

Gallia County Local Schools
STUDENT RESIDENCY QUESTIONNAIRE

Student _____ Grade _____ School _____ Gender _____

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Guardian/Adult Caregiver for student (s) _____ Relationship _____

If Adult Caregiver IS NOT Legal Guardian, name (s) of Legal Guardian _____

Current Address _____ City _____ Zip _____

Phone _____ Emergency Phone _____

*Is the student('s) current address a TEMPORARY living situation Y _____ N _____
(Parent DOES NOT own or rent own residence) Due to loss of housing or financial hardship Y _____ N _____

*If you answered YES to either of the above questions, complete the remainder of this form

If you answered NO to both * questions, skip to MILITARY HOUSEHOLD STATUS

Where does the student(s) currently live?

Camper _____ Car, tent, or area not designed for normal sleeping accommodations, etc. _____

Moving from place to place _____ Motel/hotel _____

Residence with another family living together/multifamily _____

Name of homeowner/renter _____

Shelter _____

_____/_____/_____
Date

Guardian/Adult Caregiver

This form is intended to address the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11432 et seq.) requirement that homeless children have access to education and other services for which they are eligible. The McKinney-Vento Act states specifically that barriers to enrollment must be removed.

MILITARY HOUSEHOLD STATUS

Guardian Name _____ Guardian Name _____

Entry Date ____/____/____ Exit Date ____/____/____ Branch of Service _____

Active Duty ___ Deployed ___ Discharged ___ Inactive ___ Injured ___ KIA ___ Retired ___ Student Military ___

This information is being collected for Ohio Department of Education

Please return completed form to school secretary or GCLS County Office-Penny Coon/Sandra Plantz

REVIEW INITIAL

Gallia County Local Schools
ACCEPTABLE USE AND INTERNET SAFETY POLICY

All students must take responsibility for appropriate and lawful use of internet access. One misuse may jeopardize all student's access. Teachers and other staff will make reasonable efforts to supervise student use of network and access. Upon completion of this permission slip, each student will be given the opportunity to internet access. I understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Policy. Should I commit any violation or in any way misuse my access to the Internet, my access privilege may be revoked and school disciplinary action may be taken against me.

_____ I am 18 or older _____ I am under 18 _____
Student/User Printed Name

_____ / ____ / ____
Student/User Signature Date

GUARDIAN AGREEMENT

As a guardian of the above student, I have read, understand, and agree that compliance with the Acceptable Use and Internet Safety Policy must be followed. I also understand that non-compliance will result in access restriction. I accept full responsibility the above named student's internet access.

Guardian Printed Name

_____ / ____ / ____
Guardian Signature Date

PHOTOGRAPHY AND VIDEOTAPE RELEASE-NOT CCO APPLICABLE

Consent is required for student to be included in any picture or videotaping. Identification by student name will only occur in the said school yearbook. The material will not be used for any commercial purposes and no payments will be made to the participants.

_____ I am 18 or older _____
Student/User Printed Name

_____ / ____ / ____
Student/User Signature Date

I grant permission for my student's to be included in pictures _____
I do not grant permission for my student's to be included in pictures _____

_____ I am under 18 _____
Guardian Printed Name

_____ / ____ / ____
Guardian Signature Date

Gallia County Local Schools
TB SKIN TESTING

In conjunction with The Gallia County Health Department, all new to Gallia County incoming students are required to have a TB Skin Test within the past twelve (12) months.

This test is mandatory **WITHIN FOURTEEN (14) DAYS** of GCLS enrollment. TB Skin Test are administered, free of charge, Monday, Tuesday, Wednesday, and Friday, 8:00 AM to 4:00 PM at the Gallia County Health Department, 499 Jackson Pike, Gallipolis, OH 45631, 740-441-2950.

After TB Skin Test is administered and read, documentation must be forwarded to the student's school for record keeping purposes.

NEW STUDENT BUS BOARDING PASS-NOT CCO APPLICABLE

School Attending_____

Student Name_____

DOB__ / __ / __ Age_____ Grade_____

Address_____ City_____ State_____ Zip_____

Guardian Name_____

Phone_____ Emergency Phone_____

Driver Name

Bus#

AM Pickup Time

PM Drop Off Time

APPROVAL STAMP