

Copley-Fairlawn City School District

Student Name _____

3797 Ridgewood Road

Application Date _____

Copley, OH 44321-1665

Time _____

(330) 664-4800

Fax: (330) 664-4811

REGISTRATION PACKET



Copley High School

(Grades 9-12)

3807 Ridgewood Road, Copley, 44321

(330) 664-4822

Copley-Fairlawn Middle School

(Grades 5-8)

1531 S. Cleve-Mass. Road, Copley, OH 44321

(330) 664-4875

Arrowhead Primary School

(Grades K-4)

1600 Raleigh Blvd., Copley, OH 44321

(330) 664-4885

Fort Island Primary School

(Grades K-4)

496 Trunko Road, Fairlawn, OH 44333

(330) 664-4890

Herberich Primary School

(Grades Pre K-4)

2645 Smith Road, Akron, OH 44333

(330) 664-4991

COPLEY FAIRLAWN

C I T Y S C H O O L D I S T R I C T

Dear Parents,

We welcome you to the Copley-Fairlawn City School District. Enclosed is information regarding the online registration process and the additional forms needed to register your child. If you have any questions when completing these forms, please do not hesitate to contact the central office.

We understand the adjustments your family will be making as a result of attending a new school. We are here to serve you in a positive way and help you make these changes as smoothly as possible.

After you complete the online registration and all required forms, please call the Board of Education Office at 330-664-4800 to schedule an appointment. Within 24 hours of providing applicable documentation, you will be notified of the status and when your child can begin school.

We welcome you as a new member of the Copley-Fairlawn City Schools.

Sincerely,



*Aimee Kirsch
Superintendent*



Copley-Fairlawn City School District
3797 Ridgewood Road
Copley, OH 44321-1665
330-664-4800
Fax: 330-664-4811

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Copley-Fairlawn City School District
3797 Ridgewood Road
Copley, OH 44321-1665
330-664-4800
Fax: 330-664-4811

Registration Overview

1. Begin the **Online Registration** process (page 2)
2. Complete and organize the necessary forms and documentation required for registration. Please reference the **Registration Checklist** on page 3 to determine the forms and documents required to register your child.
3. Upload the required forms and documentation under the **Registration Documents** section of the **Online Registration System** OR you may email, fax or make an appointment at the Board of Education office. **Please have all documents needed to complete the registration.** If you are registering a child for Kindergarten, you may turn in your documents to the building secretary at the Kindergarten orientation and/or parent meeting.
4. Please ensure your online registration application has been **successfully submitted**. You will receive an email confirmation indicating the online registration application has been received upon submission.
5. Once the registration has been approved and delivered to your child's building, you will receive bussing information from the Transportation Department. Please note, bussing information will be sent to you via email approximately a week before school begins in August.
6. Please sign up for [Copley-Fairlawn Connect!](http://www.copley-fairlawn.org) to receive important information from the building Principal. Copley-Fairlawn Connect! can be found at www.copley-fairlawn.org under the Resources tab. Sign up for your child's building and District-Level Communication.

Registration Email - registration@copley-fairlawn.org

Fax # - 330-664-4811

Registration Phone # - 330-664-4800

School Phone Numbers:

Arrowhead Primary - 330-664-4885

Herberich Primary - 330-664-4991

Fort Island Primary - 330-664-4890

Copley-Fairlawn Middle School - 330-664-4875

Copley High School - 330-664-4822



Copley-Fairlawn City School District
3797 Ridgewood Road
Copley, OH 44321-1665
330-664-4800
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Online Registration Instructions

How do I get started?

Visit www.copley-fairlawn.org/online-registration and create or log into your registration account (see more information about creating your account below). Once you have logged in, enter your child's First Name, Last Name, and Date of Birth to begin the online registration form.

Should I create an account?

If you've never completed an online form with InfoSnap or Powerschool Registration, you will need to create an account. This allows you to securely save your work and come back at a later time if necessary. If you already have an account, you can sign in and complete the form using the same account. Forms for multiple children can be completed in the same account.

Do I have to answer all the questions?

Questions marked with a "Required" label are required.

What if I make a mistake?

If you would like to make a change, prior to submitting the form, you can either navigate back to the page using the "< Prev" and "Next >" buttons. Or if you are on the Review page, click on the underlined field.

Can I upload all required supporting forms and documents?

You can upload all required supporting documents! Please scan all required documents into a single file and upload the file under the **Registration Documents** section.

I've completed the online form, now what?

