



**Gallia County Local Schools**  
 4836 State Route 325, Patriot, OH 45658  
 Phone 740-379-9085 Fax 740-379-9138  
 www.gallialocal.org  
 District IRN# 065680

**REQUEST FOR ENROLLMENT RECORDS**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth    /   /    Age \_\_\_\_\_ Gender \_\_\_\_\_

**Please release the following records:**

*All standardized/state test/ACT scores* *Copy of birth certificate and social security card*  
*Current health/immunization records and **physical*** *Current schedule with current alpha/numerical grades*  
*Custody or court documents with school district education cost responsibility*  
**UP TO DATE and SIGNED psychological reports, IEP, special education, and gifted records**  
*Student's Ohio SSID#* *Up to date transcript from ALL previous attended schools*

Previous School \_\_\_\_\_ Previous School District \_\_\_\_\_  
 I release \_\_\_\_\_ from any legal liability for giving information to GCLS by signing this form.  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Previous School IRN# \_\_\_\_\_

GCLS Building to attend \_\_\_\_\_  
 Student attended AE \_\_\_\_\_ HTE \_\_\_\_\_ RVHS \_\_\_\_\_ RVM \_\_\_\_\_ SGHS \_\_\_\_\_ SGM \_\_\_\_\_ SWE \_\_\_\_\_ VE \_\_\_\_\_ SODA \_\_\_\_\_

Primary Language \_\_\_\_\_ Native Language \_\_\_\_\_ SSN    /   /   

Race/Ethnicity White  Black/African American  Asian  American Indian/Alaskan Native   
 Native Hawaiian/Pacific Islander  Hispanic/Latina  Other \_\_\_\_\_

Special Programs ETR  IEP  Disability \_\_\_\_\_ 504 Plan  Birth City/State \_\_\_\_\_, \_\_\_\_\_

Court/Foster Place  Court Documents  School District responsible for education \_\_\_\_\_

_____	_____	_____	_____
Guardian Name	Guardian Name	Parent Name	Parent Name
_____	_____	_____	_____
Phone	Phone	Phone	Phone
_____	_____	_____	_____
Email	Email	Email	Email

I release GCLS and its staff from any legal liability for disclosing or acquiring information which I have permitted by signing this form.

Parent/Guardian Signature \_\_\_\_\_ Date    /   /   

Penny Coon  
 Administrative Assistant  
 gl\_pcoon@gallialocal.org  
 Ext 10012

**DATE ENTERED BUILDING/LOGGED ON**    /   /   

**Gallia County Local Schools**

**STUDENT RESIDENCY QUESTIONNAIRE**

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_

Guardian/Adult Caregiver for student (s) \_\_\_\_\_ Relationship \_\_\_\_\_

If Adult Caregiver IS NOT Legal Guardian, name (s) of Legal Guardian \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

\*Is the student('s) current address a TEMPORARY living situation Y \_\_\_\_\_ N \_\_\_\_\_  
(Parent DOES NOT own or rent own residence) Due to loss of housing or financial hardship Y \_\_\_\_\_ N \_\_\_\_\_

\*If you answered YES to either of the above questions, complete the remainder of this form

**If you answered NO to both \* questions, skip to MILITARY HOUSEHOLD STATUS**

Where does the student(s) currently live?

Camper \_\_\_\_\_ Car, tent, or area not designed for normal sleeping accommodations, etc. \_\_\_\_\_

Moving from place to place \_\_\_\_\_ Motel/hotel \_\_\_\_\_

Residence with another family living together/multifamily \_\_\_\_\_

Name of homeowner/renter \_\_\_\_\_

Shelter \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian/Adult Caregiver

This form is intended to address the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11432 et seq.) requirement that homeless children have access to education and other services for which they are eligible. The McKinney-Vento Act states specifically that barriers to enrollment must be removed.

**MILITARY HOUSEHOLD STATUS**

Guardian Name \_\_\_\_\_ Guardian Name \_\_\_\_\_

Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Exit Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Branch of Service \_\_\_\_\_

Active Duty \_\_\_ Deployed \_\_\_ Discharged \_\_\_ Inactive \_\_\_ Injured \_\_\_ KIA \_\_\_ Retired \_\_\_ Student Military \_\_\_

This information is being collected for Ohio Department of Education

**Please return completed form to school secretary or GCLS County Office-Penny Coon/Sandra Plantz**

**REVIEW INITIAL**

**Gallia County Local Schools**

**ACCEPTABLE USE AND INTERNET SAFETY POLICY**

All students must take responsibility for appropriate and lawful use of internet access. One misuse may jeopardize all student's access. Teachers and other staff will make reasonable efforts to supervise student use of network and access. Upon completion of this permission slip, each student will be given the opportunity to internet access. I understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Policy. Should I commit any violation or in any way misuse my access to the Internet, my access privilege may be revoked and school disciplinary action may be taken against me.

\_\_\_\_\_ I am 18 or older \_\_\_\_\_ I am under 18 \_\_\_\_\_  
Student/User Printed Name

\_\_\_\_\_ / / \_\_\_\_\_  
Student/User Signature Date

**GUARDIAN AGREEMENT**

As a guardian of the above student, I have read, understand, and agree that compliance with the Acceptable Use and Internet Safety Policy must be followed. I also understand that non-compliance will result in access restriction. I accept full responsibility the above named student's internet access.

\_\_\_\_\_ Guardian Printed Name

\_\_\_\_\_ / / \_\_\_\_\_  
Guardian Signature Date

**PHOTOGRAPHY AND VIDEOTAPE RELEASE-NOT CCO APPLICABLE**

Consent is required for student to be included in any picture or videotaping. Identification by student name will only occur in the said school yearbook. The material will not be used for any commercial purposes and no payments will be made to the participants.

\_\_\_\_\_ I am 18 or older \_\_\_\_\_  
Student/User Printed Name

\_\_\_\_\_ / / \_\_\_\_\_  
Student/User Signature Date

I grant permission for my student's to be included in pictures \_\_\_\_\_  
I do not grant permission for my student's to be included in pictures \_\_\_\_\_

\_\_\_\_\_ I am under 18 \_\_\_\_\_  
Guardian Printed Name

\_\_\_\_\_ / / \_\_\_\_\_  
Guardian Signature Date

**TB SKIN TESTING**

In conjunction with The Gallia County Health Department, all new to Gallia County incoming students are required to have a TB Skin Test within the past twelve (12) months.

This test is mandatory **WITHIN FOURTEEN (14) DAYS** of GCLS enrollment. TB Skin Test are administered, free of charge, Monday, Tuesday, Wednesday, and Friday, 8:00 AM to 4:00 PM at the Gallia County Health Department, 499 Jackson Pike, Gallipolis, OH 45631, 740-441-2950.

After TB Skin Test is administered and read, documentation must be forwarded to the student's school for record keeping purposes.

**NEW STUDENT BUS BOARDING PASS-NOT CCO APPLICABLE**

School Attending \_\_\_\_\_

Student Name \_\_\_\_\_

DOB \_\_\_ / \_\_\_ / \_\_\_      Age \_\_\_\_\_      Grade \_\_\_\_\_

Address \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_

Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_      Emergency Phone \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Driver Name                              Bus#                              AM Pickup Time      PM Drop Off Time

APPROVAL STAMP