

Green Inspiration **Re-Enrollment Packet 2023-2024**

Applicant Information:

To re-enroll for the next school year, all parents/guardians must submit the following to the School:

- Completed Registration Form (student name and parent/guardian information)
- Updated Emergency Contact Permission Form
- Updated Medical Information and Emergency Treatment Consent forms
- Updated Transportation Form
- Required Documents

_____ **Proof of Residency** - one of the following document- ***in the parent/guardian name***, showing a street address:

- ⇒ Mortgage statement
- ⇒ Lease agreement and notarized statement of residency
- ⇒ Current utility bill
- ⇒ Custody paperwork, if applicable

_____ Any updated immunization records (as needed)

GIA prohibits discrimination in its educational programs and activities, admission programs of students, recruitment, selection and/or employment on the basis of race, color, religion, sex, age, national origin, veteran status or disability. The District provides equal access to designated youth groups, including the Boy Scouts of America. GIA complies with federal and state regulations for implementing Title IX of the Education Amendment of 1972, Title VI, The Age Discrimination Act, Section 504, and Title II of the Americans with Disabilities Act (ADA).

The District has adopted grievance procedures for filing, processing, and resolving alleged discrimination complaints concerning discrimination based upon race, color, religion, gender, sex, age, national origin, veteran status, or disability. Any person who believes he or she has been discriminated against based upon one (1) of these protected categories is encouraged to file a discrimination complaint. The Compliance Coordinator responsible for Section 504 complaints is **Kay Boyd, Director of Student Programs, (216) 609-0700.**

The Compliance Coordinator responsible for Title IX, Drug Free Workplace, Age Discrimination Act, Title VI, ADA, or discrimination complaints is **April Hart- Chief Human Resources Officer, Education Service Center, (216) 609-0700.**

Registration Form:

List Student's Name fully as it appears on the birth certificate:

Today's Date: _____

Last Name: _____

First Name: _____ Middle Name: _____

***UPDATED** Home Address: _____

Home Telephone: _____ Cell Phone: _____

City: _____ County: _____ State: _____ Zip: _____

Male Female DOB: ____ / ____ / ____ Age: _____

Child lives with: (**check one (1) only**)

- Both Biological Parents Mother Only Father Only Both Parents Alternate
 (If both parents alternate please indicate Custodial Parent and Sign) Legal Guardian

Mother: _____ Occupation: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cellular Phone: _____

Work/Business Name and Address: _____

Work/ Business Telephone: _____ Work/Business Email: _____

Father: _____ Occupation: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cellular Phone: _____

Work/Business Name and Address: _____

Work/ Business Telephone: _____ Work/Business Email: _____

Custodial Parent Signature: _____ **Date:** _____

******If the student is living with Guardian(s) complete this section):**

Guardian: _____ Occupation: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cellular Phone: _____

Work/Business Name and Address: _____

Work/ Business Telephone: _____ Work/Business Email: _____

Guardian Signature: _____ **Date:** _____

Emergency Contact/Permission

Understand that providing current emergency contact information is critical to the safety and well-being of my child. My signature on this form certifies my understanding and commitment to provide updates (in writing) of any and all changes in contact information for myself, and my emergency contacts, within 24 hours of any change to the school administrative assistant/secretary and my child's classroom teacher(s).

Name of Child: _____ Age: _____ Date of Birth: _____ / _____ / _____

Address: _____ City _____ State _____ Zip _____
Street Number and Name Apt. #

Local Emergency Contacts: Adult persons (18 years or older) who may be contacted in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name(s) of Person other than Parent or Legal Guardian to Whom Child may be released must be 18 years or older:

Name Phone

Name Phone

Name Phone

Name Phone

Parent/Guardian Signature: _____ Today's Date: _____ / _____ / _____

EMERGENCY MEDICAL AUTHORIZATION & INFORMATION

Student's Name _____ Phone: (____) _____ DOB __/__/__ Grade ____
Street _____ City _____ State _____ Zip _____

1. My child has/had: Seizures Heart Disease Diabetes Asthma Homesickness
- Other medical conditions _____
 - _____
 - Other physical, emotional, mental, or behavioral concerns or limitations

 - _____
 - Medications being taken: _____

2. Please list **all other special treatment services** your child has received in the last three (3) years:

3. My child is allergic to: Hay/straw Dairy Products Bee Stings Nuts Other

4. _____
Location of Epi-Pen:

5. If any of the ABOVE-CONDITONS ARE LIFE THREATENING, please describe:

If your child requires medication, please read the Medication Policy in the Student/Parent Handbook. If you permit your child to carry and administer his or her own medication while in the school's care, please be advised that you must obtain a permission slip from the office and that you and your child shall be totally responsible for the safekeeping of the medication and the administration of the correct dosage.

Please indicate your consent for office staff to administer the following medication to your student (in accordance with directions):

- | | |
|--|------------------------------------|
| <input type="radio"/> Generic Tylenol | _____Do nothing before you call me |
| <input type="radio"/> Ibuprofen | _____Do nothing before you call me |
| <input type="radio"/> Maalox/tums for upset stomach | _____Do nothing before you call me |
| <input type="radio"/> Generic Sudafed for congestion | _____Do nothing before you call me |
| <input type="radio"/> Imodium AD for diarrhea | _____Do nothing before you call me |
| <input type="radio"/> Benadryl for allergy symptoms/congestion | _____Do nothing before you call me |

EMERGENCY TREATMENT FORM

PARENTS AND GUARDIANS: This form is to authorize, or to decline 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 for the purpose of giving consent for such treatment. Such authority is necessary to overcome legal obstacles to the provision of treatment when all reasonable attempts to reach parents or guardians have failed. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. The authority granted by this form meets the specifications outlined by Section 3313.712 of the Ohio Revised Code.

Student's Name _____

Medicare/Care source Number _____

Health Insurance Policy Name and Policy Number:

PART I – TO GRANT CONSENT

Doctor: _____ Phone: (____) _____

Dentist: _____ Phone: (____) _____

Hospital: _____ Phone: (____) _____

Name of person who will assume financial responsibility for medical treatment:

Signed: _____ Date: _____

PART II – REFUSAL TO GIVE CONSENT

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

Signed: _____ Date: _____

STUDENT TRANSPORTATION INFORMATION

Student's Name _____ Grade _____

Street _____ City _____ State _____ Zip _____

All students that reside in the City of Warrensville have the option of utilizing the Warrensville School District bus system for transportation. Please indicate your choice of transportation for your student.

I, _____ (Parent or Guardian name) of _____ (Student name)

would like for:

- My Student to ride the school bus ___Before School ___After School
- My Student will be a car rider ___Before School ___After School
- My Student will be provided private transportation ___Before School ___After School
- My Student will be a walker ___Before School ___After School

Additional comments or instructions:

Medical Concerns the bus driver should be aware of :

I understand that if I live in the Warrensville Heights, Ohio, that transportation is provided by the Warrensville School District and my child agrees to follow all rules and regulations established by the Warrensville Board of Education and/or their official representatives. Failure to do so is good and sufficient reason to discontinue transportation services for my child.

Signature of Parent/Guardian _____