



Marshall High School

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Does the student have any children? Yes No If Yes, How many? _____

Will the student need daycare for their child? Yes No

Is the student presently reporting to a probation officer? Yes No * Please Note: Responding Yes will **NOT** exclude the student from admission

If yes, will the student need an enrollment letter from the school for his/her probation officer? Yes No

Probation Officer/Social Worker Name: _____ Phone: _____

STUDENT'S PREVIOUS EDUCATION

Does the student have a current or active Individualized Education Plan (I.E.P.)? Yes No

Did the student ever have an I.E.P.? Yes No If Yes, what school year? _____

If Yes, please provide a copy of the student's I.E.P. and Evaluation.

What year did student start 9th grade: _____

<u>List of Previous Schools</u>	<u>Yrs. Attended</u>	<u>Grade Level</u>	<u>Outcome</u> <u>(Suspended/Expelled/Dropped Out)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional information that would be helpful for the school to know: _____

PARENT/GUARDIAN INFORMATION

The following information should be completed referring to parent(s), guardian(s), and/or grandparent(s) with who the student resides:

Parent/Guardian: _____
Last First

Parent/Guardian: _____
Last First

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

Work or Cell Phone #: _____

Work or Cell Phone #: _____

Email Address: _____

Email Address: _____

Preferred session: _____



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PARENT/STUDENT CONTRACT

We have read and understand all of the information contained in the Parent/Student Handbook. By signing below, I/we agree to abide by and support the Marshall High School rules and regulations, including the Code of Conduct and all other policies, as outlined in the Parent/Student Handbook. Although the Parent/Student Handbook reflects the current policies of Marshall High School, it may be necessary to make changes from time to time to best serve the needs of our school and its students.

STUDENT SIGNATURE _____
Signature Date

I hereby state that the information provided in this document is true and current. I am the legal guardian or custodian of this student.

PARENT/GUARDIAN SIGNATURE (if student is under 18 yrs. old): _____
Signature Date

For Office Use Only

- Provided proof of immunization (4 – DPT; 3 – Polio; 2 – MMR after 1st birthday & during 7th grade; Hepatitis B beginning KDG 2000)
Note: Immunization requirements must be met or student will be excluded on the 15th day
- Provided birth certificate Provided proof of residency
- Emergency Medical Authorization Free/Reduced Lunch and/or Income Verification
- Parent/Guardian Sign Offs: ___ Request for Records, ___ FERPA, ___ CBI, ___ Title I Compact, ___ FES, ___ Info Release
- Provide proof of independence (paystub, W2)

ENROLLMENT DETERMINATION:

- ENROLLMENT - COMPLETE:** The student **MAY BE ENROLLED**, meets requirements of residency, guardianship, immunizations and age (birth certificate), and proof of independence, if applicable
- ENROLLMENT WITH CONDITIONS:** The student **MAY BE ENROLLED**, but must provide proof of immunization within 14 days. At that point, student may not continue to attend school until proof of immunizations is provided. After 24 days (105 hours) of non-attendance, the student will be automatically withdrawn.

DEADLINE DATE: _____

- ENROLLMENT POSTPONED:** The student does not meet all requirements and **MAY NOT BE ENROLLED**, and must do the following prior to admittance:
 - Provide birth certificate Provide proof of residency
 - Provide proof of custody/guardianship Provide proof of independence (paystub, W2)

DEADLINE DATE: _____

ENROLLMENT OFFICIAL (Please Print First and Last Name) _____

MARSHALL HIGH SCHOOL admits students of any race, creed, color, handicapping condition, or sex. Furthermore, there will be no discrimination in the admission of students to Marshall High School on the basis of race, creed, color, handicapping condition, or sex. Admission preference is: returning students first, then siblings of students, and lastly open admission.



EMERGENCY MEDICAL AUTHORIZATION

Student's Name: _____ Age: _____
Address: _____ Apt.#: _____
City: _____ Zip Code: _____ Phone: _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for their child who becomes ill or injured while under the school's authority when parents or guardian cannot be reached.

Residential Parent or Guardian

Mother's Name: _____ Daytime Phone: _____
Father's Name: _____ Daytime Phone: _____
Other's Name: _____ Daytime Phone: _____
Name of relative or childcare provider (other than parent): _____

PART 1 OR PART 2 MUST BE COMPLETED
Part 1 – Grant Permission

I hereby give consent for the following medicalcare providers and local hospital to be called: Doctor's

Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____
Medical Specialist: _____ Phone: _____
Local Hospital: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful I hereby give my consent for (1) the admission of any treatment deemed necessary by above named doctor; or 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 reasonable accessible.

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists concur 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 impairment to which a physician should be alerted:

Parent/Guardian Signature: _____ Date: _____

Part 2 – 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 Marshall High School authorities to take the following action:

Parent/Guardian Signature: _____ Date: _____



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REQUEST FOR RECORDS (Entering Students)

➡ ➡ TO:

(previous school)

➡ ➡ A.

