

Gallia County Local Schools District
Confidential History Form

TODAY'S DATE _____ SCHOOL ENROLLING TODAY _____

STUDENT'S NAME: LAST _____ FIRST _____ MIDDLE _____

CURRENT GRADE: _____ DATE OF BIRTH ____/____/____ GENDER: M F

MOTHER'S NAME _____ PHONE: _____

FATHER'S NAME _____ PHONE: _____

CHILD LIVES WITH: MOTHER FATHER GRANDPARENT GUARDIAN OTHER _____

CHILD'S PRIMARY ADDRESS: _____

SIBLINGS AND AGES: _____

DOES YOUR CHILD HAVE: IEP YES NO 504 PLAN Y N SPECIAL EQUIPMENT Y N

DOES YOUR CHILD HAVE ALLERGIES (FOOD, MEDICATIONS, INSECTS, LATEX, ETC)? Y N

IF YES, PLEASE LIST ALLERGY AND TREATMENT _____

Please list any medications/treatments this student requires daily (even if not needed at school): _____

CHECK ANY OF THE FOLLOWING THAT APPLY TO THIS STUDENT:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> No Health Conditions | <input type="checkbox"/> Vision Impairments | <input type="checkbox"/> Digestive Issues | <input type="checkbox"/> MusculoSkeletal Issues |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> amblyopia | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> wears glasses/contacts | <input type="checkbox"/> Menstrual Issues | <input type="checkbox"/> Mental Health Concerns |
| <input type="checkbox"/> Migraines/Headaches | <input type="checkbox"/> color vision deficits | | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cardiac Issues | <input type="checkbox"/> Kidney Issues | <input type="checkbox"/> Hearing Issues |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Vascular Issues | <input type="checkbox"/> Liver Issues |
| | | | <input type="checkbox"/> Hearing Aides R L |

If you checked any of the above boxes, please describe the condition and current treatments:

If this student has had accidents or surgery, please list the dates and nature of each:

Please list any concerns not already listed that the school nurse/teacher need to address:

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I understand that in order to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of any health or medical conditions that may affect my child's school day or impact their learning.

I understand that for the safety of my student, or to provide for their educational achievement, the school nurse may need to share information about my child with the appropriate school staff and/or associated agencies. Under the regulations of FERPA (Family Education Rights and Privacy Act of 1974), this information shall be shared in confidential manner only as necessary. If I do not want information shared, I must request this in writing and file this request with the school nurse.

In order for a child to receive over the counter medication (such as Tylenol, Motrin), the parent/guardian will be contacted for permission to administer. Prescription medications, including inhalers and EpiPens, require completion of GCLS Authorization to Administer form by your physician and specific procedure for administering medication at school. Please ask for appropriate forms if needed.

This written validation will be in effect until otherwise noted or changed.

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY MEDICAL STUDENT AUTHORIZATION FORM

SCHOOL _____ DATE _____ GRADE _____

STUDENT NAME _____

HOME ADDRESS _____

PO BOX _____ STREET/ROAD _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (If Different) _____

Is student Open Enrollment ☐ YES ☐ NO Resident District _____

AGE _____ BIRTH DATE _____ GENDER ☐ M ☐ F

STUDENT LIVES WITH ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Grandparents ☐ Other

GUARDIANS NAME _____

ADDRESS IF DIFFERENT _____

ADDRESS IF DIFFERENT _____

HOME PHONE _____

HOME PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

WORK PHONE _____

PLACE OF EMPLOYMENT _____


PLACE OF EMPLOYMENT _____

STEP FATHER (If applicable) _____

CELL PHONE _____

CELL PHONE _____

MOTHER'S MAIDEN NAME _____

OVER 

IF SOMEONE OTHER THAN MOTHER/FATHER HAVE CUSTODY

NAME _____

PHONE NUMBER _____ CELL PHONE _____

EMAIL ADDRESS _____

PLEASE LIST ALL STUDENTS RESIDING IN THE HOME (who are under the age of 19 or enrolled in a building/school in our district):

