



## Fairfield Local Schools

11611 St. Rt. 771  
Leesburg, Ohio 45135  
Phone: 937-780-2221 --Fax: 937-780-6900

## Registration Requirements Kindergarten through 12<sup>th</sup> Grade

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Central Registration enrolls all new students entering Kindergarten through 12<sup>th</sup> grade for the entire Fairfield Local School District. The Central Registration office is located within the District Office.

Registration is available Monday through Thursday from 9am to 2pm. Please call 937-780-2221 to schedule an appointment.

The following are required to complete the enrollment process. Please bring to your enrollment appointment.

- Student's certified birth certificate or passport
- Student's immunization form or records
- Student's social security card (or copy of submitted tax form)
- Proof of custody (if applicable)
  - *Official court documents showing custody or guardianship. If custody is in process, at the Superintendent's discretion, 60 days may be granted to finalize the official documents. We must have a letter from an attorney or the courts to show the status of the case. If not completed within 60 days, the Superintendent has the right to revoke the student's enrollment status.*
- Student's grade card or transcript from previous school (if applicable)
- Name and address of student's previous school (if applicable)
- Copy of student's IEP/special education records (if applicable)
- Parent's driver's license or state ID
- Proof of residency
  - utility bill (electric, water, gas), purchase agreement, rent receipt, lease agreement
  - If any of the above are not available, you must provide:
    - Utility bill with the person's name where you are residing
    - Proof of Residency and Landlord Rent Verification forms must be completed
  - CELL PHONE BILLS are not acceptable.
- Signed Chromebook Policy Form

Students will begin attending school approximately 3 days after registration is completed. This allows Fairfield Local Schools to process all enrollment information and prepare for the new student.

If you have any questions concerning registration requirements or documentation, please contact Ms. Amy Buddelmeyer at 937-780-2221 or amy.b@fairfieldlocal.org.



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## Student Registration Form

Student's Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_ Legal Last Name \_\_\_\_\_ Called Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Student SS# \_\_\_\_\_ Student Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ PO Box # \_\_\_\_\_ Apt. # \_\_\_\_\_ Lot # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Gender M/F \_\_\_\_\_ Birthplace City, State \_\_\_\_\_ Native Language \_\_\_\_\_

### Citizen Status of Student

US Citizen  Foreign Exchange Student  Non-US Citizen/Immigrant

Immigrant students are:

1. Age 3-21
2. Not born in the US
3. Have not attended one or more schools in any one or more states for more than 3 academic years.

This student has lived in the US since: \_\_\_\_\_ Has student attended Fairfield Local before?  Yes  No

### Race/Ethnicity of Student

Is the student from Hispanic/Latino heritage:  Yes  No

Please choose one of the following:  White  Black or African American  Asian  
 American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

Note: If not completed, the student will be coded on a visual basis, per government reporting regulations

### Parent Information

Student is living with: **Two Parents (natural or step)**  
 Mother & Father  Mother & Mother  Mother & Step-Father  Father & Father  Father & Step-Mother  
**One Parent (natural or step)**  
 Mother  Legal Guardians  
 Father  Foster Parents

Status of Parents (check one):  Married  Divorced  Widowed  Separated  Single/Never Married

If divorced, who has legal custody:  Mother  Father  Shared Parenting  Custody Papers on File?

Are you the natural/adoptive parent(s) of the student?  Yes  No Are you the guardian of the student?  Yes  No

Was the student placed in your home?  Yes  No If yes, are court papers provided?  Yes  No

Date of assignment: \_\_\_\_\_ County: \_\_\_\_\_ Placing Agency: \_\_\_\_\_

If foster/guardian, in which school district did the natural parents reside at the time of placement? \_\_\_\_\_

Name of Parent(s) or Guardian(s) listed above: \_\_\_\_\_

Siblings in the Fairfield Local School District:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Is this student receiving Special Education Services?  Yes  No Is this student receiving Gifted Education Services  Yes  No

If yes, does student have a current I.E.P.?  Yes  No If yes, does student have a current education plan?  Yes  No

