FEDERAL HOCKING LOCAL SCHOOL DISTRICT
8461 State Route 144
Stewart, OH 45778

Telephone: 740-662-6691 www.fedhock.com

Please fill out the packet and all pages for each child entering school.

In addition to completed paperwork, the following are needed:

- Birth Certificate
- Recent Immunization Records
- Photo ID of Parent/Guardian
- Custody/Court Documentation
- Proof of Address with physical address: Utility Bill, Water Bill, Phone, Lease Agreement, Tax Record, etc.
- Special Education Documentation (IEP, ETR, 504)

Tammy Sisk Amesville Elementary (PreK-6th) Phone: 740-448-2501 Fax: 740-448-3500 tsisk@fhlancers.com	Janice Pullins Coolville Elementary (PreK-6th) Phone: 740-667-3121 Fax: Fax 740-667-6183 jpullins@fhlancers.com	Julie Gillian/Jessica Randolph Secondary School (7th-12th) Phone: 740662-6691 Fax: 740- 667-6183 jgillian@fhlancers.com jrandolph@fhlancers.com
Hanna Vorisek Central Office Phone: 740-662-2122 FAX: 740-662-5065 hvorisek@fhlancers.com		

FEDERAL HOCKING LOCAL SCHOOL DISTRICT

8461 State 144, Stewart, OH 45778 (740) 662-6691

STUDENT REGISTRATION FORM

Start Date_____
Grade_____
Building ☐ Amesville ☐ Coolville ☐ MS ☐ HS
Bus _____

Student's Full Legal Name _____

Preferred Name _____ Date of Birth_____ Grade Entering_____

City of Birth_____ Home Language _____ Gender ☐ Male ☐ Female

Race (check all that apply) ☐ American Indian/Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White

Ethnicity: Hispanic ☐ Yes ☐ No

Primary Household (The address where the Student Resides)

Parent/Guardian Name_____☐ Biological ☐ Step ☐ Foster ☐ Guardian ☐ Other_____

Parent/Guardian Name_____☐ Biological ☐ Step ☐ Foster ☐ Guardian ☐ Other_____

Physical Address _____City_____State_____Zip_____

Mailing Address _____City_____State_____Zip_____

Phone Number: Cell _____ Work _____ Home _____

Email _____

Student lives with ☐ Parent(s) ☐ Guardians ☐ Other _____

Who has legal Custody of student ☐ Parent ☐ Grandparent ☐ Court ☐ Other_____

School District ☐ District Resident ☐ Non-District Resident/ Home District _____ ☐ Court Placed

Other children/dependents who live in household: _____

_____

Previous School Information

Previous School Name_____ City, State_____

Grade Level at Previous School_____ Phone _____ Fax_____

Did the student receive special Services ☐ Yes ☐ No If yes, select all that apply ☐ IEP ☐ Speech ☐ 504 Plan ☐ Gifted Services

Has this student ever attended Federal Hocking Local Schools? ☐ Yes ☐ No If yes, what year(s)?_____

Household Information (Secondary)

Parent/Guardian Name_____☐ Biological ☐ Step ☐ Foster ☐ Guardian ☐ Other_____

Parent/Guardian Name_____☐ Biological ☐ Step ☐ Foster ☐ Guardian ☐ Other_____

Mailing Address _____City_____State_____Zip_____

Phone Number: Cell _____ Work _____ Home _____

Email _____

Parent/Guardian Signature

Parent/Guardian Signature_____ Date_____

FEDERAL HOCKING LOCAL SCHOOL DISTRICT
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FIRST AID AND EMERGENCY MEDICAL CONSENT FORM

Building ☐ Amesville ☐ Coolville ☐ MS ☐ HS

Advisory/Home Room_____

Student's Full Legal Name _____

Date of Birth_____ Grade_____ Gender ☐ Male ☐ Female

Primary Household (This is the address where the Student Resides)

Physical Address: Street_____City_____State_____Zip_____

Mailing Address: Street_____City_____State_____Zip_____

Parent/Guardian Name _____ ☐ Biological ☐ Step ☐ Foster ☐ Guardian ☐ Other_____

Phone Number: Cell _____ Work _____ Home _____

Email _____

Parent/Guardian Name _____ ☐ Biological ☐ Step ☐ Foster ☐ Guardian ☐ Other_____

Phone Number: Cell _____ Work _____ Home _____

Email _____

Please list all other children/dependents who live at this address and attend Federal Hocking Schools (Elementary, Middle, or High)

_____

Secondary Household (This section should be completed if parents don't live in the same household)

Physical Address: Street_____City_____State_____Zip_____

Mailing Address: Street_____City_____State_____Zip_____

Parent/Guardian Name _____ ☐ Biological ☐ Step ☐ Foster ☐ Guardian ☐ Other_____

Phone Number Cell _____ Work _____ Home _____

Email _____

Parent/Guardian Name _____ ☐ Biological ☐ Step ☐ Foster ☐ Guardian ☐ Other_____

Phone Number Cell _____ Work _____ Home _____

Email _____

Please list all other children/dependents who live at this address and attend Federal Hocking Schools.