LAST NAME _____ FIRST NAME _____ GRADE _____ AGE _____

PLEASE LIST IN ORDER, PEOPLE TO BE CONTACTED in event child needs to

be released to other than caregiver (Guardian will be contacted first unless stated otherwise)

NAME _____ RELATIONSHIP _____ HOME PHONE _____ CELL PHONE _____

MEDICAL HISTORY TO WHICH A PHYSICIAN SHOULD BE ALTERED

(Allergies, Physical Impairment, Medications being taken, etc.)

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 any licensed physician or dentist and (2) transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of 2 other licensed physicians or dentist, concurring in the necessity of such surgery are obtained prior to the performance of surgery.

I understand medical information may be shared with appropriate school personnel as deemed necessary by the school administration.

PHYSICIAN'S NAME _____ PHONE _____

DENTIST NAME _____ PHONE _____

DATE _____ SIGNATURE OF GUARDIAN _____

REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In event of illness or requiring emergency treatment, I wish the school authorities to take the following action: _____

Southern Ohio Digital Academy



Student's Name: _____

You must provide a working email and telephone number for communication.

Working Email

Student: _____@_____.

Parent: _____@_____.

Primary phone #: _____

Attendance/ Hours Policy

The SODA week runs from Sunday through Saturday. SODA attendance is based upon hours that a student accumulates while completing school work. SODA requires a minimum of 30 hours of school work, each week. This includes completing courses online through Edmentum (or other instructional websites, as assigned) and staying up-to-date with assignments and passing grades. There is no exception to the 30 hours per week rule. Some students may need to work more than 30 hours to stay up-to-date on assignments, but are not allowed to do less. Any supplemental hours (instructional time not spent online) must be submitted by 11:59 pm on Saturday to count for that calendar week. Truancy violations will follow the student, regardless of building assignment.

growing minds

This institution is an equal opportunity provider.

Southern Ohio Digital Academy



General Guidelines:

1. You are required to complete a total of at least 920 blended hours per school year. Students are required to log 6 or more hours per day, a minimum of five days a week. This can be any day of the week. You can receive credit for no more than 10 hours a day.
2. If for any reason you feel that you will meet the qualifications needed for the use of a doctor's excuse, please contact Lori Bevan within 2 days of the need to discuss the possibility.
3. Failure to have internet is not an excuse. If your internet is down, you need to secure internet from another location; including the SODA Center in University of Rio Grande's Allen Hall.
4. The software that is being used is quite rigorous. The program is not likely to be suitable for students who have trouble completing school work. Additionally, SODA is not the least restrictive environment for students enrolled in special education courses and is not recommended for them.
5. Technical Issues: Please email gl_lbevan@gallialocal.org and explain the problem.

Consequences of not completing weekly hours, maintaining adequate progress:

1st Offense: Email to parent/caregiver including time logged and weekly deficit. Hours are to be made up, in addition to the 30 required for that week.

2nd Offense: Email to parent/caregiver including time logged and weekly deficit and phone call will be made to follow up. Hours are to be made up, in addition to the 30 required for that week.

3rd Offense: Email to parent/caregiver including time logged and weekly deficit. A meeting with the SODA team, and possibly the attendance officer, will be arranged with both the parent/guardian and student attending. The meeting will be via Google Meet/Zoom/telephone conference or in person to develop a plan to stay in the program. The plan will address the deficit hours, grades and/or progress in classes, depending on the individual student's needs to be successful. If the plan is not followed, the student may be removed from the program and enrollment will be transferred back to the traditional building.

4th Offense: Email to parent/caregiver including time logged and weekly deficit. The student may be removed from the program and enrolled/transferred back to the traditional building.