If yes, does student have a current 504 Plan?  Yes  No

### OFFICE USE ONLY

School \_\_\_\_\_ ID \_\_\_\_\_ New \_\_\_\_\_ Re-Enrolled \_\_\_\_\_ Bus In \_\_\_\_\_ Bus Out \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_ Group ID \_\_\_\_\_ Sec \_\_\_\_\_ Emailed Staff \_\_\_\_\_

Enrolled by \_\_\_\_\_ Date Enrolled \_\_\_\_\_ Start Date \_\_\_\_\_ Input by Date \_\_\_\_\_



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## Student Emergency Medical and Contact Form

**STUDENT NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **HOMEROOM** \_\_\_\_\_

**PARENT/GUARDIAN**  Check here if child's residence

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work# \_\_\_\_\_

StepParent \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Student's:

Medical History \_\_\_\_\_

Medications \_\_\_\_\_

Known Allergies \_\_\_\_\_

### **GRANT CONSENT**

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

Doctor \_\_\_\_\_ Ph# \_\_\_\_\_ Dentist \_\_\_\_\_ Ph# \_\_\_\_\_

Specialist \_\_\_\_\_ Ph# \_\_\_\_\_ Hospital \_\_\_\_\_ Ph# \_\_\_\_\_

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 above named doctor, or in the event the designated practitioner is unavailable, 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 options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained to the performance of such surgery.

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

### **RESUFAL TO GRANT CONSENT**

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring treatment, I wish the school authorities to take the following action:

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

### **EMERGENCY MEDICAL AUTHORIZATION (REQUIRED PER HB639)**

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/guardians cannot be reached. By listing the people below, you are giving permission for them to pick up your child from school. In an emergency situation, parents/relatives would be contacted in the order listed.

Name	Home#	Cell#	Work#	Relationship to Child
1)				Mother / Father / Guardian
2)				Mother / Father / Guardian
3)				
4)				



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**Home Language Survey**

*Federal guidelines require that school districts identify and serve students who are limited English proficient and need English instructional services. If a language other than English is listed, we will test the student's need for English as a Second Language service.*

Student Name _____ Gender (M/F) _____ Birth Date _____		
Grade _____ Current School _____ Place of Birth _____		
Address _____ City _____ State, Zip _____		
Parent/Guardian Name _____		
	English	Other Language(s)
1) What was the first language your child spoke?	<input type="checkbox"/>	<input type="checkbox"/> _____
2) What language does your child most frequently use at home?	<input type="checkbox"/>	<input type="checkbox"/> _____
3) What language is most often spoken by the adults in your home?	<input type="checkbox"/>	<input type="checkbox"/> _____
4) Can an adult family member or extended family member speak English? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can they read English? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, is there a neighbor, friend or relative who can help translate letters sent home? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of interpreter _____ Phone Number _____		
5) If English is NOT your primary language, has your child studied English? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, how long? Number of years <input type="checkbox"/> Or months <input type="checkbox"/>		
6) How long as your child lived in the United States? _____		
7) Has your child attended any other school in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, name and location of school: _____		
8) Date that your child was first enrolled in school in the United States: _____		

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

Date \_\_\_\_\_

**For school personnel:** This form should remain in the student's permanent file through graduation. If the parent checks "Yes" or specifies Other Language(s), please send a copy to the ESL Coordinator.



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**Student Military Identifier Status  
2021-2022**

Districts are now required to identify students whose parents or legal guardians have been an active member of the Armed Forces or National Guard at any time during the current school year.

Please indicate below the option that best describes the student's Military Identifier Status at any point during the school year.

Please have your student return this form to their homeroom or first period teacher.

