



Gallia County Local Schools
 4836 State Route 325, Patriot, OH 45658
 Phone 740-379-9085 Fax 740-379-9138
 www.gallialocal.org
 District IRN# 065680

REQUEST FOR ENROLLMENT RECORDS

Student's Name _____ Grade _____ Date of Birth / / Age _____ Gender _____

Please release the following records:

All standardized/state test/ACT scores

Copy of birth certificate and social security card

*Current health/immunization records and **physical***

Current schedule with current alpha/numerical grades

Custody or court documents with school district education cost responsibility

UP TO DATE and SIGNED psychological reports, IEP, special education, and gifted records

Student's Ohio SSID#

Up to date transcript from ALL previous attended schools

Previous School _____ Previous School District _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Previous School IRN# _____

GCLS Building to attend _____

Student attended AE ___ HTE ___ RVHS ___ RVM ___ SGHS ___ SGM ___ SWE ___ VE ___ SODA ___

Primary Language _____ Native Language _____ SSN / /

Race/Ethnicity White ___ Black/African American ___ Asian ___ American Indian/Alaskan Native ___
 Native Hawaiian/Pacific Islander ___ Hispanic/Latina ___ Other _____

Special Programs ETR ___ IEP ___ Disability _____ 504 Plan ___ Birth City/State _____

Court/Foster Place ___ Court Documents ___ School District responsible for education _____

Guardian Name _____ Guardian Name _____ Parent Name _____ Parent Name _____

Phone _____ Phone _____ Phone _____ Phone _____

Email _____ Email _____ Email _____ Email _____

Parent/Guardian Signature _____ Date / /

Penny Coon
 Administrative Assistant
 gl_pcoon@gallialocal.org
 Ext 10012

DATE ENTERED BUILDING/LOGGED ON / /

Gallia County Local Schools
STUDENT RESIDENCY QUESTIONNAIRE

Student _____ Grade _____ School _____ Gender _____

Student _____ Grade _____ School _____ Gender _____

Student _____ Grade _____ School _____ Gender _____

Student _____ Grade _____ School _____ Gender _____

Student _____ Grade _____ School _____ Gender _____

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.

Student/User Printed Name

I am 18 or older _____ I am under 18 _____

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.

Student/User Printed Name

I am 18 or older _____

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 _____

Guardian Printed Name

I am under 18 _____

Guardian Signature

____/____/____
Date