



Greenville City School District

St. Clair Memorial Hall
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Greenville, Ohio 45331
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Administration

Douglas W. Fries
Superintendent

Carla Surber, CPA
Treasurer

Jon McGreevey
Dir. Of Admin Services

David Peltz
Director of Curriculum

Board of Education

Sue Bowman
President

Fred Matix
Vice President

Cindy Scott
James Sommer
Ben Studabaker



Welcome to Greenville City Schools!

It is my pleasure to have the opportunity to return to Greenville City Schools as Superintendent of Schools. I am excited to return to the district and serve the outstanding student body of Greenville City Schools and work side by side with our dedicated faculty and staff. My belief is our school system is a great place for students to learn and teachers to teach.

I am also looking extremely forward to serving the community of Greenville. I pledge to you on behalf of our entire faculty and staff to provide the best education possible for the students of our district. Our district wants to prepare our students to be effective citizens in a global economy. We will continue to strive to instruct new national and state content standards through twenty-first century teaching methods to the best of our ability while always providing the safest learning environment we can for every student. The district sincerely appreciates the community's ongoing support as we work together to prepare our students to be effective citizens.

Feel free to contact me or other building administrators with questions about our school system. We are all here to serve the students and community.

Mr. Douglas W. Fries
Superintendent

District Facilities

Senior High School (Grades 9-12)
100 Green Wave Way
548-4188
7:49 am - 2:45 pm

Junior High School (Grades 7-8)
131 Central Avenue
548-3202
7:40 am - 2:32 pm

Middle School (South - Grades 5-6)
701 Wayne Avenue
548-3525
7:35 am - 2:27 pm

Intermediate School (East - Grades 3-4)
301 E. Fifth Street
548-2815
8:55 am - 3:35 pm

Primary School (Woodland - Grades K-2)
7550 St. Rt. 118
548-1013
9:05 am - 3:45 pm

Transportation
511 Markwith Avenue
548-4464

Enrollment Check List

The following items are required at time of registration, incomplete will not be processed:

- Student Birth Certificate (original to copy)
- Proof of Residency (2 items)
(example: utility bill, mortgage papers, deeds, current lease agreement with name and address)
- Proof of Custody (if applies)
- Student Shot Records
- Parent/Guardian Photo ID
- Special Education Records (IEP, ETR)

TO BE COMPLETED BY SCHOOL OFFICE

Student ID # _____

Primary Family # _____

Secondary Family# _____

Custody Papers: _____

Special Education: _____

GREENVILLE CITY SCHOOL - ENROLLMENT FORM

Date _____

Has the student attended Greenville City Schools in the past? Yes No

Student Legal Name: _____
Last Name *First Name* *Middle Name*

Male Female Date of Birth: _____ Birthplace City & State: _____

Grade Entering (circle one): K 1 2 3 4 5 6 7 8 9 10 11 12

Name of Last School Attended: _____
City *State*

Graduation Year: _____ What language did your student speak when they first learned to talk? English _____

Did the student attend Anthony Wayne Pre-School? Yes No Social Security Number: _____ - _____ - _____

ETHNIC: (circle one) Cauc (CA) Black (BL) Multi Racial (MR) Spanish (SP) Asian/Island Pac (AS) Amr Indian (IN)

FAMILY #1

Is this the student's residence? Yes No

Guardian Name: _____
Last Name *First Name* *Middle Name* *Relationship*

Address: _____
House # *Street Name* *Apt #* *City* *State* *Zip*

Is the mailing address different? _____

Home Phone# (_____) _____ Employer: _____ Occupation: _____

Work Phone # (_____) _____ Cell Phone: (_____) _____ Email Address: _____

Secondary Contact living with Family #1: _____
Last Name *First Name* *Relationship*

