

Mahoning Valley Community School
2026 South Ave.
Youngstown, Ohio 44502

EMERGENCY CARE INFORMATION

In case of emergency, the school staff will contact 9 1 1.
 Every effort will be made to contact a parent, guardian, or designated emergency contact.

PLEASE PRINT ALL INFORMATION

STUDENT INFORMATION

Last:	First:	Middle:	Date of Birth:	Gender: M F	Current Grade:
District of Residence:					
<i>**Student has medical alert on file. See back for details.</i>					

PARENT/GUARDIAN CONTACT INFORMATION

Any parent, step parent or guardian with whom the child resides has the right to make decisions concerning the child in the event of an emergency and to pick up the child from school, unless a court order or other legal document states otherwise. It is your responsibility to provide a copy of that document to your child's school.

Last:	First:	Middle:	Telephone:
Street Address:		Apt.#:	Home:
			Work:
City:	State:	Zip:	Cell:
Relationship to student:	Resides with:	Language:	E-Mail:

Last:	First:	Middle:	Telephone:
Street Address:		Apt.#:	Home:
			Work:
City:	State:	Zip:	Cell:
Relationship to student:	Resides with:	Language:	E-Mail:

Last:	First:	Middle:	Telephone:
Street Address:		Apt.#:	Home:
			Work:
City:	State:	Zip:	Cell:
Relationship to student:	Resides with:	Language:	E-Mail:

Please list four persons we may call if the parent(s) or guardian(s) cannot be reached. These people have your permission to make decisions concerning your child in the event of an emergency and to pick your child up from school.

Name of Person	Relationship	Language	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE TURN OVER AND COMPLETE OTHER SIDE OF FORM

CURRENT HEALTH CONDITIONS

Check any current health condition that may require attention during the school day.

Allergies (Be Specific)

____ Foods _____
____ Medicines _____
____ Bee stings or insect bites _____
____ Other _____
____ Asthma _____
____ Cancer _____
____ Diabetes _____
____ Hearing Problems _____ Hearing Aid(s) _____
____ Heart Problems (Be Specific) _____

____ Hemophilia _____
____ Physical Disability (Be Specific) _____
____ Respiratory (Be Specific) _____
____ Seizures _____
____ Vision Problems (Be Specific) _____
____ Glasses _____ Contacts _____
____ Other (Be Specific) _____

List all medications and dosages your child receives on a continual basis:

MEDIC ALERT INFORMATION ON FILE



PHYSICIAN INFORMATION

My child's medical care is provided by: _____ (Telephone) _____
(Name of doctor, clinic, or HMO)

My child's medical coverage is provided by: _____ (Telephone) _____
(Health insurance company, assistance program, HMO, etc.)

Preferred Hospital: _____

In an emergency when I cannot be contacted, the school has my permission to take my child to the nearest and appropriate medical facility. That facility and its medical staff has my authorization to provide treatment deemed necessary for the well-being of my child.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

BACKGROUND INFORMATION

1. Is this student enrolled and attending classes at this time? YES NO

If **no**, please circle the reason: Suspended Expelled Registration process incomplete
Other: _____

2. Is this student currently on probation or under court supervision? YES NO

If **yes**, please provide name of probation officer _____ TRUM ____ MAH ____

3. Is the student homeless? YES NO

4. Is this student involved with any social service agency at this time? YES NO

If **yes**, please provide name of agency: _____
Caseworker or counselor's name: _____

ADDITIONAL STUDENT INFORMATION

PRIOR DISABILITY CONDITION (Complete only if the following definition applies)

This student has been previously identified with the MFE (multi-factored evaluation) as having a disability and was provided with special education services based on an IEP (Individual Education Plan) by a previous school district.

Identified Disability _____ (as listed on the IEP)

Date of most recent IEP _____ Date of most recent MFE _____

EMERGENCY CONTACT INFORMATION

Each household must identify a supervising adult that is the individual who will oversee the student's education in the home environment. Please provide the necessary information.