You are authorized to release the following records for:

Student's Name: _____

Age: _____ DOB: _____

Date Requested: _____

B. Specific Data to be Released: (Please indicate with X)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Directory Information | <input checked="" type="checkbox"/> Official Transcripts w/ Seal |
| <input checked="" type="checkbox"/> Health Records | <input checked="" type="checkbox"/> OGT Scores (Scaled & Raw) |
| <input checked="" type="checkbox"/> Permanent/Cumulative Records | <input checked="" type="checkbox"/> Fees / Obligations owed |
| <input checked="" type="checkbox"/> Pupil Personnel Services/Special Ed | <input checked="" type="checkbox"/> Other: IEP / MFE |

C. Reason for Request: (Please indicate with X)

- Enrollment
- To aid in present and future educational decisions
- Other: _____

➡ ➡

Student's Signature

Date

Parent/Guardian's Signature
(if student is under 18 years of age)

Date

OHIO REVISED CODE OHIO STATUS 3319.32.1

Text of Statute: Nothing shall prevent the transfer of a student's record (this includes transcripts and IEP's) to an educational institution for a legitimate educational purpose. A parent, legal guardian or a person 18 years or older can request transcripts upon withdrawal from one public school district for the purpose of attending another school. This is a State Law and must be followed.

Please return requested records to address listed below

Marshall High School
Attn: Student Registrar
4720 Roosevelt Blvd.
Middletown, OH 45044
(513) 318-7078 (phone) / (513) 425-6951 (fax)



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FERPA Consent:

The Family and Educational Rights and Privacy Act (FERPA) provides parents and students over 18 years of age ("eligible students") certain rights regarding the student's educational records. In order to serve the student's educational needs, Marshall High School may find it necessary to disclose a student's name and address to a vendor to provide them with the appropriate learning solutions. These vendors agree to the confidentiality of the student's name and address and will not use such information for any purpose other than those required under their vendor contract with Marshall High School. I hereby agree that my student's name and address may be provided to these entities to ensure that Marshall High School can best meet the educational needs of my student.

Confidentiality and Communication Consent:

As the parent/guardian, I agree to allow Marshall High School personnel the right to contact me or my student in any manner of communication that pertains to the student's academic well-being. This may include, but is not limited to: Director, Assistant Directors, Teachers, Family Advocate, Employability Specialists, Administrative Assistants, and EMIS/Student Data Specialists. This information will remain confidential except in cases where there is an ethical and or legal responsibility to limit the above said confidentiality.

Signature of Parent/Guardian

Date

Signature of Student (if 18 years old)

Date



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**Marshall High School
Title I Compact**

STUDENT AGREEMENT

Communication between the Student and the School staff is important. As a student who has responsibility for his or her own education, I will attend the daily sessions on a regular basis and do all that is asked of me at the School to the best of my abilities.

I, _____ agree to Title I service for myself and that I will be responsible for supporting my learning in the following ways:

- Attending school regularly and punctually
- Being prepared to learn by being well-rested, fed and dressed according to the Marshall High School dress code each day
- Being prepared to learn by bringing the necessary supplies and learning tools to class each day
- Working on learning activities including computer-based learning, teacher-led, and vocational education to the best of my abilities
- Asking questions when I do not know something
- Supporting the school in efforts to maintain proper discipline
- Respecting all school staff, my fellow students, and the cultural differences of others

Signature of Student

Date

FAMILY REPRESENTATIVE AGREEMENT

Communication between the home and the School staff is important. As a parent or adult who has responsibility for the above-named student, I will attend at least one parent/teacher conference during which this Compact will be discussed as it relates to my child's achievement. I will read each progress report and talk to my child about the progress report. I understand that I will have reasonable access to my child's teachers, and will be able to observe classroom activities.

I, _____ agree to Title I service for my child and that I will be responsible for supporting learning of my child in the following ways:

- Reading Progress Reports
- Discussing Progress Reports with my child
- Participating in parent/teacher conferences
- Monitoring my child's school attendance
- Assisting my child in learning to resolve conflicts in positive ways
- Supporting the school in efforts to maintain proper discipline
- Respecting all Marshall High School staff and students, and the cultural differences of others
- Assuring that my child is prepared to learn by being well-rested, fed and dressed according to the Marshall High School dress code each day and that he/she has the necessary supplies and learning tools to class each day

Signature of Family Representative

Date



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Media Release/Student Information Form

TO BE COMPLETED BY PARENT, GUARDIAN or ADULT STUDENT (Please print clearly):

Name of Participating Student

Age

Marshall High School

School

Middletown OH

45044

City

Grade

I/we understand that as part of my/our child's attendance at Marshall High School ("School"), photos, videos, and quotations may be taken for use in publications and reports about the program. I/we further understand that members of the news media invited to cover the program may take photos, videos and quotations.

I/we grant permission to the School and its Board of Directors, Management Company, employees, agents and representatives to use such materials for the promotion of the program and to use this student's name, photographic likeness, alone or in a group, in any publication, document, TV production, video or to release said name or likeness to any media outlets including, but not limited to, newspapers, magazines or TV stations for publicity and/or recognition purposes and/or to use this student's name and/or photographic likeness, alone or in a group, on the official website of the School and/or Management Company.