Thank you for taking the time to help us update this information.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**CERTIFICATION OF PARENT**

*Please complete the appropriate section as it pertains to one or more parent or guardian.*

- Not applicable – not a military student.
- A – Active Duty  
Student is a dependent of a member of the Active Duty Forces.  
(Army, Navy, Air Force, Marine Corp. or Coast Guard)
- B – National Guard  
Student is a dependent of a member of the National Guard (Army or Air Force)
- C – Reserves  
Student is a dependent of a member of the Reserves

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

- *In an effort to better support children of military dependents, The Ohio Department of Education proposes to create the Ohio Network for Military Families. The Ohio Network for Military Families will serve as an online "virtual" hub providing information and tools for families and connections to a range of student and family supports.*
- *The Ohio Department of Education will partner with the Wright-Patterson Air Force Base and the Ohio National Guard to connect with counselors, teachers, principals, superintendents and administrative office staff to inform and educate school staff on how to recognize challenges faced by military families and provide appropriate supports for Ohio's "Military kids".*
- *Districts will also now report which students come from military families so that these students' academic growth can be monitored.*



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**Residency Requirements**

Residency requirements for attendance purposes at a public school system are specifically governed by Ohio Revised Code Section 3313.64. Citing that section in part:

“Parent” means either parent, unless the parents are separated or divorced or their marriage has been dissolved or annulled, in which case “parent” means the custodial parent. If the parents are separated and both do NOT live in the district, PROOF of legal custody will be required.”

**CERTIFICATION OF PARENT**

*Please complete the appropriate section.*

I am the parent of \_\_\_\_\_ and I have legal custody of said child. I reside in Fairfield Local School District. I will notify authorities of Fairfield Local School District at the time of any future change in my residence or in the legal custody status of my child. Furthermore, I understand that I will be held responsible for the payment of tuition rates as established by the Board of Education for any period of time that the residency requirements are not met.

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

The above conditions are not being met. I request that my child \_\_\_\_\_ be admitted to Fairfield Local School District as an Open Enrolled student. I will fill out necessary paperwork to apply for this status.

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



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**Proof of Residency**

I, \_\_\_\_\_, being first duly cautioned, do solemnly swear or  
Parent/Guardian Name

affirm that I am the owner/renter of the residence at: \_\_\_\_\_  
Street Address

\_\_\_\_\_, Ohio \_\_\_\_\_ located in the Fairfield Local School District.  
City Zip Code

The following individual(s) is/are living at this address:

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

The above listed individual(s) have lived at this residence since the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

I acknowledge and understand that if the above information is not true or correct, that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of Ohio Revised Code 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000 and/or a maximum term of imprisonment of six months.

Furthermore, by signing this form, I am accepting financial responsibility for tuition for the above named student(s) should the student(s) live elsewhere.

I agree that Fairfield Local School District, if they deem necessary, have the right to investigate my residency. I agree to allow the release of rental information and also utility customer information to a representative of Fairfield Local School District.

Sworn to or affirmed and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Owner/Renter Signature

\_\_\_\_\_  
Owner/Renter Signature

\_\_\_\_\_  
Notary Public

Commission expires: \_\_\_\_\_



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**Landlord Rent Verification**

I, \_\_\_\_\_ duly swear and affirm that  
Landlord Name

\_\_\_\_\_ has established residency in  
Tenant Name

Fairfield Local School District. I do so swear that they currently reside at

\_\_\_\_\_ Ohio \_\_\_\_\_  
Street Address City Zip Code

I also acknowledge that the following adults and/or children also reside at this address:

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

Residency for enrollment purposes, as defined by the Ohio Revised Code 3313.64, is "...where the parent resides." Factors to be considered regarding establishing residency include, but are not limited to, where the parent sleeps, where the parent eats meals, where mail is received, and where the parent is registered to vote.

I understand that by signing this document that all above statements are accurate and that false or misleading information will be considered perjury and prosecution will be sought to the fullest extent allowable under the law.

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_, of 20\_\_\_\_

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_





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## Race and Ethnicity Form

The U.S. Department of Education (Federal Register/Vo. 72, No.202, October, 2007) requires Educational Institutions to allow parents to "self-identify" or "re-identify" the race and ethnicity of their student.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Educational Institutions are required to report racial and ethnic data in the categories below. Please answer the following questions:

If the student from Hispanic/Latino heritage?