Supervising Adult _____ Relationship _____

Address: _____

City _____ State _____ Zip _____

Primary Phone () _____ Work Phone () _____

Name of Physician: _____ Phone () _____

Name of Dentist: _____ Phone () _____

Preferred Hospital: _____

Emergency Contact: _____ Phone: _____

If, in the event of a medical emergency The Mahoning Valley Community School Staff is unable to reach me, I, as the supervising adult (parent/guardian), authorize the school to contact the identified emergency contact person indicated above.

Parent/Guardian Signature

ENROLLMENT ACCEPTANCE

Statement of Education Equality

The Mahoning Valley Community School is committed to a policy of education equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to sex, race, color, religion, national origin, physical, mental, emotional, or learning disability, age, sexual orientation or gender or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact:

Mahoning Valley Community School
2026 South Ave.
Youngstown, Ohio 44502
Phone 330-702-7890

Acknowledgment of Expectations

Please initial each of the following statements.

_____ I understand that I am enrolling my student in a public school with attendance requirements that I am expected to meet.

_____ I understand that Public School enrollment includes participation in the required state testing program.

_____ I accept the responsibility to supervise my student in using the curriculum, and I understand that I am expected to become knowledgeable about it.

_____ I expect to have the guidance and support of a professional teacher in implementing the curriculum program with my student.

_____ I understand that student progress is an expected part of the Mahoning Valley Community School program in addition to hours logged. Teachers will review progress and consider other factors, including parental input, when making student advancement decisions.

_____ I understand that I am required to participate in regular telephone conferences with my student's teacher(s) and that I may be asked to submit work samples periodically.

Please accept this signed and completed document to enroll _____
(student's name)

in the Mahoning Valley Community School. I understand that completion of this enrollment form does not guarantee admission into the program.

Parent/Guardian's Signature _____ Date _____

Mahoning Valley Community School

...an Ohio Community School

Request for Health and School Records

TO: _____

(SCHOOL NAME)

_____, _____
(NAME OF STUDENT) (BIRTHDATE)

was enrolled in our school on _____. Please send to us his/her:

_____ **CUMUALTIVE RECORDS**, including current withdrawal grades, a copy of report card for this school year, test scores and a copy of student's high school transcript.

_____ **HEALTH DATA**, especially records of immunizations

_____ **PSYCHOLOGICAL REPORTS**, including latest **IEP**, **MFE** and **DATA COLLECTION FORM**

_____ **ANY INFORMATION CONCERNING SPECIAL NEEDS**

_____ **OAT/OGT TEST RESULTS/EOC EXAMS**

_____ **WITHDRAWAL GRADES and REPORT CARDS for CURRENT SCHOOL YEAR**

_____ **COPY OF BIRTH CERTIFICATE**

_____ **ATTENDANCE REPORTS/INTERVENTION PLAN**

Signature of Parent/Guardian

Date

Mahoning Valley Community School, 2026 South Ave., Youngstown, Ohio 44502
Phone (330) 702-7890 -- Fax (330) 702-7891

Mahoning Valley Community School Ethnicity Questionnaire

Student Name _____ Birth Date _____

The United States Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two part question found below.

Part 1: ETHNICITY

Is the student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ___ Yes ___ No

Regardless of whether your answer is Yes or No to Part 1, you must also select 1 or more racial groups in Part 2.

Part 2: RACIAL GROUP

Is the student from one or more of the following racial groups (check all that apply)

___ (W) White

People who have origins in any original peoples of Europe, North Africa, or the Middle East

___ (B) Black or African American

Persons having origins in any of the black racial groups in Africa

___ (A) Asian

Persons having origins in any of the original peoples of the Far East, Southwest Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ (I) 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.

___ (P) Native Hawaiian or Other Pacific Islander

Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP

I (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

Parent or Guardian Signature _____ Date ____/____/____

FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE

School District's determination of child ethnicity based on observation:

___ Hispanic/Latino ___ White ___ Black or African American

___ Asian ___ American Indian or Alaskan Native

___ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child's ethnicity (please print)

Employee Signature: _____ Date: ____/____/____

HOME LANGUAGE SURVEY

DATE: _____

SCHOOL DISTRICT: _____

NAME OF STUDENT _____

DATE OF BIRTH ____/____/____ PLACE OF BIRTH: _____

NAME OF PARENT/GUARDIAN _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

For Parents/Guardians:

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently to your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

For School District personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (G-1270), and proceed to assess the student's English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT

