schools:      /      /           Entering Grade\*\* :           Bldg:       
Mo    Day    Year

*\*\*Grade placement is subject to adjustment when transfer credits are evaluated according to Newbury School policy*

**Legal Name** \_\_\_\_\_ Gender  Male  Female  
Last                                  Middle                                  First

**Home Address** \_\_\_\_\_ County \_\_\_\_\_  
Number      Street                                  City                                  Zip

**Mailing Address** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*If different* Number      Street                                  City                                  Zip

**Birthplace** \_\_\_\_\_ Date of Birth      /      /       
City                                  State                                  Country                                  Mo    Day    Year

**Required by the U.S. Department of Education**  
*Ethnicity / Race (required)                                  Home Language Survey (required)*

**Is the student Hispanic/Latino**  YES  NO  
*A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.*

**Citizenship:**  US Citizen  
 Other: \_\_\_\_\_

**What is the student's race:** *(Please check all that apply)*  
*\*\* Note to parent/guardian: If not completed, enrolling personnel will designate race/ethnicity for the district*

- Asian**  
*Original peoples of the Far East, Southeast Asia or the Indian subcontinent*
- Black or African American**  
*Having origins in any of the black racial groups of Africa*
- American Indian or Alaskan Native**  
*Original peoples of North or South America who maintain tribal affiliation or community attachment*
- Native Hawaiian or Pacific Islander**  
*Original peoples of Hawaii, Guam, Samoa, or other Pacific Islands*
- White**  
*Origins in any of the original peoples of Europe, the Middle East, or North Africa*

- 1) What language did your child first speak when they learned to talk?  
\_\_\_\_\_
  - 2) What language does your child use most frequently at home?  
\_\_\_\_\_
  - 3) What language do you use most frequently to your child?  
\_\_\_\_\_
  - 4) What language do the adults at home most often speak?  
\_\_\_\_\_
  - 5) How long has your son/daughter attended school in the United States? \_\_\_\_\_
- Does an adult in the home read English?  
 YES  NO
- Does an adult in the home speak English?  
 YES  NO

**IS THE CHILD:**

Identified Gifted  YES  NO

Identified Special Ed (IEP)  YES  NO

On a 504 Plan  YES  NO

**DOES THE CHILD:**

Receive remedial academic support?  YES  NO  
*If yes, in what area?*  
 Reading  Math  Other \_\_\_\_\_

**Student Lives With** *Check all that apply*

- Birth or Adoptive Parents  Grandparent(s)
- Birth or Adoptive Father  Foster Family
- Birth or Adoptive Mother  Other: \_\_\_\_\_
- Birth or Adoptive Father & Step Mother \_\_\_\_\_
- Birth or Adoptive Mother & Step Father \_\_\_\_\_

**Custody/Guardianship** *Check all that apply*

- Birth or Adoptive Parents  Other: \_\_\_\_\_
- Birth or Adoptive Father \_\_\_\_\_
- Birth or Adoptive Mother \_\_\_\_\_
- Birth or Adoptive Father & Step Mother \_\_\_\_\_
- Birth or Adoptive Mother & Step Father \_\_\_\_\_

**Previous School Information**

District Name \_\_\_\_\_ Previous school records included?  Yes  No

School Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Address                                  City                                  State                                  Zip



**Newbury Local Schools**

14775 Auburn Rd

Newbury, OH 44065

Phone: (440) 564-5501 Fax: (440) 564-9460

**STUDENT INFORMATION**

1. Does the student reside within the Newbury Local School District?  Yes  No
2. Does the student reside with parent(s)?  Yes  No
3. If you answered "No" to questions #2 above  
Does the student reside with a legal guardian or other custodian under court order?  Yes  No  NA
4. Is there a pending court action which may affect custody or guardianship?  Yes  No  
Documentation provided: \_\_\_\_\_ (Journal Entry or Probate Case Number)
5. Does the student claim to be emancipated?  Yes  No
6. Is there a county social worker or guardian *ad litem* involved?  Yes  No
7. Was the student expelled from the previous school?  Yes  No

