

**Greater Ohio Virtual School
(formerly known as Warren County
Virtual Community School)
320 East Silver Street
Lebanon, OH 45036**

**Central Office Staff:
Nikole Moore 513.695.2924
Donna Hamilton 513.695.2977
Fax: 513.695.2588**

Hours of Operation

Monday-Thursday 8:00 a.m.-12:00 p.m.— 1:00 p.m.-4:30 p.m.

Friday 8:00 a.m.-12:00 p.m.— 1:00 p.m.-4:00 p.m.

(Please call for summer hours during June-July-August)

YOU MUST HAVE YOUR OWN BROAD BAND OR WIRELESS INTERNET SERVICE TO ACCESS THE CURRICULUM PROVIDED BY GOVS. IF YOU DO NOT, PLEASE CONTACT ONE OF OUR SECRETARIES FOR FURTHER INFORMATION.

It is necessary for the student's parent/legal guardian to provide all requested information to GOVS in person before we can process your application for enrollment. Completing this application does not enroll your student in GOVS. Our staff will contact you to schedule your orientation session as openings are available. The student will be considered enrolled upon successful completion of their orientation session. Failure to stay in school while waiting for an orientation session could lead to truancy charges by your current school.

THE COMPLETED REGISTRATION PACKET/DOCUMENTS MUST BE SUBMITTED IN PERSON BY THE PARENT/LEGAL GUARDIAN

In addition to your **completed registration packet**, the following documents must be provided for enrollment in the Greater Ohio Virtual School:

- Student Registration Form (*to be completed and signed by parent/ legal guardian*)
- Original Birth Certificate or Passport (Bureau of Vital Statistics 513.352.3120)
- Child's Social Security Card (*optional*) Soc. Sec. Admin 1.800.772.1213.
- Proof of Custody/Court Ordered Placement (if applicable) (Divorce Decree, date stamped and signed by judge/magistrate) Note: If you are in the process of acquiring custody, you must provide a letter from your attorney stating the date of the proceedings – there is a 60 day legal completion process for the student to continue enrollment at GOVS.
- Proof of Residency (Rental /Lease Agreement, Copy of Deed, Settlement Statement, Land Contract or Purchase Contract) (Warren County Clerk's Office 513.695.1235)
- Parent/Legal Guardian's Driver License/State ID
- Student's Driver License
- Shot/Immunization Records

Provide copies of the following:

- Grade/Transcript (*these will assist in placing your child in the appropriate courses required for graduation*). ***Make sure to pay your fees at the school your child presently attends as they will not release your grades/transcripts.***
- Special Education (IEP-Individualized Education Program), (ETR-Evaluation Team Report)
- 504 Educational Plan (*if applicable*)
- Court ordered Placement (Court Order indicating School District responsible for admission of Tuition) (*if applicable*)

**If you have any questions regarding registration forms or requirements, please contact:
Nikole Moore @ 513.695.2924 or Donna Hamilton @ 513.695.2977**

STUDENT REGISTRATION CHECKLIST

Student's Name _____ Grade: _____

- Student Registration Form (to be completed and signed by Parent/Guardian)
- Original** Birth Certificate or Passport (Bureau of Vital Statistics 513.352.3120)
- Child's Social Security Card (*optional*) Soc. Sec. Admin 1.800.772.1213.
- Proof of Custody/Court Ordered Placement (if applicable) (Divorce Decree, date stamped and signed by judge/magistrate) Note: If you are in the process of acquiring custody, you must provide a letter from your attorney stating the date of the proceedings – there is a 60 day legal completion process for the student to continue enrollment at GOVS.
- Proof of Residency (Rental /Lease Agreement, Copy of Deed, Settlement Statement, Land Contract or Purchase Contract)
- Parent's Driver's License
- Student's Driver's License
- Shot/Immunization Records

If Applicable:

- Special Education (IEP-Individualized Education Program), (ETR-Evaluation Team Report)
- 504 Educational Plan
- Court ordered Placement (Court Order indicating School District responsible for admission of Tuition) **This document must be provided if both biological parents do not live in the same residence as the student.**

If you have any questions regarding registration forms or requirements, please contact:

Nikole Moore @ 513.695.2924
Or
Donna Hamilton @ 513.695.2977

GREATER OHIO VIRTUAL SCHOOL

STUDENT APPLICATION 2010-2011 SCHOOL YEAR

How did you learn about GOVS? _____

Grade Level for 2010-2011 School Year _____ Today's Date _____

Do you live within the state of OHIO? _____ Yes _____ No

Has your child ever been enrolled in GOVS? _____ Yes _____ No

Has your child ever been enrolled in another Ohio Public School? _____ Yes _____ No

Are you currently expelled or suspended from your previous school district? _____ Yes _____ No

Please Print

Student Legal Name _____

First Name

Middle Name

Last Name

Preferred Name _____ Student's Social Security # _____ - _____ - _____ Mother's Maiden Name _____

