

CHS Summer School Registration Form for New Students (And Non CCS Students)

This form must be filled out in order to attend summer school classes at Centerville High School. You will receive confirmation of your summer school class placement by April 6, 2024.

Complete all 3 forms and bring with payment to the West Unit Office at CHS starting March 5, 2024.

First Name: _____ Last Name: _____

Student Address: _____

Parent Phone #: _____ Parent Email: _____

School attending for the 2023-2024 School Year: _____

Grade for 2023-2024 School Year: _____

SESSION 1 (June 3 – June 21)

Tuition fee: \$115.00

- United States Government (#1345)
- Modern World History (#13061)
- Western Civilization A (#1324)
- Health (#1703) (Lab fee \$4.00)
- PE (#1706) (Lab fee \$100.00)
- Digital Photography (#1907) lab fee \$70.00)
- Financial Literacy (#1515)
- Digital Literacy (#15031) Morning Session
- Digital Literacy (#15301) Afternoon Session

SESSION 2 (June 24 – July 12)

Tuition fee \$115.00

- United States Government (#1345)
- Health (#1703) (Lab fee \$4.00)
- PE (#1706) (Lab fee \$100.00)
- Financial Literacy (#1515)

6 WEEK SESSION (June 3 – July 12)

Tuition fee \$230.00

- Algebra I (#1109)
- Geometry (#1115)
- Chemistry I (#1224) (Lab fee \$20.00)
- Physics I (#1242) (Lab fee \$20.00) (This class will be held 12:30 – 4:30)
- United States History (#1333)

IF A STUDENT CANCELS A CLASS AFTER APRIL 11, A NON-REFUNDABLE ADMINISTRATIVE FEE OF \$60.00 WILL BE CHARGED TO THEIR ACCOUNT.

Student User Agreement *

2023-2024 School Year**

Directions: The Acceptable Use Policy can be found at <http://www.centerville.k12.oh.us/aup>. Please review and sign this form in the appropriate section and return to your building office. Only students who return forms in the spring will have immediate computer and network access upon return in the fall.

Part I: Student User Agreement

As a user of the Centerville City School District computer network, I understand and agree to follow the rules for computer use found in the student handbook and Student Acceptable Use Policy viewed online at <https://www.centerville.k12.oh.us/departments/technology/aup>. I understand that I can lose the privilege of using school computing equipment and accessing the school network if I do not follow these rules. If there is a question about the meaning of a policy or rule, I understand that it is my responsibility to ask a staff member for clarification.

Student Signature _____ Age _____

Part II: Parent Permission Form

As the parent or legal guardian of the student signing above, I have read and understand the rules for computer use in the student handbook and Student Acceptable Use Policy as written online at <http://www.centerville.k12.oh.us/aup>. I grant permission for my son or daughter or ward to access networked computer resources, including those available via the Internet, including but not limited to District Online Resources.

Parent/Guardian Signature _____ Date _____

Name of Student _____

School _____ Grade _____

Home Address _____

Part III: Refusal to Grant Permission

I do not grant permission for my son or daughter or ward to access networked computer resources, including those available via the Internet. I understand that this includes access to the IMC on-line catalog as well as other District Online Resources and instructional software that is used for teaching and learning.

Parent/Guardian Signature _____ Date _____

Name of Student _____

School _____ Grade _____

PART IV: Online Classroom Resources

Check this box if you choose to Opt Out of the accounts for the District Online Classroom Resources defined in the Acceptable Use Policy at <https://www.centerville.k12.oh.us/aup>

* The district is required to keep a signed copy of its Student User Agreement for each user of the Ohio Education Computer Network (OECN).

** Student User Agreements are in effect from August, 2023 through July, 2024.

STUDENT NAME _____
(Please print) Last First (ID #)

Centerville City Schools
EMERGENCY MEDICAL AUTHORIZATION FORM

(Ohio Revised Code 3313.712)

Date of Birth _____ Home Phone _____
School _____ Address _____
School Year _____ Grade _____ City _____ Zip _____

Purpose: To enable parents and guardians 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. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

Residential Parent or Guardian

Mother's Name _____ Daytime Phone _____ Cell _____
Father's Name _____ Daytime Phone _____ Cell _____
Emergency 1. _____ Daytime Phone _____ Cell _____
Contacts: 2. _____ Daytime Phone _____ Cell _____
3. _____ Daytime Phone _____ Cell _____

STUDENT HEALTH SECTION MUST BE COMPLETED

Required forms are available from your school nurse or www.centerville.k12.oh.us

No medical conditions No allergies Medication allergy: _____

Allergic to: _____

Requires treatment with epi-pen/antihistamine-- *Emergency Allergy Plan/Epinephrine Authorization required*

No medication required for allergy treatment-- *Allergy No Medication Form required*

Asthma

Requires inhaler/nebulizer at school-- *Asthma Action Plan/inhaled asthma medication authorization required*

No inhaler/nebulizer required at school-- *Asthma/No Medication Plan required*

Diabetes Requires Insulin Requires oral diabetes medications _____

Seizure Disorder Type: _____

Requires Emergency rescue medication-- *Contact school nurse for care plan. Prescription/Non-Prescription authorization form required*

No emergency rescue medication require-- *Contact school nurse for care plan*

Heart/blood problems: _____

Other (Specify) _____

Medications taken at home: _____

Medications to be given at school: _____

Requires Prescription/Non-Prescription authorization form

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:

Doctor _____ 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 for: 1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated 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 action:

Signature of Parent/Guardian _____ Date _____