Please check the lines below that correspond with your individual situation:

	Mother	Father	Both	Foster/Guardian	N/A
8. With which parent does the child reside?	_____	_____	_____	_____	_____
9. Which parent resides within the Newbury Local School District?	_____	_____	_____	_____	_____
10. Which parent is the biological parent?	_____	_____	_____	_____	_____
11. Which parent has been granted custody or residential parent status by a Domestic Relations or Juvenile court order?	_____	_____	_____	_____	_____
12. Which parent has adopted the student by Probate or Juvenile Court order?	_____	_____	_____	_____	_____
13. Who has been granted guardianship of the child by Probate Court order?	_____	_____	_____	_____	_____

**MUST BE COMPLETED BY THE OWNER OF THE PROPERTY AND NOTORIZED WITH PAGE 2**

*\*This form should be used if the parent/legal guardian enrolling child(ren) is either renting or living with a family member or friend.*

\_\_\_\_\_  
(Property Owners Name)

I certify that I am the owner of the home/apartment located at:

Address \_\_\_\_\_ City \_\_\_\_\_, Ohio Zip \_\_\_\_\_

***I further certify that the below listed tenants have established permanent residence in the aforementioned home/apartment and to the best of my knowledge are not maintaining a separate residence elsewhere.***

(If additional space is needed please continue on back.)

_____ Adult and Relationship	_____ Date of Occupancy	_____ Child and Relationship	_____ Date of Occupancy
_____ Adult and Relationship	_____ Date of Occupancy	_____ Child and Relationship	_____ Date of Occupancy
_____ Adult and Relationship	_____ Date of Occupancy	_____ Child and Relationship	_____ Date of Occupancy

Please read each statement and then place your initials to the left of the statement to indicate agreement:

\_\_\_\_\_ ***I understand that it will be my responsibility to notify the Newbury Local School District – (440 564-5501) when the above-named family no longer resides in my home/residence.***

\_\_\_\_\_ ***I understand that should any of the above statements be false, I am liable for any penalties including, but not limited to, the collection of any money owed for tuition purposes for which the law provides under the pertinent criminal code, plus interest, administrative costs, court costs, and any attorney fees incurred in the collection of those sums.***

\_\_\_\_\_ ***I am aware that any effort to circumvent the residency requirements of this school district mandated by Ohio law may result in prosecution for the theft of services, a violation of the O.R.C. 2913.02.***

\_\_\_\_\_ ***I agree to, and stipulate, that the Newbury Local School District may use whatever legal means it has at its disposal to verify my residency, including having an attendance officer visit my home to ensure the family named above resides at this address.***

Signatures:

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Phone Number of Owner/Tenant

14775 Auburn Road

Newbury, OH 44065

Fax Numbers:

Board Office- 440-564-9460 High School - 440-564-9788 / Elementary – 440-564-9690

**INJURY AND ILLNESSES – Please list any severe injuries or illnesses:**

Injuries/Illnesses/Surgeries

Child's Age

Hospitalized

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes No  
Yes No  
Yes No  
Yes No

Comments: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**List any medication(s) taken daily and the reason:**

Medication

Dosage

Reason

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** *If you child requires over-the-counter or prescription medication while at school, Medication Management form(s) must be completed by the parent and Doctor.*

Date of Last Physical Exam \_\_\_\_\_ Date of Last Dental Exam \_\_\_\_\_

This child is usually:  very active  normally active  inactive

Do you have any concern about how your child gets along with others and/or siblings? Yes No

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Do you have other comments or concerns about this student's health, development, behavior, family or home life that you would like to share with the school? (continue on back if needed.)

\_\_\_\_\_  
\_\_\_\_\_

Medical information important for the safety of your child or others, as determined by the school nurse, will be shared with pertinent staff in a confidential manner unless the school is notified in writing. Should there be changes in the student's health status the parent/guardian should notify the school in writing.