Once you have finished entering your information, click "Submit." This will send all of the information you've entered to the school. If you cannot click on this button, you will need to make sure that you have answered all REQUIRED questions.

What if I have more than one student in the district? Do I need to do this for each child?

Yes, because you'll need to provide information that is specific for each child. We recommend that you complete and submit one form and then start another – this will allow you to share selected family information, which saves you time.

I'm not sure how to answer a question. I don't know what the question is asking.

You can contact central registration at 330-664-4800 to ask any general questions about the form.

Help! I'm having technical difficulties.

For technical support, visit the PowerSchool Community help center at <https://help.powerschool.com/> or by calling the Family Support line at 866-434-6276.



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3797 Ridgewood Road
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(330) 664-4800
Fax: (330) 664-4811

REGISTRATION CHECKLIST

(Only the person who is the residential parent, legal custodian, legal guardian, or, in limited circumstances, a grandparent of the child may register the child.)

For All Students

- ☐ **Online Registration**
- ☐ Original or Certified Copy of Birth Certificate
- ☐ Driver's License or Identification Card
- ☐ Social Security Card
- ☐ Record Release – Form F (Grades 1-12)
- ☐ Health Records – Forms G, H, I & J
- ☐ Immunization Record
- ☐ Withdrawal certificate from previous school (if applicable)
- ☐ Report Card (Grades K-8 only) or Transcripts (Grades 9-12)
- ☐ Standardized test score/achievement scores & school records (if applicable)

Name: _____

Grade: _____

School: _____

Date: _____

For Special Education/Special Needs (if applicable)

- ☐ Multi-Factored Evaluation (M.F.E.)
- ☐ Individualized Education Program (I.E.P.)
- ☐ 504 Plan

Custody Information Please follow the directions below.

TO VERIFY GUARDIANSHIP OR CUSTODY, THE FOLLOWING ARE THE ONLY ACCEPTABLE PROOFS:

Joint or Sole Custody

- ☐ Standard Custody Form (**Form D**)
- ☐ Certified time-stamped complete Judgment Entry Divorce Decree, including *All Attachments and any Modifications*.
OR
- ☐ Time-stamped notice of the appointment of guardianship from Probate Court.
OR
- ☐ Certified Journal Entry designating custody and the school district responsible for educating.

Foster Parent, Legal Guardian or Legal Custodian

- ☐ Foster Parent, Guardian, or Legal Custodian Form (**Form E**)
- ☐ Court Placement Papers

Grandparent Power of Attorney or Caretaker Authorization

- ☐ Grandparent Power of Attorney or Caretaker Authorization Affidavit

❖ THESE ARE THE ONLY ACCEPTABLE CUSTODY OR GUARDIANSHIP PAPERS. A LETTER FROM A LAWYER OR ANYTHING SIMILAR IS **NOT** ACCEPTABLE. ANY CHANGES OR MODIFICATIONS IN THE CUSTODY ORDERS MUST ALSO BE SUBMITTED TO THE SCHOOL WHEN THEY OCCUR.

Residency Information Please follow the directions below.

If you own, rent, lease, building or are in the process of purchasing a home in the CFCS District.

- ☐ 1. Notarized Residency Affidavit – **Form A** OR
Notarized New Home or Pending Purchase – **Form B**
AND
- ☐ 2. You must have one of the following:
 - ☐ Rent, lease agreement or deed
 - ☐ A letter from the real estate broker or bank officer verifying there is a contract to purchase the house, that you are waiting upon the date of closing of the mortgage loan, and the house is at the location indicated by you.
 - ☐ A letter from the builder confirming that a new house is being built for you and that the house is at the location indicated in your statement.AND
- ☐ 3. Two of the following proofs of residency with your name and current Copley-Fairlawn address.
 - ☐ Utility bill (example: gas, electric, telephone, cable)
 - ☐ Work records (pay stubs)
 - ☐ Public assistance (example: check stubs, forms)
 - ☐ Driver's license
 - ☐ State identification
 - ☐ Voter registration

If you living with another family in the CFCS District.

