

## Registration Letter

Dear Parent/Guardian:

Welcome to Genoa Area Local Schools! We hope the experiences of your student will be happy and productive.

We can only enroll students under strict guidelines established by Ohio law - especially the Missing Children's Law (Ohio Revised Code 3313.95). Please understand the necessity of the statutory requirements listed below.

The child lives with:

- Both natural parents (no custody papers required)
- Adoptive parents (ADOPTION PAPERS REQUIRED)
- One natural parent and one stepparent (other natural parent deceased, no custody papers required)
- One natural parent and one stepparent (other parent living, CUSTODY PAPERS REQUIRED)
- One natural parent (previously divorced or separated, CUSTODY PAPERS REQUIRED)
- One natural parent (not previously married, no custody papers required)
- Neither natural parent (CUSTODY/COURT PAPERS REQUIRED)

A parent/legal guardian must accompany the child and complete school forms before enrollment can take place. The parent must supply the following documents or no enrollment will take place.

Documents to bring for registration:

Birth Certificate.

The birth certificate must be the document registered with the Bureau of Vital Statistics.

Social Security Card.

Custody papers.

If custody papers are required and not presented the child cannot be admitted. If a custody change is in progress a *notarized* affidavit listing the court file number of the custody petition may be substituted, but for no longer than sixty (60) days.

Proof of residency.

The parent/legal guardian will have to furnish proof of residency in the Genoa School District in an approved domicile. This may be shown through a sales agreement for a house, a lease or rental contract, or a current utility bill listing the name and address. Letters from rental managers may be requested. All must be dated within the last thirty (30) days. If this is not available and the parent/guardian lives with someone, the following is needed: a letter from the manager on letterhead; a notarized statement from the person you are residing with indicating they agree to this arrangement; and a utility bill of the owner/renter of the residence.

(over please)

\_\_\_\_\_ Transcript and current grades.

The child will not be admitted without these records.

\_\_\_\_\_ Individual Education Plan or 504 Plan.

Please advise the school during enrollment if your child is on an individual education plan.

Once the child is cleared for enrollment, attendance in class will not begin until the following day.

I have read and understand the document requirements for admission. I understand my child will be withdrawn from school and legal authorities will be notified if these documents are not true and correct representations of fact.

\_\_\_\_\_  
Parent/Legal Guardian

(copy to be given to parent/legal guardian)

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

\_\_\_\_\_  
Date

List other children in family:

Names	Grade	Age	School (building)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Genoa Area High School



## Genoa Area Local School District Request For Transcript of Student Records

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

Previous School \_\_\_\_\_

Phone \_\_\_\_\_

School Address \_\_\_\_\_

Fax \_\_\_\_\_

Please select the school requesting records:

Genoa Area High School  
2980 N. Genoa Clay Center Rd.  
Genoa, Ohio 43430  
Fax: 419.855.7739  
Attn: Sue Brown

Genoa Middle School  
2950 N. Genoa Clay Center Rd.  
Genoa, Ohio 43430  
Fax: 419.855.7784

Genoa Elementary  
2820 N. Genoa Clay Center Rd  
Genoa, Ohio 43430  
Fax: 419.855. 8194

Please forward the following records:

Birth Certificate/ Social Security

Special Services-I.E.P. Hearing/Speech

Custody

OGT Scores

Cumulative

Psychological Evaluation

Health/Immunizations

Grades in Progress

DISTRICT IRN: #048942

Thank you,

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

Date \_\_\_\_\_

All information in this fax transmission is privileged communication. It is intended exclusively for the named addressee. If you are not the addressee and you receive this, you are hereby notified that any disclosure, retention, copying or distribution of this fax transmission is strictly prohibited. If you receive this transmission in error, please notify us immediately by telephone. Please send us the original transmission to the address above with your written verification that all copies have been destroyed.