Secondary Contact Employer: _____ Occupation: _____ Work Phone # (_____) _____

Secondary Contact Cell Phone # (_____) _____

FAMILY #2 *(use this only if the student has 2 households)*

Is this the student's residence? Yes No

Guardian Name: _____
Last Name First Name Middle Name Relationship

Address: _____
House # Street Name Apt # City State Zip

Is the mailing address different? _____

Home Phone# (_____) _____ Employer: _____ Occupation: _____

Work Phone # (_____) _____ Cell Phone: (_____) _____

Secondary Contact living with Family #2: _____
Last Name First Name Relationship

Secondary Contact Employer: _____ Occupation: _____ Work Phone # (_____) _____

Secondary Contact Cell Phone # (_____) _____

EMERGENCY CONTACTS *Not otherwise listed*

#3 Name: _____
Last Name First Name Middle Name Relationship

Home Phone# (_____) _____ Cell Phone: (_____) _____

#4 Name: _____
Last Name First Name Middle Name Relationship

Home Phone# (_____) _____ Cell Phone: (_____) _____

#5 Physician Name: _____
Last Name First Name Phone #

Please list any Special Instructions regarding child: _____

Indicate if child is receiving any Special Education Services (**IEP, Speech Therapy**, etc.): _____

Were parents ever married? Yes No

Are Parents divorced? Yes No

Separated? Yes No

Is Mother or Father deceased? Yes No

Who has legal Custody? _____

Is the student living with someone other than who has legal custody? Yes No

If yes, list name, relationship, address and phone number: _____

Other Students living in the household attending Greenville City Schools

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

NOTICE TO ALL PARTIES completing this form. You are required to provide a copy of custody papers to the attending school district, if applicable. It is fraudulent to fill out this form with information you know to be false. I hereby certify these items to be correct.

Parent/Guardian Signature

Date

Greenville City Schools
Ethnicity / Race Data Collection Form
(Required by Federal Regulations)

Student Name: _____

Grade: _____

The United States Department of Education has issued guidelines regarding the collection of data on race and ethnicity for public school students. The federal government which requires all states to collect this information has developed a new way to report ethnicity and race that includes new categories.

If the following questions are not answered by the parent or guardian, the District Enrollment Personnel will use observation identification to determine the student's designation. The determination will be reported to the parent or guardian.

Part I – Is this student of Hispanic/Latino heritage? (Choose only one)

_____ **No**, not Hispanic/Latino

_____ **Yes**, Hispanic/Latino *(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)*

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by checking one or more options to indicate what you consider your student's race to be.

Part II – Race (choose one or more, regardless of Ethnicity)

_____ American Indian or Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Parent/Guardian chose not to complete Ethnicity/Race information and determination was made by GCS Enrollment Personnel.

Enrollment Personnel: _____ Date: _____

Greenville City Schools
UNDERSTANDING RESIDENCY REQUIREMENTS

The schools of the Greenville City School District shall be tuition free to all school residents between five and twenty-one.

A student is considered a resident if he/she resides with a parent or parents or person or governmental agency with legal custody whose place of residence is within the boundaries of the District.

A legal residence is one where the parents/guardians and children engage in major family life activities such as eating, sleeping, receiving mail, voting, etc.

A student, at least 18 but not 22 years of age, who resides in the district, lives apart from his/her parents and who supports himself/herself by his/her own labor is eligible for entrance.

A child may attend the district as a resident for a period not to exceed sixty days on the sworn statement of an adult resident of the district that he/she has initiated legal proceedings for custody. A copy of the application form and a copy of the form listing the date and time of the hearing must be presented.



I understand that if my child (children) attends the schools while not being eligible to do so tuition free, I will be responsible for tuition at a rate set by the Treasurer of the Greenville City Schools according to law, plus administrative costs, court costs, and any attorney fees incurred in the collection of these sums and that the student will immediately be withdrawn from the Greenville City School District.

I have read and understand the above statements:

Signed: _____

Date: _____

Greenville City Schools
FOSTER / COURT PLACED STUDENT ENROLLMENT FORM

Complete for enrollment in the District as a result of a Court Order, Foster Placement by Children's Services, or directed placement by any similar agency.