- ☐ 1. Notarized Residency Affidavit – **Form A**
AND
- ☐ 2. You must supply a Sworn Statement of Residency – **Form C** (notarized) from the head of the household with whom you are living. Attached his/her deed*, rent, or lease agreement or a verifying letter from the real estate broker or bank officer that there is a contract to purchase the house at the location as indicated in your statement.
AND
- ☐ 3. Two of the following proofs of residency with the incoming resident's name and current Copley-Fairlawn address.
 - ☐ Utility bill (example: gas, electric, telephone, cable)
 - ☐ Work records (pay stubs)
 - ☐ Public assistance (example: check stubs, forms)
 - ☐ Driver's license
 - ☐ State identification
 - ☐ Voter registration

DEED/CUSTODY INFORMATION

CUSTODY

A certified copy of the complete Judgment Entry Divorce Decree, including all attachments and all modifications is available from the Clerk of Court in the county that granted the divorce.

The following is a list of the Domestic Relations Departments in surrounding counties:

Summit County Court of Domestic Relations

Summit County Clerk of Courts

205 S. High Street, Basement

Akron, OH 44308

(330) 643-2201

Cost: \$1.00 per page, cash only, Mon.-Fri. 7:30 a.m. to 3:00 p.m.

Cuyahoga County Court of Domestic Relations

***If divorce occurred after 2/1997**

Justice Center – Clerk of Court 1st floor

1200 Ontario Street

Cleveland, OH 44113

(216) 443-7977

Cost: \$1.00 per page, cash only, Mon.-Fri. 8:30 a.m. to 4:00 p.m.

Located at the intersection of Ontario St. and St. Clair Ave.

***If divorce occurred before 2/1997**

Old Court House

Domestic Relations Department

Room #4, Basement

1 Lakeside Avenue

Cleveland, OH 44113

(216) 443-7949

Located at the intersection of Ontario St. and Lakeside Ave.

If you are not sure which location to go to - call Docket Department at 216-443-7960

Medina County Domestic Relations Court

99 Public Square, 2nd Floor

Medina, OH 44256

(330) 725-9740

Fax (330) 764-8794

Cost: \$.25 per page plus \$1.00 for certification. Must prepay. Mon.-Fri. 8:00 a.m. to 4:00 p.m.

Portage County Common Pleas/Domestic Relations

Ravenna Court House

203 West Main Street

2nd Floor, Room 201A

Ravenna, OH 44266

(330) 297-3475

Cost: \$1.00 per page, cash or check only, Mon.-Fri. 8:00 a.m. to 4:00 p.m.

Located at the corner of Rt. 59 (Main St. and Chestnut <in the center of town>).

DEED

To obtain a copy of a Deed for your home in Summit County:

Go to the [Summit County Fiscal Office](#) website and click on Property Tax and Appraisal. After entering your address, go to [Recorded Documents](#) on the left side (toward bottom) and the next page will have your deed. You can download and/or print a copy of your deed.

BIRTH CERTIFICATE INFORMATION

To obtain a certified copy of the birth certificate for most cities within the United States:

- Website: <https://www.scph.org/birth-death-records>
- Call the city of birthplace to see where the records are kept.

The following is a list of surrounding counties and the requirements for obtaining a birth certificate:

Summit County

***All Akron Births**

Summit County Public Health

1867 West Market Street

Akron, OH 44313

(330) 923-4891

Cuyahoga County

1st, 2nd and 3rd Floors

75 Erieview Plaza

Cleveland, OH 44114

216-664-2300

<https://www.clevelandhealth.org/programs/health/vitals/>

Medina County

4800 Ledgewood Drive

Medina, OH 44256

(330) 723-9511

<https://medinahealth.org/birth-and-death/birth-certificates/>

Summary of Forms

(Form A) Residency Affidavit notarized – include a copy of current signed lease or deed

*If renting or leasing, please complete the 'Authorization for Release of Information' form

(Form B and C) only if they pertain to you

(Form D and E) only if they pertain to you

(Form F) Records Release filled out and signed (Grades 1-12)

(Form G & H) Please complete

(Form I) Physician to complete or at next possible visit

(Form J) Dentist to complete or at next possible visit

Copy of Immunization Record

2 other proofs of residency (utility bill, phone bill, voter registration, etc.)

