



Central Registration enrolls all new students entering Preschool 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.

- Completed Registration Forms
  - Student's Physical Examination Form
  - Student's Oral Assessment Form
  - All additional forms in Packet
- 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.*
- Name and address of student's previous school (if applicable) and copy of Progress Report
- 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.

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



# Fairfield Local Schools

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

## 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  Father & Father  Mother & Step-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

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

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

Email \_\_\_\_\_

Email \_\_\_\_\_

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

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

StepParent \_\_\_\_\_

StepParent \_\_\_\_\_

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

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)				

Please attach a copy of child's Immunization Record to this form

**Ohio Department of Health • School and Adolescent Health**

**Physical Examination**

Student's name			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
Height	Weight	BMI percentile	BP	

**Screening Tests**

Vision			Hearing			Postural		
Date performed / /			Date performed / /			Date performed / /		
Distance Acuity	<input type="checkbox"/> R	<input type="checkbox"/> L	Pure Tone			<input type="checkbox"/> No abnormality noted		
Muscle Balance	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Right ear	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Screening not done		
Stereopsis	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Left ear	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Referral made		
Color	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Child wears hearing aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments		
Child wears glasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child under the care of a hearing specialist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____		
Tested with glasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Referral made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____		
Referral made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				_____		

**Speech/Language**

**Lead Poisoning**

Speech assessment completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Date _____ Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL
Child has no discernible speech problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Date _____ Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL
Speech evaluation recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Tuberculin Test</b>
Child has possible problem with _____		Date _____ Type _____ Results _____

**Health History** (Serious or chronic illnesses/injuries/surgeries)

\_\_\_\_\_

**Physical Examination** Date of most recent examination / /

<input type="checkbox"/> Essentially normal	<input type="checkbox"/> Abnormalities as follows		
_____			
_____			
Is this child able to participate fully in:			
Classroom and academic activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical education classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Competition athletics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact and collision sports	<input type="checkbox"/> Yes <input type="checkbox"/> No
If limitations are advised, please specify			
_____			
_____			
Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?			
_____			
_____			

HealthCare Provider's signature	Print name	Phone ( )
Address		Date / /
City	State	ZIP

## Ohio Department of Health • School and Adolescent Health

# Oral Assessment

Student's name	Date of birth / /
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**The following services have been performed** (please check all that apply)

<input type="checkbox"/> Examination	<input type="checkbox"/> Fluoride application	<input type="checkbox"/> Oral prophylaxis (cleaning)	<input type="checkbox"/> Prescription for fluoride supplement
<input type="checkbox"/> Orthodontic assessment	<input type="checkbox"/> Radiographs	<input type="checkbox"/> Dental sealant	<input type="checkbox"/> Treatment (restoration, pulp therapy)
<input type="checkbox"/> Other _____			

**The following oral hygiene instruction was provided** (please check all that apply)

<input type="checkbox"/> Toothbrushing	<input type="checkbox"/> Flossing	<input type="checkbox"/> Dietary counseling	<input type="checkbox"/> Use of fluoride mouthrinse
<input type="checkbox"/> Other _____			

**The following statements are applicable** (please check all that apply)

<input type="checkbox"/> All necessary preventive services have been performed. (Fluoride treatment, prophylaxis)
<input type="checkbox"/> No restorative services are required at this time.
<input type="checkbox"/> Further treatment is indicated.(See comments)
<input type="checkbox"/> Further appointments have been arranged. (Orthodontic, restorative)
<input type="checkbox"/> Routine recall visits recommended.

Comments

Dentist's signature	Print name	Phone (      )
Address		Date / /
City	State	ZIP



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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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**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 _____		
1) What was the first language your child spoke? 2) What language does your child most frequently use at home? 3) What language is most often spoken by the adults in your home?	English <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other Language(s) _____ _____ _____		
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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**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



## 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             |   |



**Fairfield Local Schools**

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

**Preschool Household  
Income Form**

The Ohio Department of Education, Office of Early Learning and School Readiness requires that preschools report the income level of each student’s household.

Please choose the number of persons living in your home, then circle the income amount that is closest to what your household makes in a year.

Child’s Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

**2021 Federal Poverty Level Guidelines**

# of Persons In Household					
<b>1</b>	12,880	17,130	17,774	19,320	25,760
<b>2</b>	17,240	22,929	23,791	25,860	34,480
<b>3</b>	21,960	29,207	30,305	32,940	43,920
<b>4</b>	26,500	35,245	36,570	39,750	53,000
<b>5</b>	31,040	41,283	42,835	46,560	62,080
<b>6</b>	35,580	47,321	49,100	53,370	71,160
<b>7</b>	40,120	53,360	55,366	60,180	80,240
<b>8</b>	44,660	59,398	61,631	66,990	89,320

*\*source: United States Department of Health and Human Services*