Black River Local School District

Administration

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Proudly Serving the Communities of Albion, Cinnamon Lake, Homerville, Huntington, Spencer and Sullivan

TO: Parents of Preschool students planning on attending Kindergarten for the 19-20 School Year

FROM: Mary Stefanik – Central Registration

RE: Enrollment

Enclosed is a Kindergarten registration packet for you to complete. Please be advised that you will not need to resubmit a birth certificate, proof of residency (unless you have moved), custody papers (unless we do not have custody papers and/or the most current custody papers) and social security card. Immunization records will be needed only if we do not have the most recent immunization record on file.

Kindergarten screening dates are May 2nd and May 8th. Please call me at the number below to schedule a kindergarten screening appointment.

If you have any questions, please contact me at 419-736-3300 ext. 100 or email me at mstefanik@blrv.org.

Thank you.

EMERGENCY MEDICAL AUTHORIZATION

☐ ← *CHECK HERE IF INFORMATION IS NEW*

GRADE: _____ M:____ F:____

Student's Name: _____ Birth Date: _____

Address: _____ County: _____

City: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Office Use Only:

Student Picture

Student Lives With (Circle all that Apply) Mother Father Stepparent Guardian Other: _____

Mother's Name: _____
Home #: _____
Cell #: _____
Work #: _____
Employer: _____
Mother Active Military: Yes_____ No _____

Father's Name: _____
Home #: _____
Cell #: _____
Work #: _____
Employer: _____
Father Active Military: Yes_____ No _____

Emergency Contacts – must have **THREE (3) working different numbers** who have the authority to make decisions in an emergency situation involving this student if we cannot contact the parent(s) or guardian(s) or have permission to release student to:

1. Name: _____ Home: _____ Work/Cell: _____ Relation: _____
2. Name: _____ Home: _____ Work/Cell: _____ Relation: _____
3. Name: _____ Home: _____ Work/Cell: _____ Relation: _____
4. Name: _____ Home: _____ Work/Cell: _____ Relation: _____

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

Part I: Consent for Treatment

I hereby give my consent for the following medical care providers and local hospital to be called when I cannot be contracted:

Doctor's Name: _____ Phone #: _____ Address: _____
Dentist's Name: _____ Phone #: _____ Address: _____
Medical Specialist's Name: _____ Phone #: _____ Address: _____

ALL STUDENTS WILL BE TRANSPORTED BY SULLIVAN EMT

Please circle the emergency room you would like your student transported to:

Lodi Community Hospital, Lodi **Allen Medical Center, Oberlin** **Samaritan Hospital, Ashland**

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 medial opinions of two other licensed physicians or dentist, 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:** _____

Part II: Refusal To Consent

I do <u>NOT</u> 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 actions:

_____

_____

Parent/Guardian Signature: _____ **Date:** _____

FORM ON BACK ➡

BLACK RIVER SCHOOL DISTRICT
EMERGENCY SCHOOL CLOSING INFORMATION

In the event of an emergency school closing or an early dismissal, we would like to have the following information in order that the dismissal be efficient. Please complete this form and return it immediately to your child's homeroom teacher.

Student's Name	
Classroom Teacher (Grades K-5)	
Classroom Teacher (Grades 6-8)	
Homeroom Teacher(Grades 9-12)	
Student's **P.M.** bus number	

NO PHONE CALLS will be made in the event of Early Dismissal.

Please select from below: **In the event of an early dismissal from school, I would prefer my child to:**			
	Be transported on the same school bus and sent to the same destination as on a regular **P.M.** dismissal. (**Your child should have access to gain safe entry into the home.**)		
	Be transported to the following destination within the Black River School District:	Name:	
		Address:	
		Phone:	
	Allow my child to drive home.		

Information will be broadcast through local radio stations including: **WEOL, WNCO**, and **WQMX**.

PLEASE DISCUSS this procedure with your child so that he/she has full knowledge of where he/she will be going in case of Early Dismissal. This information will be available to teachers and office personnel. Please sign your agreement below. Do not detach. Return entire sheet to the school immediately.

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■

I grant permission to Black River Local Schools to dismiss and/or transport my child according to the choice indicated above in the event of an emergency. I have read and verified that the information above is correct.

Please return this sheet to the teacher listed above.

Signature of Parent/Guardian	Date

Thank you for taking the time to complete this form and return it.

Black River Local Schools

McKinney-Vento Intake Affidavit

Student's Name: _____ Date of Birth: _____

Age _____ Grade: _____

Parent/Guardian Name(s): _____

Address: _____

Siblings of Student: _____ _____

_____ _____

_____ _____

Please answer the following questions:

1. Is this student's home address a temporary living arrangement? __Yes __No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? __Yes __No
3. Is this student in temporary or emergency foster care placement? __Yes __No
4. As a student, are you living with someone other than your parents or legal guardian? __Yes __No

If you answered YES to **any** of the above questions, please complete the remainder of this form.
If you answered NO to all of the above questions, you may stop here. **Proof of residency is required!**

1. Where is this student currently living? (Check box)

- o In a motel/hotel – Name of motel/hotel: _____
- o In a shelter – Name of shelter: _____
- o Temporary/emergency foster care: _____
- o With another family in a house or apartment.
- o Moving from place to place.
- o In a location not designed for sleeping accommodations such as a car, park or campsite.