Completed by \_\_\_\_\_ Relationship to the Child \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY MEDICAL AUTHORIZATION

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

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Teacher/Homeroom: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_

**Student resides with** (circle all that apply) Mother Father Stepparent Guardian Other: \_\_\_\_\_

List only the names (first and last) of those who have authority to make decisions in an emergency situation involving this student. Then, indicate on the line to the left the order in which you desire contact attempts to be made based on availability (i.e., 1st, 2nd):

\_\_\_\_ Mother: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

\_\_\_\_ Father: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

\_\_\_\_ Stepparent: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

\_\_\_\_ Guardian: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

\_\_\_\_ Relative or alternate (i.e., child care provider), if applicable: Relationship to Child: \_\_\_\_\_  
Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

**COMPLETE ONLY ONE OF THE FOLLOWING:** I. Consent for Treatment OR II. Refusal to Consent

**I. CONSENT FOR TREATMENT:**

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

Preferred Physician: \_\_\_\_\_

Office #: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_

Office #: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_

Office #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

ER #: \_\_\_\_\_

**AND**

**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:

Parent/Guardian

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

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 the preferred doctor indicated, 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.

**MEDICAL HISTORY:** Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted:

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



**FALSIFICATION ORDINANCE**

In conformance with Ohio Revised Code (ORC) 3313.64:

- Newbury Local Schools are tuition free only for those students whose parents/guardians are *legal residents of this district*.
- Residence for school purposes means that the parent/guardian of the student live within the school district for a majority of the time.
- To knowingly make a false statement, give false information or knowingly swear or affirm the truth of a false statement in order for your child to gain entrance or remain at the schools of this district is illegal.

Your signature on the Residence and Custody Affidavit certifies that all of the residency information is true and correct and that you have received the Falsification Ordinance.

**NOTICE OF LEGAL OBLIGATION**

Parents/Guardians of all students are required by the Ohio Revised Code (ORC) to inform school officials of any of the changes listed below:

1. **Change of address:** You MUST, within 10 calendar days of your move, bring two proofs of your new residence to your building's Secretary. If you move out of the district, a district Clearance form must be completed by each student's teacher and a District Withdrawal Form must be presented.
2. **Change of phone number(s):** Current home, work, and emergency numbers must be provided to the building of attendance for any changes.
3. **Change of legal custody or guardianship:** Any and all current court order for Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction of the custody, guardianship or residence of the child per Ohio Revised Code 3313.672. The complete legal document must be presented to the building's Secretary.
4. **All Temporary Restraining Orders or Protection Orders involving school premises must be submitted to the district.**

**Note to Parent/Guardian:** To facilitate your child's entry into the Newbury Local School District, please complete this form and we will send it to your child's previous school for his/her records. This authorization and the records provided will become part of your child's permanent records in accordance with the Family Educational Rights and Privacy Act (FERPA), Individuals with Disabilities Education Act (IDEA), and the Board of Education's Student Records Policy.

**A. You are authorized to release the records listed below, orally**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_  
 Address: \_\_\_\_\_

**I. Description of Educational Records and Information to be Disclosed:**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Official Transcripts | <input checked="" type="checkbox"/> Attendance Records | <input checked="" type="checkbox"/> Individualized Education Plan       |
| <input checked="" type="checkbox"/> Most Recent Grade    | <input checked="" type="checkbox"/> Discipline Records | <input checked="" type="checkbox"/> Multi-Factored Evaluation (MFE/ETR) |
| <input checked="" type="checkbox"/> Test Records         | <input checked="" type="checkbox"/> Medical Reports    | <input checked="" type="checkbox"/> Student Accommodation Plan (504)    |
| <input checked="" type="checkbox"/> Cumulative Records   | <input checked="" type="checkbox"/> Court Documents    | <input checked="" type="checkbox"/> Psychological Reports               |

**II. Previous School Records** – If student attended more than one district over the past school year, provide all information below. If more space is needed please use the back of this form.