Note: Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

1)  Yes  No

2) What race is the student? (choose one or more)

Race	Race Definitions (as defined by the Ohio Department of Education)
<input type="checkbox"/> White	Persons have origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/> Black or African American	Persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.
<input type="checkbox"/> American Indian or Alaskan Native	Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Persons having origins in any of the original people of Hawaii, Guan, Samoa or other Pacific Islands.

I understand The U.S. Department of Education allows observer identification if a parent or guardian refuses to provide their child's racial/ethnic group. The observed designation will be communicated to the parent or guardian by the district prior to designation.

Signature of Parent/Guardian

Date



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www.fairfieldlocal.org

## School Messenger Contact Information Form

Dear Parent/Guardian:

The Fairfield Local School District utilizes the automated messaging system **School Messenger**. We will be using this system for closings, delays, athletic events, school activities, absences and lunchroom account notifications.

For **School Messenger** to operate effectively, we need accurate contact information for our students. This includes any/all phone numbers that should be called. Some messages can also be sent to an email address or as a text message (not all messages have this option).

If at any time your phone numbers change (the numbers you are providing on this form), you will need to notify the school immediately so you will continue to receive the **School Messenger** notification calls.

The **School Messenger** system is a secure, password-protected service and is accessible only by school administration. All information is kept confidential and used only by Fairfield Local School District.

Thank you for your cooperation and support.

### SCHOOL MESSENGER Student Contact Information

>>> *Only provide email/phone numbers that you want to receive the School Messenger notifications.* <<<

Student : \_\_\_\_\_ Grade: \_\_\_\_\_

Student Cell Phone to be added to School Messenger: \_\_\_\_\_

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Email \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Email \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Email \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Email \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_



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**Bus Transportation Form**

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

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

***The school will provide one pick up point and one drop off point for your child.***

**Bus Pick Up** \*Write "Home" if this is the student's address (same as above).

Pick Up Address: \_\_\_\_\_

Resident Name: \_\_\_\_\_

**Bus Drop Off** \*Write "Home" if this is the student's address (same as above).

Drop Off Address: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Please describe/provide information to help to locate the pick up and drop off points such as landmarks, neighbors, older siblings who ride the bus, etc.

***NOTE: Fairfield Elementary students are NOT permitted to change bus pick up or drop off locations. If you wish for your child NOT to ride the bus, please send a note to have your child picked up at school.***

**STUDENTS IN GRADES K-5**

Fairfield Local Schools requires a parent/guardian be present in order for the bus driver to release your child from the bus. Unless consent is specifically given below, the student will be returned to the school for parent/guardian pick-up.

Please check the appropriate statement and sign.

A parent/guardian will be present when my child is released from the bus in the afternoon.

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

\_\_\_\_\_  
Date

**OR**

I give my permission for the bus driver to release my child WITHOUT a parent/guardian present.

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

\_\_\_\_\_  
Date

## 2021-2022 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

<b>Part 1. ALL HOUSEHOLD MEMBERS</b>																
Names of all household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.				Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.					Check if No Income						
	School	Grade			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Part 2. BENEFITS:</b> If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-digit case number for the person who receives benefits and <b>skip to Part 5</b> . If no one receives these benefits, <b>skip to Part 3</b> .																
NAME: _____							7-DIGIT CASE NUMBER: _____									
<b>Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Fairfield Local Schools at 937-780-2221 and speak with Mr. Dettwiller, Superintendent.</b> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>																
<b>Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions).</b> List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.																
<b>2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED</b>																
<b>1. NAME</b> (List all household members with income)	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/ quarterly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
<b>Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT:</b> Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals. Please check a box: <input type="checkbox"/> Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver. <input type="checkbox"/> No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.																
Signature of Parent/Guardian: _____							Date: _____									
<b>Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)</b>																
An adult household member must sign the application. <b>If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.</b> (See Privacy Act Statement on the back of this page.) <i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.</i>																
Sign here: X _____				Print name: _____				Date: _____								
Address: _____										Phone Number: _____						
Last four digits of your Social Security Number: _____ <input type="checkbox"/> I do not have a Social Security Number																
<b>Part 7. Children's ethnic and racial identities:</b> We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.																
Choose one ethnicity:					Choose one or more (regardless of ethnicity):											
<input type="checkbox"/> Hispanic/Latino					<input type="checkbox"/> Asian			<input type="checkbox"/> American Indian or Alaska Native			<input type="checkbox"/> Black or African American					
<input type="checkbox"/> Not Hispanic/Latino					<input type="checkbox"/> White			<input type="checkbox"/> Native Hawaiian or other Pacific Islander								



