

ENROLLMENT FORM

Child's Full Name _____ Sex _____ Date of Application _____
(First) (Middle) (Last)

Grade _____ Date of Birth _____ City/State of Birth _____ Home Phone _____

Home Address _____ City _____ Zip _____

School District of Residence _____ Child's Social Security # _____

Building Child Attends _____

Is child Hispanic/Latino Yes No

Racial Group(s) [Please check all that apply]: Asian Black/African American American Indian or Alaska Native Hispanic
 Native Hawaiian or Other Pacific Islander White/Caucasian Other _____

Language(s) spoken in the home _____

Name of Mother/Guardian _____ Maiden Name (if applicable) _____

Occupation _____ Email Address: _____

Employer or School _____ Business Phone _____

Business Address _____ Hours _____

Mother's Cell Phone # _____

Name of Father _____ Occupation _____

Employer or School _____ Business Phone _____

Business Address _____ Hours _____

Father's Cell Phone # _____

Email Address: _____

Person(s) authorized to pick up child: _____

(UNDER NO CIRCUMSTANCES WILL THE CHILD BE RELEASED TO ANYONE NOT KNOWN TO THE SCHOOL
WITHOUT AUTHORIZATION FROM PARENTS OR GUARDIAN.)

Person(s) NOT authorized to visit or pick up child: _____

NOTE: It is legal for either parent to pick up child, unless we have a copy of a court order restricting visitation.

Person(s) with Legal Custody of Child (relationship) _____

If applicable, date copies of custody papers issued to school program _____

Health Insurance Provider/Medicaid _____ Insurance/Medicaid # _____



Stark County Educational Service Center
Special Needs / Student Services

EMERGENCY MEDICAL AUTHORIZATION FORM

School Student is Attending _____ Student's Name _____
School District of Residence _____ Student's Address _____
Grade _____ Homeroom Number _____ Home Telephone Number _____
Social Security Number _____

EITHER COMPLETE PART I OR PART II BELOW

PART I: To Grant Consent

In the event reasonable attempts to contact a parent/guardian have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the designated preferred physician or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the child to the preferred hospital or any hospital reasonably accessible.

PLEASE LIST ONLY NAMES OF PEOPLE THAT YOU WOULD WISH TO BE CONTACTED:

Mother/Guardian Name _____ Her Daytime Phone _____
Father/Guardian Name _____ His Daytime Phone _____
Name of Other Person to Contact _____ Relationship to Child _____ Their Daytime Phone _____
Preferred Physician _____ Phone _____
Preferred Dentist _____ Phone _____
Medical Specialist (if applicable) _____ Phone _____
Preferred Hospital _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring if 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:

Parent/Guardian Signature _____ Date _____

PART II: REFUSAL TO CONSENT (Do not complete if you have signed Part I)

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 action.

Stark County Educational Service Center

SOAR Program

Parents/Guardian/Students:

School Absence:

If your student will be missing school, Please call RG Drage @ 330-832-9856.

A note will be required within 3 days for your student when he or she returns to school.

If a note is not received it is considered an un-excused absene. After 3 un-excused absences student will be issued an all-day detention per RG Drage student handbook.

Contact Information:

If you need to reach your student, Please call RG Drage @ 330-832-9856 ext: 353

DO NOT contact your student by text message or his/her cell phone. Students have access to room phone with teacher permission.

Thank you,

SOAR Staff

PARENT/GUARDIAN SIGNITURE

Date: _____

STUDENT SIGNITURE

Date: _____

Volunteer Work Experiences

Throughout the school year, your son/daughter may have the opportunity to participate in volunteer work experiences. Volunteer time is recorded and students earn incentives as they reach a new level. The experience also becomes a part of the students' resume. At times, we may also have lunch at an area restaurant. (Occasionally vendors donate coupons). Your permission is requested, so we may proceed with the arrangements. Thank you, ~SCESC School Staff