Date of Birth ____/____/____ City and State of Birth _____

Home Address _____

Street

City

State

Zip

Home Phone _____ - _____ - _____ **Student's Cell Phone #** _____ - _____ - _____

Student's Email Address _____

Circle one: Male Female

Circle one: US citizen Non-Us citizen/Immigrant* Foreign Exchange Student

Immigrant Students are those who:

1. Are age 3 - 21
2. Were not born in the United States and
3. Have not attended one or more schools in any one or more of the States for more than three academic yrs

I understand The U.S. Department of Education (Federal Register/Vol. 72, No. 202, October, 2007) requires Educational Institutions to allow parents to "self-identify" or "re-identify" the race and ethnicity of their student. I understand that if I choose not to indicate my child's race, the Greater Ohio Virtual School is required by law to identify my child as Multiracial.

Is the student of Hispanic/Latino origin, regardless of race? Circle one: Yes No.

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

RACE Check one of the following choices:	RACE DEFINITIONS (as defined by the Ohio Department of Education)
<input type="checkbox"/> White (Non-Hispanic)	Persons having origins in any of the original peoples of Europe, North Africa or the Middle east.
<input type="checkbox"/> Black (Non-Hispanic)	Persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Hispanic	Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
<input type="checkbox"/> Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.
<input type="checkbox"/> Pacific Islander	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.
<input type="checkbox"/> American Indian or Alaskan Native	Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/> Multiracial	Persons having origins in two or more of the above options
Note: If ethnicity is not indicated, student will be identified as multiracial per State and Federal reporting regulations	

Parent Information:

Status of **biological parents** (*circle one*): Married Divorced Separated Widowed Never Married
If divorced, who has legal custody? Mother Father Shared if shared, who is residential? _____
Are you the natural/adoptive parent(s) of the child? Yes or No ~ If no, what is your relationship to the child? _____
If foster/guardian, what district did the natural parent(s) reside in at the time you received custody? _____

Mother/Guardian

Father/Guardian

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell/Pager: _____

Cell/Pager: _____

Email: _____

Email: _____

Place of Employment: _____

Place of Employment: _____

Business Phone: _____

Business Phone: _____

Step-Father (if applicable): _____

Step-Mother (if applicable): _____

Work Phone: _____

Work Phone: _____

Cell/Pager: _____

Cell/Pager: _____

Migrant or Homeless Status:

Is this child, this child's parent, guardian or spouse a migratory worker? _____ Yes _____ No
Does this child lack a fixed regular and adequate night-time residence? _____ Yes _____ No

Home Language Survey:

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

Special Services:

Is this child receiving **SPECIAL EDUCATION SERVICES**? _____ Yes _____ No
If Yes, does this student have a current **I.E.P. & E.T.R.**? _____ Yes _____ No
Is this child receiving Special Services due to a **504 PLAN**? _____ Yes _____ No
Is this child receiving **GIFTED EDUCATION SERVICES**? _____ Yes _____ No
If Yes, does this student have a current **Written Education Plan**? _____ Yes _____ No

Other siblings enrolled with GOVS:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, do hereby state and declare under penalty of falsification (*) that I am the parent or legal guardian of the above named student and that this registration information is true and correct.

Parent / Guardian Signature

Date

(*) Falsification under Ohio Revised Code section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both.

Requested information is mandated under Senate ORC Bill 140 and Education Management Information Systems (Sections 3301-0714).

Greater Ohio Virtual School
REQUEST FOR TRANSFER OF SCHOOL RECORDS

Please Print

Student Last Name _____ First _____ Middle _____

Date of Birth _____ Current Grade _____

Previous School District _____

Previous School Name _____

School Address _____

School Phone # _____ School Fax # _____

RELEASE RECORDS TO:

Greater Ohio Virtual School (formerly known as
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320 East Silver Street
Lebanon, OH 45036

Central Office Staff:
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Please release all information listed below. Information should be sent to the Records Department at the school address indicated above.

- | | |
|---|--|
| _____ Transcript of Grades | _____ Attendance Records |
| _____ Immunization Records | _____ Test Scores |
| _____ Vision and Hearing Results | |
| <u>Confidential Records: (If Applicable)</u> | |
| _____ Individual Education Plan (IEP) | _____ Psychological Testing Results |
| _____ Evaluation Team Report (ETR) | _____ 504 Plan |
| _____ Written Education Plan (WEP-Gifted) | |

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

**Parents, legal guardians, or legal age students may request a review and/or copy of the records transferred. If this is desired, the school office should be notified. If you request a copy of the school records being transferred, the school is relieved of responsibility for confidentiality of those records.

**Records transferred by this release are not to be transferred to any other third party by the receiving school without the written consent of the parent, legal guardian, or student over 18 years of age.

**Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act. Vol. 41, No. 11B, Page 24673)

This section to be completed by GOVS personnel

This student will be enrolling in GOVS effective _____

Signature of authorized school personnel: _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION FORM

(Required per HB 639)

Student Name _____

Address _____

Street/P.O. Box

City

Zip

Home Phone () _____

D.O.B. ____/____/____

PARENT CONTACT INFORMATION

Mother/Guardian:

Father/Guardian:

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Email address _____

Email address _____

Place of Employment _____

Place of Employment _____

Work Phone _____ Cell # _____

Work Phone _____ Cell # _____

Is there a legal custody order that applies to this child? ____Yes ____NO

If yes, please explain: _____

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 or guardians cannot be reached. Please list (3) three contacts, not including the above contacts, to whom you give permission to pick up your child from school in case of illness or an emergency. In an emergency situation, we will contact the people listed below in the order they are listed. (Required information)

Name	Home #	Cell #	Work #	Relationship to child
1. _____ () _____ () _____ () _____				_____
2. _____ () _____ () _____ () _____				_____
3. _____ () _____ () _____ () _____				_____

PART I OR PART II MUST BE COMPLETED

PART I - TO GRANT CONSENT

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

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room Phone : _____

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 above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____

Address: _____

PART II - REFUSAL TO CONSENT

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

Date: _____ Signature of Parent/Guardian: _____

Address: _____

STUDENT INCOME FORM FY 2011

Dear Parent or Guardian:

Why should you complete the student income form if your child does not eat school meals?

The amount of federal funds your school building receives is dependent on the return of this completed form. These funds pay for additional educational services for students who are failing or at risk of failing to meet the same high standards as everyone else in the school.

These federal funds for additional educational services are known as Title I. Our district provides additional tutoring in reading and mathematics. The Title I law requires that funds be given to schools based on the number of children from low-income families who live in the building's attendance area.

While the amount of money each school receives depends on the number of children from low income families, the tutoring services are based on the academic need of the students regardless of income level.

What happens if you fill out this form?

- Your name will not be given out. Your name and your child's name are NOT required on the form.
- Your school building may be able to get more money.
- That money may be used to hire teachers and buy materials.
- Your child or other children may get extra help with reading and mathematics.

So please fill out this form and return it to:

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Title I Student Income Form—School Year 2010-2011

To the Parent/Guardian: In order to determine if the school your child attends will receive federal No Child Left Behind Act-Title I funds for reading and/or mathematics or other services, specific income information is needed from you. Please complete this survey form, and return it to your child’s school immediately. One form should be completed for each child in your family. Thank you for your cooperation.

Student Information: Please print the information below. **Please note, name is NOT required, but the other information is.**

Name of Student (Not Required)	Grade (Required)	Name of School (Required)

Circle if child is: Foster Child • Ward of Court • Welfare Recipient • Food Stamp Recipient

Calculating Household Income: In order to determine if the school your child attends will receive Title I funds, you will have to calculate the total amount of income in your household. Include all income for all household members (include yourself, all children in the home, your spouse, grandparents, and all others related and unrelated in your household.) See list below of the types of income to report:

Earnings from Work

- Wages/salaries/tips
- Strike benefits
- Unemployment Compensation
- Worker’s Compensation
- Net income from self-owned business or farm

Pensions/Retirement/Social Security

- Pensions
- Supplemental Security Income
- Retirement income
- Social Security

Public Assistance/Child Support/Alimony

- Public assistance (welfare) payments
- Alimony/child support payments

Other Income

- Disability benefits
- Cash withdrawn from saving
- Interest dividends
- Income from estates/trusts/investments
- Regular contributions from person not living in the household
- Net royalties/annuities/net rental income
- Any other income

Household Income: In column 1 below, enter the total number of people living in the household, whether they receive income or not. In column 2, enter the total amount of income of all those household members. The income can be the amount received per year, per month, or per week, but should be the total before taxes or anything else is taken out.

Effective from July 1, 2010 to June 30, 2011

1	2	FOR SCHOOL USE ONLY					
		Income Guidelines for Title I building/ attendance area eligibility					
Total no. of people living in the household: _____	Total household income and frequency: \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Twice per month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Weekly	Household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
		1.....	\$20,036	\$1,670	\$835	\$771	\$386
		2.....	\$26,955	\$2,247	\$1,124	\$1,037	\$519
		3.....	\$33,874	\$2,823	\$1,412	\$1,303	\$652
		4.....	\$40,793	\$3,400	\$1,700	\$1,569	\$785
		5.....	\$47,712	\$3,976	\$1,988	\$1,836	\$918
		6.....	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
		7.....	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
		8.....	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
		For each add'l member add	+\$6,919	+\$577	+\$289	+\$267	+\$134

Required Parent/Guardian Information
 Address: _____
 City/State/Zip: _____
 Date: _____

FOR SCHOOL USE ONLY
 Signature of School District: X _____
 Within guidelines: Yes No