**Fairfield Local School District  
Chromebook Policy  
Revised: August 2020**

**Receiving the Chromebook:**

Chromebooks will be distributed each fall during the first or second week of school. ***Parents and students must sign and return the Chromebook Student/Parent Signature Page before the Chromebooks can be issued.***

**Training:**

Students will be trained on how to use the Chromebooks.

**Return:**

Student Chromebooks and accessories (power cords) will be collected at the end of each school year for maintenance over summer vacation.

Any student who transfers out, or graduates from Fairfield Local will be required to return his/her Chromebook and accessories. If a Chromebook and accessories are not returned, the parent/guardian will be held responsible for payment in full.

**Taking Care of the Chromebook:**

Students are responsible for the general care of the Chromebooks which they have been issued by the school. Chromebooks that are broken or fail to work properly must be given to the technology coordinator for needed repair or replacement.

**General Precautions and Best Practices:**

- No food or drink is allowed next to a Chromebook while it is in use.
- Cords, cables, and removable storage devices must be inserted carefully into a Chromebook.
- Students should never carry their Chromebooks while the screen is open unless directed to do so by a teacher.
- Chromebooks should be shut down when not in use to conserve battery life.
- Chromebooks should never be shoved into a locker or wedged into a book bag as this may break the screen.
- A Chromebook should not be exposed to extreme temperatures or direct sunlight for extended periods of time. Extreme heat or cold may cause damage to the chromebook.
- Chromebooks should always be brought to room temperature prior to turning on.
- Under no circumstances should a Chromebook be stored in an unsupervised area. Unsupervised areas include the school grounds, the cafeteria, unlocked classrooms, the library, gym, hallways, bathrooms, or any other area that is not securely locked or in which there is no supervision.
- Unsupervised Chromebooks will be confiscated by staff and taken to the principal's office. Disciplinary action will be taken for leaving a Chromebook in an unsupervised location.
- ***Under no circumstances should a student leave a chromebook on the floor - in the hallways, gym or classrooms. This is a leading cause for screen damage and cannot be tolerated.***

### **Screen Care:**

The Chromebook screen can be damaged if subjected to rough treatment. The screens are particularly sensitive to damage from excessive pressure on the screen.

- Do not lean on top of a Chromebook.
- Do not place anything near a Chromebook that could put pressure on the screen.
- Do not place anything in the carrying case that will press against the cover.
- Do not poke the screen.
- Do not place anything on the keyboard before closing the lid (e.g. pens, pencils, notebooks).
- Clean the screen with a soft, dry anti-static, or micro-fiber cloth. Do not use window cleaner or any type of liquid or water on a Chromebook. Individually packaged pre-moistened eyeglass lens cleaning tissues may be used to clean the screen. These are very convenient and relatively inexpensive.

### **Using The Chromebook**

#### **At School:**

The Chromebook is intended for use at school each and every day. In addition to teacher expectations for Chromebook use, announcements, calendars, academic handbooks, and student handbooks may be accessed using the Chromebook. Students will be responsible for bringing their Chromebooks to all classes, unless specifically advised not to do so by their teacher.