- **Meals on Wheels** 2363 Nave Road SE, Massillon
Students learn about the food prep industry, while providing a vital service to the community.
- **Legends Care Center** 2311 Nave Road SE, Massillon
Students perform various tasks: deliver mail, serve drinks, and assist residents with special activities.
- **Community Services Homeless Shelter** 412 Lincolnway East, Massillon
Students assist by packing personal care products, organizing donation rooms, and light cleaning.
- **Humane Society** 5100 Peach Street, Louisville
Students spend one on one time walking dogs, bathing puppies or giving cats love and affection.
- **Salvation Army** 315 6th Street NE, Massillon
Students restock food pantry shelves, fill food donation bags, assist with soup kitchen and wrap gifts.
- **Stark Parks** 5712 12th Street NW, Canton
Students support the parks in various ways, while having fun and learning at the same time.
- **Various group projects /activities**
Students participate in activities such as yard work, painting, cleaning, set-up lunchroom tables/chairs, craft & bake sales etc.

PARENTS / GUARDIAN:

VOLUNTEER PERMISSION:

_____ I DO WANT my son/daughter to participate at the above volunteer project sites, and any new sites & activities that develop throughout the school year. Permission also includes lunch at area restaurants, if needed. I understand that my child will be transported in the R. G. Drage van, Stark Co. Educational Service Center van or SARTA. I also give permission, when necessary, for staff to transport my child in their personal vehicle.

_____ I DO NOT WANT my son/daughter to participate at this time.

MEDIA PERMISSION:

_____ I DO give consent for my son/daughter's name and/or picture to be used for media purposes.

_____ I DO NOT give consent for my son/daughter's name and/or picture to be used for media purposes.

Parent / Guardian Signature

Date

STUDENT:

I agree to follow school rules, including proper hygiene, the work site dress code and code of conduct:

Student signature

Date

Stark County Humane Society

Volunteer Release

I For persons over 18 years of age or older:

For valuable consideration, receipt and sufficiency of which is acknowledged,

I _____,
(Print Name Clearly)
do assume all responsibility for any injuries I may sustain while volunteering, and further, I do hereby release and hold harmless The Stark County Humane Society, its directors, agents and representatives, from any and all claims, actions, expenses, causes of action or liabilities of any nature whatsoever that may arise from my experience as a volunteer at the facilities of The Stark County Humane Society or for The Stark County Humane Society.

Signature: _____

Date: _____, 2_____

II This Volunteer Waiver must be signed by a parent or legal guardian of any person under 18 years of age:

For valuable consideration, receipt and sufficiency of which is acknowledged, as the parent or legal guardian of _____,
(Print Name of Minor Clearly)
I do hereby give my permission for _____
(Print Name of Minor Clearly)
to volunteer at The Stark County Humane Society and I assume all responsibility for any injuries that may be sustained by the aforesaid minor during the time in which he or she is volunteering for The Stark County Humane Society. I also do hereby release and hold harmless The Stark County Humane Society, its directors, agents and representatives, from any and all claims, actions, expenses, causes of action or liabilities of any nature whatsoever that may arise from his or her experience as a volunteer at the facilities of The Stark County Humane Society or for The Stark County Humane Society.

Name of Parent or Legal Guardian: _____
(Print Name Clearly)

Signature of Parent or Legal Guardian: _____

Date: _____, 2_____



Stark County Educational Service Center
2100 38th St. N.W.
Canton, OH 44709

RELEASE OR OBTAIN INFORMATION FORM
Special Needs / Student Services

I hereby authorize the Special Needs / Student Services Department of the
Stark County Educational Service Center to Release or Obtain:

Information concerning: _____
(name of child)

to / from the Physician, School and/or Agency as the case may be.

Signed: _____

Date: _____

Relationship to child: _____

Stark County Educational Service Center
SPECIAL NEEDS / STUDENT SERVICES

PARENTAL CONSENT FOR RECORD RELEASE FORM

I, the parent / legal guardian / or student of legal age authorize release of school records for

_____, date of birth _____

to _____
(Name of School)

(Address)

Specific data to be released:

- | | |
|--|--|
| <input type="checkbox"/> Identifying data | <input type="checkbox"/> Health data |
| <input type="checkbox"/> Academic work | <input type="checkbox"/> Family background information |
| <input type="checkbox"/> Level of achievement | <input type="checkbox"/> Teacher or counselor ratings and observations |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Verified report of serious or recurrent behavior patterns |
| <input type="checkbox"/> Standardized achievement scores | <input type="checkbox"/> Evaluation Team Report |
| <input type="checkbox"/> Attendance data | <input type="checkbox"/> Evaluation Team Report |
| <input type="checkbox"/> Intelligence aptitude | <input type="checkbox"/> I.E.P. (Individual Educational Plan) |
| <input type="checkbox"/> Psychological tests | <input type="checkbox"/> Child Information Management Record |
| <input type="checkbox"/> Interest inventory results | |
| <input type="checkbox"/> Birth Certificate | |

ALL OF THE ABOVE WHERE APPLICABLE

Date: _____

Signature: _____

RECORD OF RELEASE

Date Received: _____

Date Released: _____

Date Mailed: _____

By: _____

This request when submitted will become a part of the permanent record.

*Stark County Educational Service Center
Special Needs / Student Services Department*

**INFORMED CONSENT
FOR SOCIAL WORK SERVICES**

I give my consent for my son / daughter, _____
to participate in individual and / or group services as a part of
the educational experience through the Stark County
Educational Service Center (SCESC) classrooms. I
understand that the social workers and counselors working
through the SCESC are obligated to maintain confidentiality
according to legal, ethical and professional limits.

(Parent / Guardian)

(Date)

(Witness)

(Date)

CONSENT TO PHOTOGRAPH

I am **granting** permission for the Stark Co. Educational Service Center ED unit to photograph my child in order to create a student ID. I understand that the photograph will be used exclusively to create a student ID. I am not granting permission for any other photographs to be taken of my child. I am also not giving permission for this photograph to be used for anything other than the creation of a student ID.

Parent/Guardian Signature

Date

I am **refusing** permission for my child's photograph to be taken. I understand that this means that my child will not be able to receive a student ID.

Parent/Guardian Signature

Date

Stark County ED Program
Parent Notification of Physical Intervention Procedure

The Stark County program for students with emotional disturbed handicaps (ED) consists of eleven (11) ED classrooms located through the county.

The ED Program strives to ensure that every student is empowered to achieve individual, educational, and real life goals. The program focuses on improving social skills, shaping positive behavioral tendencies, and developing academic proficiency in each student. For older students there is also a strong focus on transitional activities leading to vocational awareness and preparation for life after high school.

The program strives to remove control, or minimize barriers that interfere with learning. The ED classes are highly structured and have a predictable routine. Behavioral systems are incorporated to change and shape student actions and responses. The withholding of privileges and time-out are used when deemed necessary to redirect students. On rare occasions physical restraint is required to control students in dangerous situations. Physical restraint is used by designated, trained school personnel to prevent injury **only** when a student loses physical control and becomes a threat to self or others because of aggressive or disruptive behavior within the classroom or school building. Parent notification is provided as soon as possible whenever there is a restraint incident.

Student's Name: _____

I understand that physical restraint procedures are used to safeguard the welfare of all students, including my child. If there is an incident where my child may be endangering others or self, I give permission for the SCESC staff to use physical restraint on my child to minimize the danger of personal injury to my child, the school staff, or to other children in the class or school building. I understand that I will be notified of any restraint procedure used on my child as soon as possible after the incident has resolved.

(Parent(s) / Guardian Signature)

(Date)

Student Media Release Form

Dear Parent / Guardian:

The Stark County Educational Service Center requests your permission to include your child's name and/or picture in media releases, along with information about school activities in which he/she is engaged. This information may be used in such publications as school newsletters/videos, County Office newsletters/brochures/videos, or on the school's Internet Home Page. No personal information such as student phone numbers or addresses will be released. If you have any questions, please feel free to call your child's teacher.

Sincerely,
The Stark County Educational Service Center Administration

Print student's name _____ Date _____

Please, circle your response in all the boxes below:

I give permission for my child's name to be included in releases to the following media:

<i>PRINT</i>
Yes No

<i>INTERNET HOME PAGE</i>
Yes No

<i>TV</i>
Yes No

I give permission for my child's photo to be included in releases to the following media:

<i>PRINT</i>
Yes No

<i>INTERNET HOME PAGE</i>
Yes No

<i>TV</i>
Yes No

PARENT/GUARDIAN SIGNATURE

DATE