Student's Name: _____ Date of Birth: ____/____/____ Date Enrolled: _____ Grade: _____

Name of Foster Parent or Court Appointed Guardian: _____

Address: _____

Student's School District of Attendance at time of placement: _____

School District where parent's resided at time of placement if different than above: _____

IF CHILD IS BEING PLACED BY CHILDREN SERVICES COMPLETE THIS PORTION

County: _____ Date Student committed by agency: _____

Name of Caseworker: _____ Phone: _____

If child **receives** Special Education Services: Parent/Guardian Name: _____

Current Address: _____

If child **does not** receive Special Education Services: Parent/Guardian Name: _____

Address at time of initial placement: _____

IF CHILD IS BEING PLACED BY A COURT ORDER COMPLETE THIS PORTION *(Attached a copy of the court order)*

Name of Court placing student: _____ Journal Entry Number: _____

School District of responsibility assigned by court *(if applicable)*: _____

If child **receives** Special Education Services: Parent/Guardian Name: _____

Current Address: _____

If child **does not** receive Special Education Services: Parent/Guardian Name: _____

Address at time of initial placement: _____

Signature of person registering student: _____ Date: _____

Greenville City Schools
SECOND LANGUAGE INFORMATION

Student Name: _____ Date: _____
Last (Family) Name *First Name* *Middle Name*

Parents/Guardians – please answer the following questions:

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

If English is a second language in your home, please complete the following:

English as a Second Language (ESL) services are available, ESL is an educational program designed to help your child attain English language proficiency so that he or she can participate effectively in classrooms in which English is the language of instruction.

Has your child received ESL services? _____ Yes _____ No

If yes, in what grades? _____

In what school districts? _____

What date did your child first enter a U.S. school? _____

Greenville City Schools
STUDENT DISCIPLINARY STATUS

Dear Parents & Students,

Ohio House Bill 64, in effect since September 1994, clearly states that a student currently under an expulsion order from another school district may not register in a new district until the expulsion expires.

Therefore, please answer the following question:

Are you currently under an expulsion order or suspension order from any other school district? _____ Yes _____ No

Student Name: _____ Date of Birth: ____/____/____

Student Signature: _____ Date: _____
(For middle and high school students only. Parents may sign for primary students.)

As a parent/legal guardian of this student, you have my permission to obtain all information regarding disciplinary status to confirm the student's responses above.

Parent/Guardian Signature: _____ Date: _____

Failure to provide accurate information will result in immediate dismissal.

Greenville City Schools
REQUEST FOR RELEASE OF OR ACCESS TO STUDENT RECORDS

To: _____

Fax# _____

Date: _____

Please Note: If you do not release special education records from your office, please make a copy of this release form and send to the appropriate office.

Thank you.

It is requested that school records as identified below of:

Student Name: _____ Date of Birth: ____/____/____ Present Grade: _____
Student's Current Address: _____ City: _____ State _____ Zip _____
Student's Phone: _____

The student is being enrolled for the reason indicated below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Parent/Guardian now resides in our district | <input type="checkbox"/> Foster/Court placed | <input type="checkbox"/> Student Returning from Online Community School |
| <input type="checkbox"/> Student Returning from Home Schooling | <input type="checkbox"/> Board approved grandparent clause | <input type="checkbox"/> Following a teaching parent |
| <input type="checkbox"/> Student approved on open enrollment | <input type="checkbox"/> Student leaving a non-public school | <input type="checkbox"/> Board approved superintendent's agreement |
| | | <input type="checkbox"/> Board approved tuition student |

Records Requested

- Official Administration Records including grades
- Any grade appropriate test scores
- Medical/immunization records
- Attendance records – current year

Special Education Records Requested

- Please send ALL Special Education records that may apply:

IEP's-both current & initial, Psychological Evaluation, Evaluation Team Report-both current & initial, Initial Permission Form, Initial request for Testing form, Special Ed EMIS worksheet.

Note: Requesting release of records does not guarantee enrollment until the registration process has been finalized.