#### **At Home:**

- All students are required to take their Chromebooks home each night throughout the school year for charging. *Chromebooks must be brought to school each day in a fully charged condition.* The battery life is 6.5 hours. Students need to charge their Chromebooks each evening. Students who regularly forget to bring their Chromebooks to school or repeatedly forget to charge them at night will be subject to disciplinary action.
- Chromebooks must **not** be used at home for any non-school related activity including, but not limited to, personal videos, photos, creation and distribution of videos, gaming, or personal social media (for example: Instagram, Twitter, Facebook, Pinterest, Tik-Tok, Snapchat.)
- The Chromebook is for the sole use of the student to whom it has been issued.

#### **Sound:**

Sound must be muted at all times unless permission is obtained from the teacher for instructional purposes. Students must bring their own inexpensive earbuds to be used with the Chromebooks.

#### **Managing Files and Saving Work:**

Students may save documents to their Google Drive. Saving to Google Drive will make the files accessible from any computer with internet access. Students using Google Drive to work on their documents will not need to save their work, as Drive will save each keystroke as the work is being completed. It will be the responsibility of the students to maintain the integrity of their files. Students will be trained on proper file management procedures.

#### **Personalizing the Chromebook:**

Chromebooks must remain free of any decorative writing, drawing, stickers, paint, tape, or labels that are not the property of Fairfield Local Schools. Spot checks for compliance may be done by teachers or administrators at any time. Only photos and videos taken for academic purposes will be allowed.

## **Software on Chromebooks**

### **Originally Installed Software:**

Chromebook software is delivered via the Chrome Web Store. These are web-based applications that do not require installation space on a hard drive. Some applications, such as Google Drive, are available for offline use. The software originally installed on the Chromebooks must remain on the Chromebooks in usable condition and remain easily accessible at all times.

All Chromebooks are supplied with the latest build of Google Chrome Operating System (OS), and many other applications useful in an educational environment. The Chrome OS will automatically install updates when the computer is shutdown and restarted.

From time to time the school may add software applications for use in a particular course. This process will be automatic with virtually no impact on students. Applications that are no longer needed will automatically be removed by the school as well.

### **Virus Protection:**

Virus protection is unnecessary on the Chromebooks due to the unique nature of their design.

### **Additional Software:**

Students may NOT install additional software on their Chromebooks other than what has been approved by Fairfield Local Schools.

Gaming - personal gaming is not permitted on the Chromebooks. Educational games may be used according to teacher guidelines.

### **Inspection:**

Students may be selected at random to provide their Chromebooks for inspection. The purpose for inspection will be to check for proper care and maintenance as well as for inappropriate materials.

## **Protecting and Storing the Chromebook**

### **Chromebook Identification:**

Chromebooks will be labeled. Chromebooks may be identified in the following ways:

- Record of serial number and asset tag
- Individual name label

*Under no circumstances are students to modify, remove, or destroy identification labels.*

### **Storing the Chromebook:**

**NOTHING** should be placed on top of a Chromebook. Students need to take their Chromebooks home with them every night. Chromebooks are not to be stored in lockers or anywhere else at school outside of school hours.

## **Damage to or Loss of a Chromebook and Accessories**

**Students and parents will be charged for Chromebook damage that occurs when a Chromebook is misused, handled in an inappropriate or abusive manner, or left unattended\*\*.**

### **Lost or Damaged Device and Accessories:**

A Chromebook or any of its accessories that is lost or damaged is the responsibility of the student and parent. The user will not be given another device or accessory to use until the replacement cost of the lost/damaged device or accessory is paid to the school.

- Replacement of the Chromebook \$250
- AC Adapter & power cord - \$55
- Screen - \$75
- Battery - \$100

### **Chromebook Technical Support**

The Technology Coordinator will be the first point of contact for repair of the Chromebooks. Services provided by the coordinator include:

- Password identification
- User account support
- Coordination of warranty repair
- Hardware maintenance and repair
- Operating system or software configuration support
- Restoring Chromebook to factory default
- System software updates

### **Technology Acceptable Use and Code of Conduct**

All other policy statements regarding technology acceptable use, code of conduct issues, and school homework policies found in the Fairfield Local School District Parent-Student Handbook apply to the use of the Chromebooks.