Copy of student's birth certificate

Copy of parent driver's license



Copley-Fairlawn City School District
3797 Ridgewood Road
Copley, OH 44321-1665
330-664-4800
Fax: 330-664-4811

FORMA RESIDENCY AFFIDAVIT

For the purpose of establishing a school
residency. {To be completed by parent/legal
custodian/legal guardian/grandparent}

TO: THE BOARD OF EDUCATION OF THE COPLEY-FAIRLAWN CITY SCHOOL DISTRICT

I, _____, hereby certify that I am a resident of the Copley-Fairlawn City
School District and, reside permanently at the following address:

| Address | Apt.# | Lot# | City | Zip |
|---------|-------|------|------|-----|
|---------|-------|------|------|-----|

Name of Children (Please Print)

| Last | First | M.I. | Date of Birth | School/Grade |
|------|-------|------|---------------|--------------|
|------|-------|------|---------------|--------------|

| Last | First | M.I. | Date of Birth | School/Grade |
|------|-------|------|---------------|--------------|
|------|-------|------|---------------|--------------|

| Last | First | M.I. | Date of Birth | School/Grade |
|------|-------|------|---------------|--------------|
|------|-------|------|---------------|--------------|

I further certify that:

1. This information is true, accurate, and not made up for the purpose of circumventing the attendance laws of the State of Ohio or the policies of the Board of Education requiring legal residency in order to attend the Copley-Fairlawn City Schools.
2. If I change my present address to another address that is within the Copley-Fairlawn City School District, I will immediately file another Residency Affidavit with the Board of Education of the Copley-Fairlawn City School District.
3. I understand and agree that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the Copley-Fairlawn City School District, I will withdraw my child/children from the Copley-Fairlawn City School District and will enroll my child/children in the new district of residence.
4. If it is determined that I am not a resident of the Copley-Fairlawn City School District, I understand that my child/children will be withdrawn from the Copley-Fairlawn City School District. I will also be responsible for and will pay the current full tuition rate as determined by the Ohio Department of Education to the Treasurer of the Copley-Fairlawn City School District pursuant to Section 3317.08 of the Ohio Revised Code, for the part of the school year that my child/children were enrolled in the Copley-Fairlawn City School District. The tuition rate for the current year is \$12,908.25. The rate for the 2024-2025 school year has not been determined by ODE.

NOTE: I understand that providing false information under oath is a violation of Ohio Revised Code Section 2921.13 which carries a penalty of six months in jail and a one-thousand dollar fine upon conviction. Further, I am aware that any effort to circumvent the residency requirements of this school district mandated by Ohio law may result in criminal prosecution for the theft of services, a violation of the Ohio Revised Code Section 2913.02.

NOTE: Sign only in presence of a Notary Public

| Signature of Parent/legal custodian/guardian/grandparent | Date | Relationship to Student(s) |
|--|------|----------------------------|
|--|------|----------------------------|

| Parent/legal custodian/guardian/grandparent (Please print) | Social Security# of Parent/legal custodian/guardian/grandparent |
|--|---|
|--|---|

County of _____)
State of Ohio _____)

SWORN TO AND SUBSCRIBED in my presence this _____ day of _____, 20____

(Seal)

Notary Public

My commission expires: _____

Complete if you are currently renting or leasing



COPLEY-FAIRLAWN CITY SCHOOL DISTRICT
3797 Ridgewood Road
Copley, OH 44321-1665
330-664-4800
330-664-4811 (Fax)

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize (Landlord/Management Company or Entity name) _____
Landlord/Management Company Phone # _____ and its agents to release any and all information regarding my rental of the property located at _____
_____, Ohio, to the Copley-Fairlawn City School District and its employees and agents ("Copley-Fairlawn"). My authorization to release information includes, without limitation, authorization for the above named Landlord or Management Company or Entity to provide to Copley-Fairlawn a copy of my lease and a list of the people authorized to reside with me at the above referenced property.

(Renter's Signature)

(Date)

(Printed Name of Renter)



Copley-Fairlawn City School District
3797 Ridgewood Road
Copley, OH 44321-1665
330-664-4800
Fax: 330-664-4811

FORM B

NEW HOME or PENDING PURCHASE

For the purpose of establishing a school residency.
(To be completed by parent/legal custodian/legal guardian/grandparent)

- ☐ NEW HOME CONSTRUCTION (90-DAY CLAUSE)
☐ PENDING PURCHASE OF AN EXISTING HOME
(90-DAY CLAUSE)

You have chosen to enroll your child in Copley-Fairlawn City Schools while in the process of purchasing or constructing a residential dwelling within the boundaries of our district. Ohio law allows us to grant you 90 calendar days during which your child can attend school, tuition free, until you make your final move.

This 90-day time period will begin on the first day of school attendance by your child and will end on _____. If your family has not moved into your new home by this date, tuition must be paid as set forth by the Ohio Department of Education for the annual tuition rate for Copley-Fairlawn City Schools per student until you have moved into your new Copley-Fairlawn residence. (Tuition rate is subject to change at the beginning of each school year.)