#1

District Name: \_\_\_\_\_ Building Name: \_\_\_\_\_  
 Building Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Dates Enrolled in this District: \_\_\_\_\_ To: \_\_\_\_\_

**III. Please Direct Records to:**

Newbury Elementary School 14775 Auburn Rd Newbury, OH 44065 Email: <a href="mailto:Lisa.Levine@newburyschools.org">Lisa.Levine@newburyschools.org</a> Fax: (440) 564-9690	Newbury High School 14775 Auburn Rd Newbury, OH 44065 Email: <a href="mailto:Holly.Potti@newburyschools.org">Holly.Potti@newburyschools.org</a> Fax: (440) 564-9788
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**IV. Expiration and Revocation**

This authorization may be revoked at any time except to the extent that the District has already released personal information prior to the revocation of this authorization. Request for revocation must be in writing to the District. If not revoked, this authorization will expire one year after the date this authorization is signed.

**V. Signature and Acknowledgment**

I acknowledge that this authorization is voluntary and may request a copy of this authorization. The purpose of this release of educational records or information is to aid in making present and future educational decisions.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

(PLEASE PRINT)

DATE OF BIRTH

(1 CARD PER CHILD)

Date \_\_\_\_\_ School Year 20\_\_ - to 20\_\_

Pupil's Name \_\_\_\_\_ Sex \_\_\_\_\_  
M or F

Address \_\_\_\_\_  
Number Street

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Address Location Between \_\_\_\_\_ and \_\_\_\_\_  
Street Street

Parent/Guardian Name(s): \_\_\_\_\_;

Assigned School: \_\_\_ Newbury Elementary \_\_\_ Newbury Jr/Sr \_\_\_ St. Helen

Non-Public: \_\_\_\_\_ Present Grade \_\_\_\_\_  
School Name

**FOR SCHOOL USE ONLY  
STUDENT STATUS:**

Pupil ID# \_\_\_\_\_

\_\_\_ New \_\_\_ Withdrawal \_\_\_ Transfer within District

Bus No. \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

No. of School Age Siblings: \_\_\_\_\_

Attending Newbury. \_\_\_\_\_ Attending Other \_\_\_\_\_

Will alternate pick-up / drop off be needed for childcare? :  YES (Complete Bus Change Request below)  NO

I understand that transportation is provided by the Newbury School District, my child agrees to follow all rules and regulations established by the Newbury Board of Education and/or their official representatives. Failure to do so is good and sufficient reason to discontinue transportation services for my child.

Signature of Parent/Guardian \_\_\_\_\_ Telephone Numbers \_\_\_\_\_ or \_\_\_\_\_ Telephone Numbers \_\_\_\_\_

**TRANSPORTATION BUS CHANGE REQUEST**

- High School  Elementary  Megan Bartons
- Other (please Specify) \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE: \_\_\_\_\_

**PICK-UP INFORMATION – (A.M.)**

Current Address \_\_\_\_\_ Current Bus# \_\_\_\_\_

New Pick up Address \_\_\_\_\_ New Bus# \_\_\_\_\_

Contact Person at Pick up Address \_\_\_\_\_ Phone at New Address \_\_\_\_\_

**DROP-OFF INFORMATION (P.M.)**

Current Address \_\_\_\_\_ Current Bus# \_\_\_\_\_

New Drop off Address \_\_\_\_\_ New Bus# \_\_\_\_\_

Contact Person at Drop off Address \_\_\_\_\_ Phone at New Address \_\_\_\_\_

EFFECTIVE DATES OF CHANGE: From: \_\_\_ / \_\_\_ / \_\_\_ To: : \_\_\_ / \_\_\_ / \_\_\_ DAYS OF CHANGE:  M  T  W  TH  F

REASON FOR CHANGE: \_\_\_\_\_

*It is the position of the Newbury Board of Education to provide transportation to and from a student's place of residence. Requests for changes can only be considered with respect to REGULAR ESTABLISHED ROUTES AND PICK UP AND DROP OFF POINTS. The undersigned understands that this is only a request for consideration and not a guarantee for approval. A bus change, if granted, is for the current school year only. Students' residential address will be used the following school year unless another bus change is requested.*