<u>Communication Skill</u>	<u>Proficiency Level</u>					
Listening	___ Pre-Functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient	
Speaking	___ Pre-Functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient	
Reading	___ Pre-Functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient	
Writing	___ Pre-Functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient	
Comprehension*	___ Pre-Functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient	
Composite**	___ Pre-Functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient	

*The comprehension level is derived from Listening and Reading

**The composite level is derived from Listening, Speaking, Reading, Writing and Comprehension

Assessment instrument (s) used:

Student is LEP? ___ Yes ___ No

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (G1230)

If student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? ___ Yes ___ No

MAHONING VALLEY COMMUNITY SCHOOL

Student Network/Internet User Agreement and Parent Permission Forms

INTRODUCTION

We are pleased to offer students in programs directed by the MVCS access to the district computer network resources and the Internet. To use these resources, all students must sign and return this form, and those under 18 must obtain parental permission. Parents, please read and complete this document carefully, review its content with your son/daughter, and sign and initial where appropriate. Any questions or concerns about this permission form or any aspect of the computer network should be referred to your teacher or administrator.

GENERAL NETWORK USE

The network is provided for students to conduct research and complete assignments. Access to network services is given to students who agree to act in a considerate and responsible manner. Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Access is a privilege-not a right. As such, general school rules for behavior and communications apply and users must comply with district standards and honor the agreements they have signed (see over). Beyond making this purpose very clear, the district is not responsible for restricting, monitoring or controlling the individuals utilizing the network.

INTERNET/WORLD WIDE WEB

Access to the internet will enable students to use thousands of libraries and databases. Families should be warned that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. Filtering software is in use, but no filtering system is capable of blocking 100% of the inappropriate material available on the Internet. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the MVCS and its programs support and respect each family's right to decide whether or not to apply for access.

PUBLISHING TO THE WORLD WIDE WEB

Parents, your daughter's or son's work may be considered for publication on the World Wide Web. Such publishing requires parent/guardian permission (see over). The work will appear with a copyright notice prohibiting the copying of such work without express written permission. In the event anyone requests such permission, those requests will be forwarded to the student's parent/guardian.

Unidentified photos of students maybe published on school websites, illustrating student projects and achievements. In addition, your daughter or son's full name may be considered for publication on his/her school's website. If published his/her name will appear on pages with a clear school related purpose and will be included to further instructional and/or co-curricular activities. Permission for such publishing does not grant permission to share any other information about your son/daughter, beyond that implied by their inclusion on the web page(s). If you do not want your child's name or photo to be published on the website, please indicate this in writing to your child's teacher or administrator.

MAHONING VALLEY COMMUNITY SCHOOL
Student Network/Internet User Agreement and Parent Permission Forms

Permission Form

To use networked resources, **all students must sign and return this form, and those under age 18 must obtain parental permission.** The activities listed below are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Giving personal information, such as complete name, phone number, address or identifiable photo, without permission from teacher and parent or guardian
- Harassing, insulting, bullying or attacking others
- Damaging or modifying computers, computer systems or computer networks
- Violating copyright laws
- Using others' passwords
- Trespassing in others' folders, work or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes, financial gain, or fraud

Violations may result in a loss of access as well as other disciplinary or legal action

STUDENT USER AGREEMENT

As a user of MVCS computer network, I hereby agree to comply with the statements and expectations outlined in this document and to honor all relevant laws and restrictions.

Place your initials before the items to which you agree below:

_____ agree to use the network responsibly

_____ grant permission to have my materials published to the World Wide Web.

Student Signature: _____ Date: ____/____/____

PARENT GUARDIAN PERMISSION

All students are provided with access to district computer resources. In addition to accessing our district computer network, as a parent or legal guardian, I grant permission for the above named student to:

(Initial appropriate items)

_____ access the Internet

_____ have his/her materials published to the World Wide Web

These permissions are granted for an indefinite period of time, unless otherwise requested. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet use – setting and conveying standards for my daughter or son to follow when selecting, shaping or exploring information and media.

Parent signature: _____ Date: ____/____/____

Student Name: _____ User Name: _____ Student ID: _____

Parent: _____ Address: _____

Home Phone: _____ Parent Email: _____