During this transition period, you are responsible for providing transportation for your child to his/her assigned school within the Copley-Fairlawn City School District until such time as you establish residency within the district.

We hope that this information is helpful to you in planning the transition of your child into our school district.

I, _____, hereby certify that I am in the process of purchasing or constructing a
Parent's Name
residential dwelling at the following:

| Street Address | City | State | Zip Code | Phone Number |
|----------------|------|-------|----------|--------------|
|----------------|------|-------|----------|--------------|

I intend to reside in the residential dwelling at the above address when the purchase or construction is completed. I am aware that I have ninety (90) calendar days to move into my residential dwelling within the Copley-Fairlawn City School District, and that if I do not do so, I will be responsible for paying tuition as set forth above for my child.

Parent's Name (please print) _____ Parent's Signature _____
Child's Name _____ School/Grade _____

NOTE: Sign only in presence of a Notary Public

County of _____)
State of Ohio _____)

SWORN TO AND SUBSCRIBED in my presence this _____ day of _____, 20 _____

(Seal)

Notary Public

My commission expires: _____

ATTACH ONE OF THE FOLLOWING LETTERS (sample letters are available on next page)

- ☐ **NEW HOME CONSTRUCTION:** Letter from builder confirming that a new house is being built for the parent and that the house is at the location indicated in the parent's statement, R.C. 3313.64(F)(6)(b).
- ☐ **PENDING PURCHASE OF EXISTING HOME:** A letter from the real estate broker or bank officer confirming that the parent has a contract to purchase the house, that the parent is waiting upon the date of closing of the mortgage loan, and that the house is at the location indicated in the parent's statement. R.C. 3313.64(F)(7)(b).

This time period for tuition-free attendance when a purchase of an existing home is pending or a new home is being constructed cannot exceed 90 days. R.C. 3313.64(F)(7).

NEW HOME OR PENDING PURCHASE SAMPLE LETTERS

NEW HOME CONSTRUCTION

Builder **MUST** write a letter on company letterhead.

MUST include statement: A new house is being built at _____

Address

for _____

Parent

Signature of Builder

PENDING PURCHASE OF EXISTING HOME

Real Estate Broker or Bank Officer **MUST** write a letter on company letterhead.

MUST include statement: _____ has a contract

Parent

to purchase a house at _____, and is waiting upon the date of closing

Address

of the mortgage loan.

Signature of Real Estate Broker or Bank Officer



Copley-Fairlawn City School District
3797 Ridgewood Road
Copley, OH 44321-1665
(330) 664-4800
Fax: (330) 664-4811

FORM C
SWORN STATEMENT OF RESIDENCY

O.R.C. 3313.64

(For use only if living with another Copley-Fairlawn family)

For the consideration that _____ may attend the Copley-
Student's Name

Fairlawn City School District, I _____, do
Copley-Fairlawn Resident (Please Print)

hereby swear and affirm that _____, will reside with me at my home
Student's Name

_____, _____, _____
Street Address City Zip Code

_____ and that Mr. and/or Mrs. and/or Ms. _____
County Parent's Name(s)

will also reside at the above address. I fully understand that this sworn statement entitles temporary attendance in the Copley-Fairlawn City School District. If the family or any member thereof moves from my home, I will immediately notify the Treasurer of the Board of Education of the Copley-Fairlawn City School District, 3797 Ridgewood Road, Copley, OH 44321-1665, (330) 664-4815.

I am aware also that if a student is found to have established residency in our district by using false or inaccurate information, the student(s) will be immediately dismissed from school and the parents of the students(s) will be held liable for all costs incurred while the student(s) was enrolled in the Copley-Fairlawn City Schools which the law provides under the criminal code. I agree to pay tuition for student(s) at a rate established annually by the State of Ohio Department of Education. A tuition billing will be issued to me for the school year or portion thereof. My signature evidences agreement to pay such tuition in accordance with terms as stated on the tuition billing.

NOTE: Sign only in presence of a Notary Public

Date

Signature of Copley-Fairlawn Resident

County of _____)
State of Ohio _____)

SWORN TO AND SUBSCRIBED in my presence this _____ day of _____, 20 _____

(Seal)

Notary Public

My commission expires: _____

**ATTACH A COPY OF THE COPLEY-FAIRLAWN RESIDENT'S PURCHASE AGREEMENT,
RENTAL AGREEMENT, LEASE AGREEMENT OR DEED**



Copley-Fairlawn City School District
3797 Ridgewood Road
Copley, OH 44321-1665
(330) 664-4800
Fax: (330) 664-4811

FORM D CUSTODY FORM

Date _____

I, _____, certify that I am the residential parent, and or legal
Parent/Custodian

custodian of _____, and have established permanent residency
Child

at _____, in the Copley-
Address

Fairlawn City School District. I further certify that this child does reside with me at the above address.
I have provided school officials with a signed, certified copy of the court order granting legal custody.