SCHOOL \_\_\_\_\_  
Year \_\_\_\_\_

**For Office Use**

Grade \_\_\_\_\_ Open Enrollment \_\_\_\_\_  
Teacher \_\_\_\_\_ Superintendent's Agreement \_\_\_\_\_  
Date \_\_\_\_\_ Grandparent's Agreement \_\_\_\_\_

Student ID # \_\_\_\_\_  
Graduation Year \_\_\_\_\_

## Genoa Area Local Schools DASL/EMIS Student Enrollment Form

Ohio Schools are required to maintain current information on every student. Please complete this form to insure the information on your child is correct.

### Student Information

### Parent as Listed on Birth Certificate or Adoption Papers

Student's Legal Name (as shown on birth certificate):

Mother's Name: \_\_\_\_\_

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

Maiden Name: \_\_\_\_\_

Middle \_\_\_\_\_

Address (if different from student's):  
\_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's District of Residence \_\_\_\_\_

Student's Gender:  Female  Male

Has Legal Custody of Student?  Yes  No

Current Grade Level: \_\_\_\_\_

Student is living with Mother?  Yes  No

Is Student of Hispanic/Latino Heritage?  Yes  No  
**Race/Ethnic:**

**Father's Name** \_\_\_\_\_

White  Black/African American

Address (if different from student's)  
\_\_\_\_\_

Asian  Am.Indian/Alaskan Native

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hawaiian/Pac. Islander

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Birthplace: City \_\_\_\_\_

Father's District of Residence \_\_\_\_\_

Native Language \_\_\_\_\_

Has legal custody of student?  Yes  No

Admission Code \_\_\_\_\_ (for office use only)

Student is living with Father?  Yes  No

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

\_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Guardian's Name \_\_\_\_\_  
(If applicable)

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

EMIS Situation \_\_\_\_\_ (for office use only)

Percent of Time \_\_\_\_\_ (for office use only)

Admission Reason \_\_\_\_\_ (for office use only)

Previous School Attended \_\_\_\_\_

Last Day Attended at Previous School \_\_\_\_\_

**All information is correct and up-to-date**

Has student ever attended Genoa School District  Yes  No

Exchange Student  Yes

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature

# Genoa Area Local Schools Student Information Form

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex:  F  M School:  Elementary  MS  HS Home Room: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Custody with:  Mother  Father (or)  Both

Guardian if applicable (Name): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ C - Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ C - Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

If a **non-emergency** situation occurs and the school is unable to contact a parent/Guardian, please contact:

<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Babysitter	1. _____	Phone (____) _____
<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Babysitter	2. _____	Phone (____) _____
<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Babysitter	3. _____	Phone (____) _____

### BROTHERS/SISTERS

Name	Grade	Teacher	Name	Grade	Teacher
1. _____	_____	_____	3. _____	_____	_____
2. _____	_____	_____	4. _____	_____	_____

**\*\*\*Please Sign the Field Trip Permission Box AND Part I OR Part II of the Emergency Medical Authorization\*\*\***

#### PERMANENT FIELD TRIP PERMISSION

My child has my permission to attend all school-sponsored field trips during the present school year. Written notice of each field trip will be sent home with your child.

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

#### EMERGENCY MEDICAL AUTHORIZATION

Section 3313.712, Ohio Revised Code

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

#### PART I OR PART II MUST BE COMPLETED

##### PART I - 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: \_\_\_\_\_

(Revised June 2011)

#### PART II - TO GRANT CONSENT

(Do not complete Part II if you completed Part I)

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

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me has been unsuccessful, I hereby give consent for (1) the administrator of any treatment deemed necessary, or, in the event the designated referred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of another child to preferred hospital or 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: \_\_\_\_\_



# Genoa Area Local Schools Transportation Request Form

This form is to be used for newly enrolled public school students, students whose address used for transportation purposes is different than their home address, those withdrawing from school, or those requesting a change to an existing bus stop. The completed form (1 per child) can be faxed to 419-855-7784. Please send the original form to the transportation office at 2950 Genoa-Clay Center Rd., Genoa, OH 43430 or to the bus driver after it has been signed by the parent. The school can issue a bus pass if the student needs to ride the "new bus" before this form can be signed by the parent and processes in the transportation office.