_____

OVER

Emergency Contact (To Whom the student may be released if guardian(s) are unavailable)

Please make sure that you have discussed with the contact person that the school staff may need to request that your child be transported home in the event of an illness, minor injury or other situation that requires parental or custodial attention. Do not assume that a neighbor, friend or family member will be willing to assume this responsibility without prior arrangements with the designated contact person. If more than two contacts are necessary, please attach their same information on an additional sheet.

Name _____ Relationship_____

Phone Number Cell _____ Work _____ Home _____

Name _____ Relationship_____

Phone Number Cell _____ Work _____ Home _____

Student's Preferred Sources of Medical Care

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Preferred Hospital _____ Phone _____

Student's Health Insurance Plan _____ ID# _____

Subscriber's name (on insurance card) _____

Or Medicaid # (if applicable) (HEALTH START) CHIP Children's Health Ins. Plan _____

Special Conditions, Disabilities, Allergies, Medical Emergency Information

Please list all special conditions, disabilities, allergies, and other medical emergency information:

_____

_____

Parent/Guardian Consent and Agreement for First Aid and Emergency Care:

As parent/guardian, I consent to have my child receive first aid by facility (School) staff and, if necessary, be transported by school staff or emergency vehicle to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above TO ACT ON MY BEHALF until I am available. I agree to review and update this information whenever a change occurs.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

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STUDENT ACCEPTABLE COMPUTER USE AND ACCOUNT AGREEMENT

Student Name_____ Grade_____
School Building_____Advisory_____

I have read the District Acceptable Use Form. I agree to follow the rules contained in this Form. I understand that if I violate the rules my account can be terminated and I may face other disciplinary measures.

Student Signature_____Date_____

PARENT/GUARDIAN SECTION

I have read the District Acceptable Use Form. I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the District system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services. I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Acceptable Use Form. I will emphasize to my child the importance of following the rules for personal safety. I give permission to issue an account for my child and certify that the information contained in this form is correct.

Parent Signature_____Date_____

Parent/Guardian Name_____

Home Address:_____

Phone_____

PICTURES

By signing this portion of the form, I allow pictures of my child to be posted on the District Web Site. No student names will accompany the pictures and all precautions for student safety will be taken. Examples of pictures that may be posted are: A picture of the band or football team, daily classroom activities or students working on projects.

Parent Signature_____Date_____

FEDERAL HOCKING LOCAL SCHOOL DISTRICT
8461 State 144, Stewart, OH 45778 (740) 662-6691
MEDICATON ORDER FROM PHYSICIAN OR LICENSED HEALTH PROFRESSONAL

Building ☐ Amesville ☐ Coolville ☐ MS ☐ HS

Advisory/Home Room_____

Medication brought to school must be received in the container in which it was dispensed by the prescribing physician or others licensed to prescribe medication. Written permission must be received from the parent(s) of the student, requesting that the appropriate person comply with the physician's order.

It is necessary that _____ have medication during school hours.
Student's Name **Date of Birth**

Medication	Dosage	Time	Duration (date to begin and date to stop)
_____	_____	_____	_____/_____
_____	_____	_____	_____/_____
_____	_____	_____	_____/_____

Possible reactions to be reported to physician or health professional so licensed to prescribe medication:_____
_____

Specific instructions for administering of drug _____

Physician or Health Professional Permission

Physician or Health Professional Signature_____ **Date** _____

Address _____ Office Phone_____

Parent Permission

I, the parent/guardian/adult of _____ give permission for the medication ordered by the above physician or health professional so licensed to prescribe medication, to be given at school. I further agree to:

1. Deliver the medication to school
2. Notify the school, if I change physician or health professional
3. Notify the school if the medication or dosage is changed or eliminated

_____ / _____ / _____
Parent's Signature Phone Date

Address: _____

No medication will be given without a doctor's or health professional's (so licensed to prescribe medication) order. For guidelines on administering medication, see Board Policy or the Building principal.

Administrative Permission

Signature of person(s) authorized to administer medication:

_____ / _____ / _____
Building Principal Signature Phone Date

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REQUEST/AUTHORIZATION TO RELEASE RECORDS

Today's Date: _____

Student Name: _____ Date of Birth_____Grade Entering _____

The above student, who has been enrolled in your school, is now registered at Federal Hocking Local Schools. In order to facilitate the proper placement of the student, I would appreciate your sending the information indicated below:

_____ Birth Certificate

_____ Health Records

_____ Grades to date of withdrawal

_____ Transcripts of grades/credits earned

_____ Test Results

_____ I.E.P, ETR and latest M.F.E.

_____ Proficiency Test Results

_____ Other_____

Parent/Guardian Signature_____Date_____

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