Name of Student

Birthdate

Name of Student

Birthdate

Section 3313.672 O.R.C. requires a custodial parent to provide the public school with a certified copy of the custody order, with all attachments. Any changes or modifications in the custody order must also be submitted to the school when they occur.

NOTE: Sign only in presence of a Notary Public

Signature of Parent/Guardian

Date

Relationship to Student(s)

Parent/Guardian (Please print)

Social Security # of Parent/Guardian

County of _____)

State of Ohio _____)

SWORN TO AND SUBSCRIBED in my presence this _____ day of _____, 20_____.

(Seal)

Notary Public

My commission expires: _____

ATTACH SIGNED, CERTIFIED, TIME-STAMPED COPY OF COURT ORDER OF CUSTODY OR GUARDIANSHIP PAPERS



Copley-Fairlawn City School District
3797 Ridgewood Road
Copley, OH 44321-1665
(330) 664-4800
Fax: (330) 664-4811

FORM E
FOSTER PARENT, GUARDIAN or
LEGAL CUSTODIAN

Check One

- ☐ FOSTER PARENT
☐ GUARDIAN
☐ LEGAL CUSTODIAN

Date _____

The following information is needed for students living with a foster family, legal guardian or legal custodian other than their parents.

COURT PLACEMENT PAPERS MUST BE ATTACHED

| STUDENT INFORMATION | |
|--|-------------------------------------|
| Student Name | Date of Birth |
| Student Address | City/Zip |
| Telephone No. | Social Security No. - - |
| Date Enrolled | Building/Grade |
| Last School Attended | School Address |
| GUARDIAN INFORMATION | |
| Guardian/Legal Custodian/Foster Parent Name | |
| Guardian/Legal Custodian/Foster Parent Address | City/Zip |
| Guardian/Legal Custodian/Foster Parent Telephone No. | Agency |
| Agency Telephone No. | Social Worker |
| Special Comments | |
| BIOLOGICAL PARENT(S) INFORMATION | |
| Biological parent(s) name and address at the time of placement with agency, legal guardian or legal custodian. | |
| Father's Name _____ | Mother's Name _____ |
| Father's Address _____ | Mother's Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| School District of Parents _____ | |



Copley-Fairlawn City School District
3797 Ridgewood Road
Copley, OH 44321-1665
(330) 664-4800 (Board of Education)
(330) 664-4855 (Pupil Services)
Fax: (330) 664-4811

FORM F
RECORD RELEASE
NEW OR WITHDRAWING STUDENT

Please release all school records including:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Cumulative records (including attendance and discipline records) |
| <input type="checkbox"/> | Transcripts |
| <input type="checkbox"/> | Health Records |
| <input type="checkbox"/> | Group test scores –Achievement/OAT/OAA/OGT Scores |
| <input type="checkbox"/> | Ohio Test of English Language Acquisition (OTELA) Scores or Equivalent |
| <input type="checkbox"/> | K-RAL Scores (if available) |
| <input type="checkbox"/> | Psychological reports and Multi-Factored Evaluations (M.F.E.) |
| <input type="checkbox"/> | Individualized Education Programs (I.E.P.) |
| <input type="checkbox"/> | Functional Behavior Assessments (FBA) and Behavior Intervention Plans (BIP) |
| <input type="checkbox"/> | Related special educational forms, as applicable |
| <input type="checkbox"/> | 504 Plan |
| <input type="checkbox"/> | Discipline Files |

Please send to:

| | | |
|---|---|--|
| <input type="checkbox"/> Copley High School 3807 Ridgewood Road Copley, OH 44321 (330) 664-4822 FAX: (330) 664-4951 | <input type="checkbox"/> Copley-Fairlawn Middle School 1531 S. Cleve-Mass. Road Copley, OH 44321 (330) 664-4875 FAX: (330) 664-4912 | <input type="checkbox"/> Arrowhead Primary School 1600 Raleigh Blvd. Copley, OH 44321 (330) 664-4885 FAX: (330) 664-4927 |
| <input type="checkbox"/> Fort Island Primary School 496 Trunko Road Fairlawn, OH 44333 (330) 664-4890 FAX: (330) 664-4921 | <input type="checkbox"/> Herberich Primary School 2645 Smith Road Akron, OH 44333 (330) 664-4991 FAX: (330) 664-4989 | <input type="checkbox"/> Pupil Services Dept. 3797 Ridgewood Road Copley, OH 44321 (330) 664-4855 FAX: (330) 664-4811 |