Check One:     New Student     Transfer Student     Change of Information     Withdrawal

\*\*\*High School Students Only(Check One)

Will you be:     Driving     Riding the bus

School: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Student #: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If moving, new address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City Zip \_\_\_\_\_ Subdivision (if applicable) \_\_\_\_\_

Existing Board Approved Stop (if known)

AM Stop \_\_\_\_\_ PM Stop \_\_\_\_\_

Mother's Name (Please print) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: (Please print) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Is the change in bus stop for (check one) Pick up? \_\_\_\_\_ Drop off? \_\_\_\_\_ or Both? \_\_\_\_\_

Pick up Address used to determine closest established bus stop

(If different from home address) \_\_\_\_\_

Drop off Address used to determine closest established bus stop

(If different from home address) \_\_\_\_\_

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

Signature Required

Kevin Katafias  
Transportation Director

Phone: 419-855-7741 EXT: 31101  
Fax: 419-855-7784

Updated 6/20/2013



# COMPUTER/PROGRESSBOOK ACCESS

*Please Print*

User name will consist of students *first, middle, and last name*. Please complete all sections.

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

Circle Students grade:

6<sup>th</sup>      7<sup>th</sup>      8<sup>th</sup>      9<sup>th</sup>      10<sup>th</sup>      11<sup>th</sup>      12<sup>th</sup>

Office Use Only

<i>COMPLETED</i>	<i>DATE</i>
Parent Letter _____	
Student Letter _____	
Network Account _____	

*Revised 12/12/12*

# Genoa Area Local Schools

## Genoa, Ohio

### CUSTODY/GUARDIANSHIP VERIFICATION FORM

Legal documentation of custody or guardianship must be provided to the school as a condition to enrollment for all children under the age of 18 residing with anyone other than their natural parent(s) or adoptive parent(s). When the parents are separated or divorced, or their marriage has been dissolved or annulled, "parent" means the parent who is the residential parent and legal custodian of the child. In this case, the residential parent must provide the school with a certified copy of the custody order or decree at the time of the enrollment or whenever such decree is made. When custody is shared and the parents live in different school districts, the child may attend either district free of tuition.

Custodian(s)/Guardian(s) Name(s)	Current Address	Telephone
Student's Name	Grade	Date of Birth
		*Social Security Number
School Previously Attended	City and State	
*Previous Parent(s)/Custodian(s)/Guardian(s)	Street Address, City and State	
Date of Temporary Enrollment	Date Enrollment was Completed	

\*Student social security number and complete address of previous parents/custodians/guardians are required.

### CUSTODY/GUARDIANSHIP VERIFICATION PROCEDURES

- A) Custodians/Guardians will complete Form 5111F.5 and provide a copy of the court (change of custody) order to attach to this form. Without a court order, a student can be accepted only on a tuition basis which requires official approval by the board of education. With an appropriate court order, enrollment can be completed.
- B) A child may be enrolled for a period not to exceed sixty (60) days upon the sworn statement of an adult resident of the district that he or she has initiated legal proceedings for custody of the child. (Ohio Revised Code Section 3313.64) This notarized statement from the adult resident will be required as a prerequisite for temporary enrollment. Enrollment procedures may be finalized if a court order effecting the necessary change of custody is received within sixty (60) days from the date of the notarized statement.
- C) The building principal will forward a copy of the completed Form 5111F.5 with a copy of the court order (attached) to the EMIS Coordinator upon completion of procedure "A" or "B". Originals will be maintained as part of the student's permanent record. If no court order is received in accordance with procedure "B", the child will be withdrawn from school at the end of the sixty (60) day temporary enrollment period.