I agree that I and/or my child shall have no right, title, or interests in any photo or videotape covered by this agreement and waive any right to compensation for such use. I release the School, its Board of Directors, the Management Company, employees, agents, representatives and all organizations and individuals related to the School from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness as described above.

Signature of Parent/Guardian

Date

Signature of Student (if 18 years old)

Date



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CAREER BASED INTERVENTION PROGRAM INFORMATION

As a Student at Marshall High School, you will be participating in a Career Based Intervention Program. This Program allows the Student to earn high school credits for time spent at work. In order to receive the appropriate amount of credits for work, the Student must regularly provide the School with employment information including but not limited to the name and address of the employer, the amount of time worked per pay period, the date of termination/last date worked, and efforts made to obtain new or previous employment. Failure to provide appropriate documentation will prevent the Student from earning the corresponding credits. All Students are required to complete all regular academic coursework. Additionally, Students under the age of 18 must have a valid work permit.

STUDENT AND PARENT CONTRACT FOR CAREER BASED INTERVENTION

The Career Based Intervention (CBI) Program is designed to give students the opportunity to complete their education while learning the obligations of the world of work. The success of students in the CBI Program is dependent upon their desire to improve. There are definite responsibilities the STUDENT must agree to carry out before being enrolled:

As a condition of enrollment into the Marshall High School Career Based Intervention Program, I, _____, agree to the following conditions:

- 1) To be in school every day and on time unless excused from school.
- 2) If in a paid work experience, to be at work on time and to miss work only if excused by the employer, school, or parent.
- 3) If it is necessary to miss a scheduled shift at work, the student agrees to notify the employer in a timely and courteous manner, prior to the time that the student was supposed to begin working his or her shift.
- 4) The Student must notify the School immediately of any school or work problems and accept the designated staff member's counseling, guidance, and any reassignments or adjustment of the Student's work experience.
- 5) The Student must exercise good personal hygiene and be properly dressed and groomed per the direction of the School and the Student's employer.
- 6) The Student must understand that s/he may be dropped from the program if s/he cuts a class, lies, cheats, steals, fails a class, or is fired from a paid work experience.
- 7) The Student must report to any work experience in a timely manner and not loiter around the School once dismissed for the day.
- 8) The Student must assume the responsibility of transportation to and from his or her work experience.
- 9) The Student agrees to make an honest effort to succeed in all academic subjects and at work and to perform all academic and work obligations in a manner that will reflect positively on self and Marshall High School.
- 10) The Student agrees to immediately notify the School of any changes in employment, rate of pay job description, full or part time work status, and residency.
- 11) The Student understands that not fulfilling any of the above conditions may result in dismissal from the CBI Program and or loss of credits.



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The Marshall High School's Career Based Intervention Program affords the Student the ability to attend school for a shorter time period each day than the required four and one-half hour session. **ONLY STUDENTS WHO ARE REGULARLY WORKING MAY TAKE ADVANTAGE OF THIS PRIVILEGE. IF A STUDENT IS NOT REGULARLY WORKING, THE STUDENT MUST ATTEND THE FULL 4.5 HOUR SESSION.**

By signing below the Student acknowledges that s/he will be participating in the Marshall High School's Career Based Intervention Program, and that s/he will comply with the rules and regulations of the Program.

Signature of Student

Date

I, _____, the Parent/Guardian fully understand and agree with the goals, program requirements, and rules of the Marshall High School's Career Based Intervention Program. I will fully cooperate with the school to accomplish the goals and to ensure that the requirements are met and the rules are adhered to by my Student. I give my permission for my Student, to participate in the Career Based Intervention Program at this school.

Signature of Parent/Guardian

Date



Family Education Services

Parent/Guardian Consent for Individual and Group Services

Your permission is requested for your child to participate in individual advising sessions and group activities. This time will be used to discuss ideas, behaviors, feelings, attitudes, and opinions of the student.

Because advising is based on a trusting relationship between the Advocate and the student, the FES Advocate will keep the information shared in the sessions confidential except in certain situations in which there are an ethical and/or legal responsibility to limit confidentiality. In the following circumstances you will be notified.

1. If the child reveals information about hurting himself/herself or another person.
2. If the child reveals information about child abuse.
3. Other situations that ethically and/or legally compel disclosure.

By signing this form I give my informed consent for my child to participate in individual advising sessions and group activities. I understand that

1. This time will be utilized to strengthen interpersonal skills, discuss feelings, share idea, practice new behaviors, and build self-esteem.
2. Anything that is shared during this time will be kept confidential by the Family Advocate except in the above-mentioned cases.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Student _____ Date _____

Return to _____



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HOME LANGUAGE SURVEY

SCHOOL: _____ DATE: _____

NAME OF STUDENT: _____
Last Name First Name Middle I.

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Month / Day / Year City State Country

NAME OF PARENT/GUARDIAN: _____
Last Name First Name

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

***** For Parents/Guardians *****

Please answer the following questions:

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

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (G-1270), and proceed to assess the student's English Language Proficiency.