Student's Name _____

Last Grade Attended _____ Date of Birth _____

Signature of Parent/Legal Guardian _____

NEW STUDENTS ONLY

Former School _____ Phone Number _____
Address _____
Date withdrawn from above school _____ Date Entered Above School _____

WITHDRAWN STUDENTS ONLY

New School _____
Address _____
Date withdrawn (Last day attended) _____

School Use Only

| | |
|--|---|
| _____ Records Requested | _____ Records Received |
| _____ Records Sent | _____ Release Form (copy sent to Director of Pupil Personnel) |
| _____ Special Education Records (copy sent to Director of Pupil Personnel) | |

Neither state nor federal law requires consent or parental signature to transfer student records to an educational institution for legitimate educational purposes. O.R.C. 3319.321 (c) 20USCA 1232g(b)(1)(B)

FORM G

AUTHORIZATION TO OBTAIN IMMUNIZATION INFORMATION

Name of child _____ Date of Birth _____

I, _____, parent/guardian of the above named child, hereby authorize

(Name of) Medical Provider(s)

to disclose the specific and individually identifiable immunization records of the above named child to : **The Copley-Fairlawn City School District** for the specific purpose of presenting written evidence, satisfactory to the person in charge of admission, that the above named child has been immunized by a method of immunization approved by the department of health as required by section 3313.671 of the Ohio Revised Code.

This authorization will expire upon the presentation of written evidence sufficient to comply with section 3313.671 of the Ohio Revised Code or for the period of time needed to fulfill its purpose. I also understand that I may revoke this authorization, in writing at any time and that I may be asked to sign the *Revocation Section* below. I further understand that any action taken by the above named Provider(s) or School in accordance to this authorization prior to it being revoked is legal and binding.

I understand that my information may not be protected from re-disclosure by the requestor of the information unless otherwise provided for by state or federal law. Please note: medical records provided to schools that receive federal funding are protected by the Family Educational Rights and Privacy Act. (FERPA).

I understand that I may refuse to sign this authorization.

I also understand that my refusal to sign this authorization may prevent the school from verifying that the above named child has been immunized. I further understand that if the school cannot verify and I cannot provide satisfactory written evidence that above named child has been immunized, the child may be excluded from school pursuant to section 3313.671 of the Ohio Revised Code.

I further understand that I may request a copy of this signed authorization.

Signature of Parent/Guardian

Date
❖ ❖ ❖ ❖ ❖

Relationship/Authority

NOTE: *This authorization was revoked on:*

Date

Signature of Staff

REVOCATION SECTION

I do hereby request that this authorization to disclose health information of _____
Name of Child/Patient

signed by _____ on

Name of Person who signed Authorization

Date Authorization Signed

be rescinded, effective _____.

Date

I understand that any action taken by the named Provider(s) or School in accordance to this authorization prior to the revocation date is legal and binding.

Signature of Parent/Guardian

Date

Signature of Witness

Date

Copy to building clinic personnel

Date

Initial



How does this child's development compare to other children, such as brothers/sisters or playmates?
About the same _____ Delayed _____ Advanced _____

Health Conditions: Please check any that your child has or had

| Current | Past | Current | Past | Current | Past | |
|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis |
| <input type="checkbox"/> | <input type="checkbox"/> | Anaphylactic reaction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Juvenile Arthritis |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma or wheezing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meningitis/Encephalitis |
| <input type="checkbox"/> | <input type="checkbox"/> | Attention Deficit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Seizures/Epilepsy |
| <input type="checkbox"/> | <input type="checkbox"/> | Behavior/Emotional concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sore throat (frequent) |
| <input type="checkbox"/> | <input type="checkbox"/> | Birth/Congenital malformations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speech difficulties |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toothaches/dental problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Bone/Joint problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Urinary tract infections |
| <input type="checkbox"/> | <input type="checkbox"/> | Bowel problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wetting during day/night |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Chickenpox | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cystic Fibrosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear problems/poor hearing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Eczema/skin conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye problems/poor vision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Headache (frequent) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Current Health: Tell us about any current health conditions or concerns.