Please forward to: Greenville City Schools Fax: 937-548-6943
Central Enrollment Phone: 937-548-3185
215 W. Fourth Street Or email to:
Greenville, Ohio 45331 dmendenhall@greenville.k12.oh.us
School IRN #: 044099

Office Use Only for EMIS reporting:

Admission date GCS is reporting to EMIS: _____

Withdrawal date the previous district is reporting to EMIS: _____

Parent/Guardian Authorization for Release: I hereby authorize the school, institution, or individual indicated above to release and/or provide access to the records checked above.

Signature of Parent, Legal Guardian or Adult Pupil: _____

Student's Address while attending this school: _____

Greenville City School District

Network and Internet Regulation (Acceptable Use Policy)

This Acceptable Use Policy (AUP) will serve as a contract between the Greenville City School District and the User (students) for the purpose of network and internet access, and computer use. This electronic network includes access to inter-connected computer systems in the district and inter-connected computer systems on a world-wide basis, with availability of services such as e-mail and web-sites. The intent of this contract is to insure that the User will comply with the rules and regulations relating to the use of the district network and the Internet.

Parents, students, and staff should be aware that materials available through the internet are constantly changing. The Internet reflects the values of a global society, and may provide access to sites which would be considered inappropriate in a school library or classroom setting. We (Greenville City School District) firmly believe that the educational benefits available to members of our school district offset the possibility that a user may procure materials which would not be consistent with the educational goals of the district. It is the responsibility of each user to control his/her use of the system to avoid access to or use of inappropriate material. Students should be aware of district procedures dealing with unsuitable material.

Individual users of the district computer networks are responsible for their behavior and communications over those networks. It is presumed that users will comply with district standards and will honor the signed agreements. Network administrators may review user files and communications to maintain system integrity and user responsibility. Users should not expect that files stored on district servers will be private.

Student Rights and Responsibilities

The use of the District network resources is a privilege, not a right, which may be revoked by the District at any time. This privilege is given to students who agree to act in a considerate and responsible manner. Students who are specifically authorized to use the District's computers or on-line services shall comply with the following guidelines and procedures.

1. ACCEPTABLE USE:

- Access to the electronic network is made available for the purpose of supporting educational research, education and collaboration in and among educational institutions in the United States and elsewhere. All network usage must be consistent with these purposes and the terms of this AUP.

2. USES NOT ACCEPTABLE:

Unacceptable use is defined by, but is not limited to, the following:

- Using the computer and/or network for financial gain; commercial, political, and/or inappropriate personal use that interferes with the responsibilities of the assigned position; or illegal activity.
- Using the system to encourage the use of drugs, alcohol or tobacco; promoting unethical practices; or any activity prohibited by law or Board
- Downloading, or transmitting material that is threatening, obscene, disruptive, or sexually explicit or that could be construed as harassment or disparagement of others based on their race, national origin, citizenship status, sex, sexual orientation, age, disability, religion, or political beliefs.
- Violating copyright laws.
- Installing, copying, removing, or modifying any software on the system without permission; installing software not owned by the District.
- Using profanity, obscenity, or other language which may be offensive to other users.

3. VANDALISM:

Vandalism includes, but is not limited to, the following:

- Intentionally and without authorization, entering into restricted networks.
- Reading other users' mail or files, interfering with other users' ability to send or receive electronic mail or attempting to read, delete, copy, modify, or forge other users' mail or files
- Causing physical damage to any component of the District network.

4. SECURITY / PERSONAL SAFETY:

- The User is ultimately responsible for all activity on his/her account, therefore the User agrees not to disclose his/her password to any person and to use only the password provided in accessing the system.
- Do not arrange a face-to-face meeting with another computer user.
- Students are not permitted to subscribe to list serves or visit chat rooms of any kind.

5. WARRANTIES:

- The User shall have no expectation of privacy regarding usage of the District network and internet. The District reserves the right to review and remove user files.
- The User is responsible for any and all costs that may be associated with recovery from damages caused intentionally by the user.
- The District does not warrant that the functions of the system will meet any specific requirements or that it will be error-free or uninterrupted. The District shall not be liable for any damages sustained or incurred in connection with the use, operation, or inability to use the system.