2. With whom does the student currently live? (Check box)

- o Both parents
- o One parent (mark with parent) ___Mother ___Father
- o One parent and another adult (mark which parent) ___Mother ___Father
- o A relative (specify e.g. grandparent) _____
- o Friend or other adult (please identify) _____

3. At this time, what is the greatest need for your child? (check all that apply)

___School supplies ___Help for academic improvement ___Help for behavior improvement
___Referral for food assistance ___Medical referral/immunizations ___Mental health/counseling referral
___Other – Please describe: _____

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with the community and governmental agencies pursuant to an interagency collaboration between this school district and (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other BRLS staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow BRLS staff to conduct screenings as part of the district's McKinney-Vento program.

Parent Signature: _____ Date: _____
BRLS Witness Signature: _____ Date: _____

Immunization Summary for School Attendance - Ohio

VACCINES	*FALL 2019* IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT **Tdap/Td** Diphtheria, Tetanus, Pertussis	**Kindergarten** Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required. * **1-12** Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up. **Grades 7-12** One (1) dose of Tdap vaccine must be administered prior to entry. **
POLIO	**K-9** Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. *** **Grades 10-12** Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.
MMR Measles, Mumps, Rubella	**K-12** Two (2) doses of MMR. Dose one (1) must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose one (1).
HEP B Hepatitis B	**K-12** Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
Varicella (Chickenpox)	**K-9** Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after the first dose, it is considered valid. **Grades 10-12** One (1) dose of varicella vaccine must be administered on or after the first birthday.
MCV4 Meningococcal	**Grades 7-10** One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. **Grade 12** Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****

NOTES:

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at https://www.cdc.gov/vaccines/schedules/index.html.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
  - For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Immunization/Required-Vaccines-Child-Care-School/).

  These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

* Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required.

** Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheria-toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

*** The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

**** Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.

Black River Local Schools
2019-2020 Transportation Request Form

Date _____ **Date of Birth:** _____

Student's Name _____
First MI Last

Home Address _____

Home Phone # _____ **Cell #** _____ **Emg #** _____

School Of Attendance _____ **Grade** _____ **AM** **PM**

Medical Alert Driver should know: _____

Parent/Guardian Signature: _____

Morning Transportation - *ONLY ONE LOCATION PERMITTED, UNLESS COURT-ORDERED SHARED PARENTING*

☐ I will be providing transportation in the AM

☐ My child will attend Latchkey - needs no busing

☐ My child will need busing from our home address in the AM **BUS #**

☐ My child will need busing **EVERYDAY** from an alternate address in the AM

☐ Pre-Approved Transportation Request detailed below *** **MUST be approved in advance**

Alternate Address: _____

Child Care Provider: _____
Provider's Name Phone # Relationship

Afternoon Transportation - *ONLY ONE LOCATION PERMITTED, UNLESS COURT-ORDERED SHARED PARENTING*

☐ I will be providing transportation in the PM

☐ My child will attend Latchkey - needs no busing

☐ My child will need busing to our home address in the PM **BUS #**

☐ My child will need busing **EVERYDAY** to an alternate address in the PM

☐ Pre-Approved Transportation Request detailed below *** **MUST be approved in advance**

Alternate Address: _____

Child Care Provider: _____
Provider's Name Phone # Relationship

Please complete and submit this form selecting the appropriate box for BOTH the AM pickup and PM drop off. One form required for EACH student. Only ONE pickup and ONE drop-off point is permitted per student. Schedule MUST be the same for all school days, unless prior arrangements have been made and approved!!

List any pre-approved transportation requests below:

Transportation Use Only:
Driver notified: _____ Entered into software: _____
Student ID: _____
Parent notified: _____ Initials: _____

FOR STAFF USE: *ASHA ASHJ ASHJR ASCHSC ASHTE ASHST ASHR (4ForU)* *ASBA ASBJ ASBJR ASBSC ASBTE ASBORHB*	card#1448000 Initials: _____ date: _____

ASHLAND PUBLIC LIBRARY CARD APPLICATION

Applicant Information & Address

Legal Name: *first*	*middle*	*last*
Preferred name:	Select Pin #:	(1 - 8 letters and/or numbers)
Birthdate *mm/dd/yyyy:*	Age:	Gender *please circle:* M F
Street address & apt #:	PO Box:	
City:	State:	Zip:
Phone:		

To Be Sent Hold/Overdue Notices By Email And/Or Text, Fill Out The Following:

Hold/Notification Email:	
Hold/Notification Text#:	*@sms.oplin.org*

Information Required For Applicants Under The Age Of 18

Signature also required at bottom of form

Printed name of parent/guardian:	P/G birthdate:

☐ **RESTRICTED ACCESS:** I Request That My Child, Who Is Under The Age Of 18, Be **DENIED** Access To Video Recordings. I Understand This Means Restricting Access To **ALL** Video Recordings Including DVDs And VHS Tapes. If Unchecked, Child Will Have **Unrestricted** Access.

Information Required For University Student Or 4foru Applicants

Home address for student applicants; address listed on ID for 4foru applicants

Street address & apt. #:	PO Box:	
City:	State:	Zip:

Are You Interested In Registering For A Golden Buckeye Card?

At the Ashland Public Library, Golden Buckeye card holders are exempt from daily overdue fines.

☐ Select if you are interested in a Golden Buckeye Card – or if you are a current card holder.

APPLICANT AGREEMENT AND SIGNATURE

I agree to obey all of the rules and regulations of the ASHLAND PUBLIC LIBRARY and to promptly pay fines, fees, damage fees, and replacement costs charged against my account/minor's account for books and other library materials that are overdue, lost, or damaged. I acknowledge that if the ASHLAND PUBLIC LIBRARY turns my account over to a material recovery service, additional collection fees will be incurred.

Applicant's signature:	Date:
Signature of parent/guardian:	Date:

Rev tsw/ksb
11/2016