Signature of Building Principal

Date



# GENOA AREA LOCAL SCHOOLS

Check sheet for move-in students on an IEP

ONLY Complete if student is on an IEP.

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
Street

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

## CURRENT INDIVIDUAL EDUCATION PROGRAM (I.E.P.)

\_\_\_\_\_ Available \_\_\_\_\_ Not Available

Date Completed: \_\_\_\_\_ Re-Eval Due Date: \_\_\_\_\_

## CURRENT EVALUATION TEAM REPORT (E.T.R.)

\_\_\_\_\_ Available \_\_\_\_\_ Not Available

Date Completed: \_\_\_\_\_ Re-Eval Due Date: \_\_\_\_\_

Is the student currently on a 504 PLAN? Yes or No (circle one)

PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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### OFFICE USE ONLY

Disability Category: \_\_\_\_\_

Genoa Staffing Date: \_\_\_\_\_

# Genoa Area Local Schools

## Honeywell Instant Alert Information

### One Form Per Family

\*Mandatory Fields

\*Profile Type:

\*Account Type:

50

**Single or Joint**

**Add Students | Select Students**

\*First Name:

\*Last Name:

\*Date of Birth:   
(mm/dd/yyyy)

\*Grade Level:

**First Parent Profile**

Title:

\*First Name:

\*Last Name:

\*Account Role:

Relationship to Students:

**Legal Custodian**

\*Telephone (Home): () -

**Notes:** In case of no home phone number, please enter fake number having 555 as middle three numbers

**Second Parent Profile**

Title:

\*First Name:

\*Last Name:

\*Account Role:

Relationship to Students:

**Legal Custodian**

\*Telephone (Home): () -

**Notes:** In case of no home phone number, please enter fake number having 555 as middle three numbers

## Additional Students

**Add Students | Select Students**

\*First Name:

\*Last Name:

\*Date of Birth:   
(mm/dd/yyyy)

\*Grade Level:

# Honeywell Instant Alert™ for Schools

## Parent User Interface

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Website URL: <https://instantalert.honeywell.com>

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### Minimum Requirements

#### Register and create your account

1. Go to the Honeywell Instant Alert for Schools website listed above.
2. If you are not a staff member in the school, click on 'Parent' in the New User box.
3. If you are a staff member in the school, use the user name and password given to you by the school.
4. Complete the student information form. Click 'Submit.'
5. Complete the corresponding screen. Click 'Submit.'
6. After receiving the Confirmation message, click 'Proceed' to get started with Instant Alert.
7. **Note:** Remember your Login Name and Password so you may use it to update your profile.

#### View and check details about yourself and your family members

1. Upon successful login, click on 'My Family.'
2. Click on a parent name to view and edit parent details.
3. Click on a student name to view details about your children enrolled in this school.

#### Configure alert settings for yourself

1. Click on 'Alert Setup.'
  2. Click on the check boxes to select which alert type you would like to have sent to which device. Click on 'Save' when complete.
  3. If you would like to add another contact device, select the device type and enter the device details. Select the person to whom the device belongs and click on 'Add.'
  4. For e-mail, text messaging and pagers you may send yourself a test message. Click on 'Send Test Message' to send yourself a message.
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### Additional Functions

#### View History of Alerts

Click on 'Alert History' to view Alerts that have been sent to you. Use the calendar icons and 'Alert Type' list to filter the Alerts.

#### Identify key contacts for your children

1. Click on 'Other Contacts.'
  2. Click on 'Add New Contact' and complete the form.
  3. Click on the 'Pick Up Rights' check box if you wish to allow this person the right to pick up your child from school. This person's name will appear on a report for the school.
  4. Click on 'Save' when complete.
  5. If you would like this person to receive Alerts from the school, return to the 'Alert Setup' page to configure this person's alert settings.
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For Assistance: [InstantAlertHelp@Honeywell.com](mailto:InstantAlertHelp@Honeywell.com)