SANCTIONS:

Any User becoming aware of the access to inappropriate material shall immediately exit from the site and report that access to a teacher, the principal, or an immediate supervisor. Because users are ultimately responsible for their accounts, breeches in security should be reported immediately.

1. Violations of this AUP may result in a loss of access.
2. Vandalism will result in the cancellation of user privileges.
3. Additional disciplinary action may be determined at the building level in line with existing practice regarding inappropriate language, behavior and/or any violation of the building disciplinary code.
4. The user will be responsible for restitution due to actions resulting in damage to any part of the network.

STUDENT

I understand that I have no expectation of privacy in my use of District computer technology, and that District staff may monitor or examine all system activities to ensure my proper use of the system. I understand that my failure to abide by any of these rules will subject me to disciplinary action, revocation of my user account and legal action as appropriate.

The Technology Coordinator/Media Specialist/Teacher and (if applicable) my parents have explained this document to me. I have read this AUP and understand its outlined policies and procedures.

As a user of the Greenville City Schools' computer network, I hereby agree to comply with the stated rules - communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Print Student's Name _____ Signature _____ Date _____

PARENT OR GUARDIAN

As the parent or legal guardian of the student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for violations and I agree to assume full liability, legal, financial, or otherwise, for my child's actions. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use - setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

I also understand that this document will be kept on file, and full documentation of any misuse will be kept on my child's disciplinary record.

Print Parent/Guardian Name _____ Signature _____ Date _____

Greenville City Schools Annual Health Review

Revised 8/2009

Student Name: _____ Birth Date: _____ Grade: _____

Date: _____

Health Review: (Please check all that apply)

Breathing Problems

___ Asthma
___ Reactive Airway Disease
___ Other

Heart Problems

___ Heart Murmur
___ Heart Surgery
___ Other

Neurological Problems

___ Frequent Headaches
___ Dizziness
___ Seizures
___ ADHD/ADD
___ Fainting
___ Autism
___ Other

Intestinal\Urinary Problems

___ Stomach problems/Ulcer
___ Bowel Problems
___ Urinary Problems
___ Special Diet
___ Other

Gland Problems

___ Diabetes
___ Thyroid
___ Other

Orthopedic

___ Broken bones
___ Orthopedic braces
___ Mobility Impaired
___ Wheelchair
___ Other

ALLERGIES: Food (i.e.: peanuts, milk, red dye) _____ Reaction: _____ **Environmental:** _____ Reaction: _____

Medication Allergies: _____ Reaction: _____ **Other:** _____ Reaction: _____

LIFE THREATENING ALLERGIES: YES ___ NO ___ *****EPI-PEN Needed at School:** YES ___ NO ___

___ **NO MEDICAL CONCERNS AT THIS TIME**

Dr. Ordered Special Needs: ___ Glasses/Contacts ___ Hearing Aids ___ Seat Close to instruction ___ Physical Education Limits(explain: _____)

List any illnesses, operation, or accidents your child has had in the past year: _____

List any emotional, social, or other conditions that might affect your child's school performance: _____

List *other* health concerns you would like the nurse to know about: _____

Current Medications: _____ **Medications Given at School:** _____

Parent Authorization: Please read and give consent by signing: Consent and Release of Health Information: There may be occasions on which we need to contact your child's physician for health information or to clarify information. By signing below, I give my permission to contact them.

Doctor's Name: _____ **Phone:** _____

*****Parent/Guardian Signature:** _____ **Date:** _____

Please call the SCHOOL NURSE at your child's school whenever you have a concern or new information relative to your child's health.

Emergency Medical Authorization - PART I OR 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:

Physician _____ 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 of (1) the administration of any treatment deemed necessary by above-named doctors, 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 medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian _____ **Date:** _____

PART II: REFUSAL TO CONSENT

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

Signature of Parent/Guardian _____ **Date:** _____