Southern Ohio Digital Academy



Course Breakdown

1 semester Course/ Quarterly Completion	Percentage Completion	Quarters	Yearly Course/ Quarterly Completion	Percentage Completion
$\frac{1}{2}$	50%	1 st Quarter	$\frac{1}{4}$	25%
1	100%	2 nd Quarter	$\frac{1}{2}$	50%
		3 rd Quarter	$\frac{3}{4}$	75%
		4 th Quarter	1	100%

***Must maintain a combination of at least 30 hours per week working in the online program and/or on supplemental work.**

Southern Ohio Digital Academy



Attendance Procedures, Policies and Consequences

Students

___ I understand that I must secure and have access to a computer with an internet connection to complete my school work.

___ I understand that additional school supplies may be required for each subject. It is the obligation of the student (parent) to obtain those items.

___ I will ask my teacher for assistance if I do not understand the concept, assignment or anything associated with the course. I will also answer any communication, in a timely manner, from SODA staff.

Parents/Guardians

___ I understand that if my child is not completing the required hours and/or making adequate progress my child will likely be reported for truancy, and I will place myself in a situation where I have to work with the truancy officer to correct the problem.

___ I understand that I will need to answer any correspondence from SODA staff in a timely manner.

___ I understand that if my child is eligible for special education he/she will be assigned an intervention specialist that I can communicate with and understand that I need to attend yearly IEP meetings for my child.

___ I understand that if my child is in special education, he or she will be required to attend Google meets and in-person visits, as determined by the intervention specialist based upon the specifications outlined in the IEP.

___ I understand that I must keep all personal information updated with SODA staff.

___ I understand that all shot records need to be up-to-date and presented to SODA staff in a timely manner.

___ I understand that full participation in all mandated state testing is expected and that my child must present himself or herself at the testing sites on the required dates (to be determined).

___ I understand that SODA courses are not National Collegiate Athletic Association (NCAA) approved.

Print Student Name

Student Signature

Parent Signature
(Required for students under 18)

Date

SODA Representative

Date



Gallia County Local Schools

Superintendent: Mr. Phillip Kuhn

4836 State Route 325
Patriot, OH 45658
740-379-9085

Parent/Student Chromebook Agreement

As a part of a federal program to provide computer to homes without them Gallia County Local Schools will provide computer hardware to students selected to receive a device to be used during the school year. The following terms and conditions apply to each student receiving equipment.

I. **Contract Term:** The terms of this agreement state that the student is enrolled in the district. At any time, the student withdraws from the district the equipment must be returned to either the office of their school or the Gallia County Local Schools main office located at 4836 State Route 325, Patriot OH. The equipment must be in the same condition as originally delivered, normal wear and tear expected. This must be done within 14 days of the student being withdrawn from the school. Upon failure to comply with the contract terms regarding the return of the equipment, the District will take appropriate legal action. If the equipment is not returned within 5 days after written request, the District will notify the local police department and file charges of theft by unlawful disposition. At this point a court hearing will be set and even if the equipment is returned the student/parent will be required to respond to the criminal charges and may be fined. This agreement shall be effective as of the date of the signed contract.

II. Computer Hardware:

<u>Component Name</u>	<u>Asset Tag#</u>	<u>Student Name</u>	<u>Grade</u>	<u>Home School</u>
CHROMEBOOK				

III. **Liability for Damage:** The student/parent shall be personally responsible for damages that occur from the improper use of the computer hardware. A minimum charge of \$75 per repair will be assessed for damage caused by negligence or vandalism. There will not be any **charges** for **damages** associated with wear and tear caused by normal and appropriate use. Charges will be assessed at \$50 for loss of power adapters and \$26.50 for protective cases.

IV. **Maintenance & Support:** If you have any maintenance or support issues you need to make your homeroom teacher aware. It is your responsibility to maintain the computer hardware in good working condition. Neither parent or student shall incorporate or attach any additions or attachments to the computer hardware, or modify it in any way, without prior consent. When the computer hardware is returned it should be in its original condition.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____