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

( ) \_\_\_\_\_  
Daytime Telephone Number

**FOR OFFICE USE ONLY**

Building	_____ / ___ / ___
Initials	_____
Date	_____ / ___ / ___
Transportation	_____ / ___ / ___
Initials	_____
Date	_____ / ___ / ___

Approved

Denied



Mr. Michael Chaffee, Jr./Sr. High School Principal  
Mrs. Cyndi Tomassetti, Elementary Principal

Newbury Local Schools  
14775 Auburn Road, Newbury, Ohio 44065

## Permission and Release Form

This form is the umbrella permission slip that must be filled out prior to school beginning. Before each individual field trip, teachers will have a separate individual form that will have specific information that will be distributed. Please complete ONE per child.

Name of Student: \_\_\_\_\_

### FIELD TRIP PERMISSION:

I understand that this trip is part of the District's educational program and provides a learning experience of educational value to my child.

I further understand that the staff member(s) who will accompany the students on this field trip, will exercise the necessary and appropriate duty of care for them pursuant to Board Policy 3213, including, but not limited to, administering medication, if required, or seeking emergency medical attention, if need be.

By my signature below I give my permission for the child listed above to go on school or classroom trips that are a worthwhile addition to the academic program or extra-curricular program of the school. **Information will be distributed prior to each field trip.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTOGRAPH AND VIDEOTAPE RELEASE:

Pursuant to Board Policy 7540 F4, we recognize the value of audio-visual and other types of electronic communication in providing our child with an effective education and hereby grant permission for our child and/or his/her schoolwork products to be photographed or videotaped as part of an educational program produced by the District or coalition of districts.

We further grant permission for the photographs or videotapes to be used in media presentations that are made available to other educational institutions or through a cable television station or network. We understand that our child's image, name, work product, school, and grade may be revealed in the presentation(s) but that no other information about our child or his/her schoolwork will be revealed without our prior consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Form 5341 must be filled out prior to field trips. It is attached to this form.

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

## 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 \_\_\_\_\_



Newbury Elementary School  
14775 Auburn Road, Newbury, Ohio 44065  
(p) 440-564-2282 (f) 440-564-9690

Cyndi Tomassetti, Elementary School Principal

Dear Parents,

Newbury Elementary will be implementing new procedures for afternoon bus drop off for students in grades Kindergarten – Second Grade. This new procedure is to ensure the safety of all of our students.

A parent, guardian, or caregiver will have to be visibly present at the designated drop-off location or your child will not be let off the bus. You may choose the option of signing a waiver if you want your child to get off the bus whether a caregiver is there or not.

Please sign and return the attached form and return it to school.

Thank you,

Cyndi Tomassetti  
Elementary Principal

# Application for Borrower's Card

Information will be confidential



Geauga County  
Public Library

Birth Date

School District  Berkshire b  Cardinal r

Patron Code 2  Chagrin Falls f  Chardon c

(Check one)  Kenston k  Ledgemont l

Newbury n

Out of County o  West Geauga w

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone (primary) \_\_\_\_\_ What is your notification preference?