***\*\*Our most significant problem is in the event that a student leaves a chromebook unattended (on the edge of a desk, a floor, a counter) and returns to find the screen has been damaged. This may be due to that device then being compromised by another student's carelessness. Because this can't be proven/verified, it will still be the responsibility of that student who was assigned that device to pay for repair or replacement.***



**Fairfield Local School District  
Chromebook Policy Handbook  
Student Pledge and Signature Pages**

- I will take good care of my Chromebook. I will be issued the same Chromebook each year.
- I will never leave my Chromebook unattended in an unsecured or unsupervised location.
- I will never loan out my Chromebook to other individuals.
- I will know where my Chromebook is at all times.
- I will charge my Chromebook's battery to full capacity each night.
- I will keep food/beverages away from my Chromebook as these may cause damage to the device.
- I will not disassemble any part of my Chromebook or attempt any repairs.
- I will protect my Chromebook by always carrying it in a secure manner to avoid damage.
- I will use my Chromebook in ways that are appropriate for education.
- I will not place decorations (stickers, markers, writing, etc.) on any Chromebook.
- I understand that the Chromebook I am issued is subject to inspection at any time without notice and remains the property of Fairfield Local Schools.
- I will file a police report in case of theft or damage caused by fire.
- I will be responsible for all damage or loss caused by neglect or abuse.
- I agree to pay the full replacement cost of my Chromebook and/or power cord/charger in the event that any of these items is lost or intentionally/neglectfully damaged.
- I agree to return the Chromebook, power cord/charger, and case in good working condition at the end of each school year.

**User Agreement**

**Student Agreement**

Rules and regulations are necessary in order to offer technology opportunities to our students. In order to use technology resources, I agree to abide by all guidelines and policies as stated in the chromebook policy handbook and the parent/student handbook.

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

**Parent/Guardian Agreement**

As the parent or legal guardian of the student signing above, I have read the Chromebook policies and grant permission for my child to access a Chromebook. I understand that my child will be held liable for violations of this agreement. I understand that Chromebooks and technology resources are intended for educational purposes only. I also understand that it is difficult for my child's school to restrict access to all controversial materials, and I will not hold Fairfield Local School District responsible for materials acquired on the network.

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

Asset Tag: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Notes:



**Fairfield Local Schools**

**IRN #047621**

11611 St. Rt. 771

Leesburg, Ohio 45135

Phone: 937-780-2221 --Fax: 937-780-6900

**Parent Consent to Release  
Educational Records**

To: \_\_\_\_\_ RE: \_\_\_\_\_  
 \_\_\_\_\_ DOB: \_\_\_\_\_  
 \_\_\_\_\_ Grade: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_\_

I hereby authorize the administrators of \_\_\_\_\_ School to release to Fairfield Local School District all of my child's records as indicated below:

- Academic Records       Transcript       Current Grades
- Health Records       Discipline Records       Attendance Records
- SSID Number       OAA/OGT Scores       Other Test Scores
- Current IEP or 504 Plan       Current Class Schedule       Birth Certificate / SSN
- Psychological and/or Speech Evaluations
- Other records to assist with proper placement
- TGRG Information – Print Screen of Student's FN – Attributes Tab in the Student Information System

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian's  
 Address and \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 \_\_\_\_\_

**Please fax, mail or email the records to:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Fairfield High School</b><br>Steve Hackett, Principal<br>11611 St. Rt. 771<br>Leesburg, OH 45135<br>Phone: 937-780-2966<br>Fax: 937-780-2841<br>kevy.jones@fairfieldlocal.org | <input type="checkbox"/> <b>Fairfield Middle School</b><br>Deanne Miller, Principal<br>11611 St. Rt. 771<br>Leesburg, OH 45135<br>Phone: 937-780-2977<br>Fax: 937-780-2841<br>natalie.willey@fairfieldlocal.org | <input type="checkbox"/> <b>Fairfield Elementary</b><br>Katie Streber, Principal<br>11611 St. Rt. 771<br>Leesburg, OH 45135<br>Phone: 937-780-2988<br>Fax: 937-780-2841<br>amy.meddock@fairfieldlocal.org |
|---|---|---|

## Notification of Rights under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the "Fairfield Local Schools" receive a request for access.