[illegible]

Illness, Injuries & Hospitalizations (please explain):

Medical Home: Please provide us with your child's current health care provider's name and contact information.

Healthcare Provider/Physician Name: _____ Phone: _____

Address: _____

FORM H

SCHOOL HEALTH HISTORY RECORD

Page 2

Allergies: If your child has any food or environmental allergies, please obtain the Allergy Action Plan form from the school clinic for your child's health record.

| Allergy | Reaction | Treatment |
|---------|----------|-----------|
| | | |
| | | |
| | | |
| | | |

Medications: Describe medicine your child takes regularly. If your child must take medication at school, please obtain the Medication Administration Authorization form from the school clinic to be completed by you and your child's healthcare provider.

| Medication | Reason | How often? | What time? |
|------------|--------|------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Explain any special assistance your child may need during the school day:

Please add any comments or concerns you have about your child's health, development, behavior, family or home life that you would like the school to be aware of: _____

Please check with your health care provider to be sure your child's immunizations are all current and up to date. You will be requested to provide an updated copy of immunization records to the school if the records on file with the school are not current.

If you have questions or concerns about your child's health or would like information about a medical home for your child or community services that may be available, please contact your school clinic.

Name of Person Completing Form

Signature

Date



FORM I **PHYSICIAN/HEALTHCARE** **PROVIDER REPORT**

School Year: _____ Grade: _____
 Name: _____ Male _____ Female _____ Date of Birth: _____
 Height: _____ (_____ %ile) Weight: _____ (_____ %ile) B.P.: _____ Pulse: _____

| Vision | Hearing |
|---|---|
| Distance Acuity Right _____ Left _____ | Pure Tone testing (20 dB @ 1000, 2000, 4000 Hz) |
| Tested with glasses? _____ yes _____ no | Right Ear: _____ pass _____ fail |
| Muscle Balance: _____ pass _____ fail _____ not done | Left Ear: _____ pass _____ fail |
| Farsightedness: _____ pass _____ fail _____ not done | Other tests (specify) _____ |
| Color vision with pseudo | Child wears hearing aid? _____ yes _____ no |
| Isochromic plates: _____ pass _____ fail _____ not done | Tested with Hearing aid? _____ yes _____ no |
| Child wears glasses? _____ yes _____ no | Referral made? _____ yes _____ no |
| Glasses for: _____ distance _____ reading _____ all times | |
| Referral made? _____ yes _____ no | |

| Speech/Language |
|---|
| Speech assessment: _____ done _____ not done _____ Child has no discernible speech problem |
| Child has possible problem with: _____ Articulation _____ Rhythm _____ Voice _____ Language |
| Speech Evaluation recommended: _____ yes _____ no |

| Physical Examination |
|--|
| Does this child require any special assistance during the school day? _____ yes _____ no |
| If yes, please explain: |
| _____ |
| _____ |

| Is child able to participate in the following? | |
|---|---|
| Classroom and academic activities: _____ yes _____ no | Competitive athletics: _____ yes _____ no |
| Physical education classes: _____ yes _____ no | Contact sports: _____ yes _____ no |
| If limitations are advised, please explain these limitations: | |
| _____ | |
| _____ | |

| Medications |
|---|
| Current Medications/Reason for Taking: |
| _____ |
| Will these medications need to be given at school? _____ yes _____ no |

| Immunizations |
|--|
| Please attach current immunization record. |

Physician/Healthcare Provider Signature _____ Date _____ Physician/Healthcare Provider Name (please print) _____
 Physician/Healthcare Provider address _____ Physician/Healthcare Provider phone _____

FORM J DENTIST REPORT

Dentist Report

Child's Name: _____ Birth Date: _____

The following services have been performed:

☐ Examination Date of Exam: _____
☐ Radiographs ☐ Prescription for fluoride supplements
☐ Diagnosis ☐ Oral prophylaxis ☐ Topical application of fluoride

The following oral hygiene instruction was provided:

☐ Toothbrushing ☐ Diet counselling
☐ Flossing ☐ Home/school use of fluoride mouth rinse

The following statements are applicable:

☐ All necessary services have been performed
☐ Further treatment is indicated
☐ No restorative services are required at this time
☐ Further appointments have been arranged

Comments:

Please Print or Stamp:

| | |
|-----------------|--------------|
| Dentist's Name: | Signature: |
| | |
| Address: | Date Signed: |
| | |
| Phone: | |
| | |

Please return this completed and signed dentist form to your child's school clinic.