Phone (secondary) \_\_\_\_\_  Phone Call  Email

Email \_\_\_\_\_

Parent/Legal Guardian (if under 18) Last \_\_\_\_\_ First \_\_\_\_\_

Parent/Legal Guardian phone (if different from above) \_\_\_\_\_

Online PIN (minimum 4 characters) \_\_\_\_\_

I certify that the above information is correct. I accept financial responsibility for all materials borrowed on any library card issued from this application. If the applicant is a minor (under 18 years of age) the signature of a parent or legal guardian, to accept responsibility for borrowed materials, is also required. A library card must be presented in order to borrow materials. (Policy 719). It is not the library's policy to decide to which ideas individual children should be exposed; therefore parents need to help their children select materials. (Policy 711)

Applicant's Signature

Parent/Legal Guardian (if applicable)

\_\_\_\_\_



## 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 or software parameters; or bypass any safeguards or passwords. Students may load their own CD or DVD only 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 this 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 received via the Internet, WWW, or d-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 the Newbury Schools 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 or separate from detention, suspension, or expulsion.

We have read the above responsibilities and hereby agree to be responsible for, and abide by, all the 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.

**Newbury Local School District and Parent E-mail  
Communication  
Form 8334 F4a**

The Board of Education encourages parents to participate in any and all forms of communication that will enhance their child's potential for success in school. E-mail can be an appropriate vehicle for quick, uncomplicated messages to teachers or administrators when time or confidentiality are not critical factors. E-mail is not an appropriate communication tool when a parent requires an immediate response or when the requested response would be highly sensitive and/or complex in nature.

While the Board encourages the use of e-mail, and respects the privacy of all users, the Board cautions that due to the nature of the technology involved, and the public character of the Board's business, e-mail may be less private than users may anticipate or desire. Consequently, the Board cannot guarantee the confidentiality of e-mail communication.

Should a parent wish to engage in e-mail communication with his/her child's teacher, the Board requires that the parent review the waiver set forth below and return it to his/her child's teacher. Upon return of a signed waiver, the child's teacher will send a non-substantive e-mail message seeking verification of the specified e-mail address and confirming the parent as the recipient. Upon receipt of a response from the parent, the teacher will be authorized to respond to e-mail requests from the identified address.

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**Parent Consent to the release of personally identifiable student  
information via e-mail**

The *Family Educational Rights and Privacy Act*, 20 U.S.C. 1232g, and Ohio Student Records Law, R. C. 3319.321, prohibit the release of personally identifiable student records/information without the consent of a student's parent. Recognizing that transmissions via e-mail may not be absolutely secure, I hereby consent to the School District's release of student records/information via e-mail in response to any request received from the e-mail address set forth below. While the School District will take precautions to avoid accidental release of personally identifiable student data, I recognize that the Newbury Local School District cannot assure confidentiality in all transmissions via e-mail. It is my intent that this Consent Form shall remain in effect, unless specifically withdrawn or modified in writing, for the entire 2010-2011 school year. I further understand that it is my responsibility to notify the School District if my e-mail address changes.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



Newbury Elementary School  
14775 Auburn Road, Newbury, Ohio 44065  
(p) 440-564-2282 (f) 440-564-9690

Cyndi Tomassetti, Elementary School Principal

TO (teacher): \_\_\_\_\_ Date \_\_\_\_\_

FROM: \_\_\_\_\_

(please use your first AND last name)

Student's name: \_\_\_\_\_

(first AND last name)

- will be late, arriving at/about \_\_\_\_\_ AM/PM.
- will be dismissed early at \_\_\_\_\_ AM/PM, and will be picked up in the office by \_\_\_\_\_ (first and last name of person picking student up)
- will be picked up at regular dismissal time by \_\_\_\_\_

(first AND last name of person picking up)

I can be reached at: \_\_\_\_\_ if you have any questions.

Please be aware that any time a child is absent or tardy, you should call the Office at 564.2282 x 141 by 9:15 a.m. that day or send an email to our school secretary, Lisa Levine:

[lisa.levine@newburyschools.org](mailto:lisa.levine@newburyschools.org). **This form needs to be in the elementary office by 1:30 p.m.**

Parent/Guardian Signature:

\_\_\_\_\_

**\* \* You may print additional forms from the Newbury School website.\* \***