Parents or eligible students should submit to the school principal [or appropriate school official] a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the [School] to amend a record should write the school principal [or appropriate school official], clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the [School] to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office /  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202

FERPA permits the disclosure of PII from students' education records, without consent of the parent or eligible student, if the disclosure meets certain conditions found in §99.31 of the FERPA regulations. Except for disclosures to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosures to the parent or eligible student, §99.32 of the FERPA regulations requires the school to record the disclosure. Parents and eligible students have a right to inspect and review the record of disclosures. A school may disclose PII from the education records of a student without obtaining prior written consent of the parents or the eligible student –

- To other school officials, including teachers, within the educational agency or institution whom the school has determined to have legitimate educational interests. This includes contractors, consultants, volunteers, or other parties to whom the school has outsourced institutional services or functions, provided that the conditions listed in §99.31(a)(1)(i)(B)(1) - (a)(1)(i)(B)(2) are met. (§99.31(a)(1))
- To officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll, or where the student is already enrolled if the disclosure is for purposes related to the student's enrollment or transfer, subject to the requirements of §99.34. (§99.31(a)(2))
- To authorized representatives of the U. S. Comptroller General, the U. S. Attorney General, the U.S. Secretary of Education, or State and local educational authorities, such as the State educational agency in the parent or eligible student's State (SEA). Disclosures under this provision may be made, subject to the requirements of §99.35, in connection with an audit or evaluation of Federal- or State-supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs. These entities may make further disclosures of PII to outside entities that are designated by them as their authorized representatives to conduct any audit, evaluation, or enforcement or compliance activity on their behalf. (§§99.31(a)(3) and 99.35)
- In connection with financial aid for which the student has applied or which the student has received, if the information is necessary to determine eligibility for the aid, determine the amount of the aid, determine the conditions of the aid, or enforce the terms and conditions of the aid. (§99.31(a)(4))
- To State and local officials or authorities to whom information is specifically allowed to be reported or disclosed by a State statute that concerns the juvenile justice system and the system's ability to effectively serve, prior to adjudication, the student whose records were released, subject to §99.38. (§99.31(a)(5))
- To organizations conducting studies for, or on behalf of, the school, in order to: (a) develop, validate, or administer predictive tests; (b) administer student aid programs; or (c) improve instruction. (§99.31(a)(6))
- To accrediting organizations to carry out their accrediting functions. (§99.31(a)(7))
- To parents of an eligible student if the student is a dependent for IRS tax purposes. (§99.31(a)(8))
- To comply with a judicial order or lawfully issued subpoena. (§99.31(a)(9))
- To appropriate officials in connection with a health or safety emergency, subject to §99.36. (§99.31(a)(10))
- Information the school has designated as "directory information" under §99.37. (§99.31(a)(11))

## Family Educational Rights and Privacy Act (FERPA)

### Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Fairfield Local School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Fairfield Local School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Fairfield Local School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for basketball, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent. <sup>1</sup>

If you do not want Fairfield Local School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by September 1<sup>st</sup>. Fairfield Local School District has designated the following information as directory information:

- |                           |   |
|---------------------------|---|
| ▪ Student's name          | ▪ Participation in officially recognized activities and sports  |
| ▪ Address                 | ▪ Weight and height of members of athletic teams  |
| ▪ Telephone number        | ▪ Degrees, honors and awards received   |
| ▪ Email address           | ▪ The most recent educational agency or institution attended  |
| ▪ Photograph              | ▪ Student ID number, user ID or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records with our PIN, password, etc. |
| ▪ Date and place of birth |   |
| ▪ Major field of study    |   |
| ▪ Dates of attendance     |   |
| ▪ Grade level             |   |