



REYNOLDSBURG CITY SCHOOLS

Form A

Previous School Experience

Child's Name: _____ Date of Birth: _____

Please **SELECT** any category that pertains to your child, any time in the two (2) years prior to starting Kindergarten

Head Start Preschool


1 – 11months
800010


12 months or more
800015

Name: _____

Location: _____

Preschool other than Head Start Preschool

Public or private preschool programs licensed by the Department of Education or Job and Family Services.


1 – 11months
800020


12 months or more
800025

Name: _____

Location: _____

Preschool other than Head Start or Licensed program

Unlicensed provider preschool experiences


1 – 11months
800030


12 months or more
800035

Name: _____

Location: _____

Daycare: Licensed or Unlicensed



Frequency (average number of days per week) _____

Duration (average hours per day) _____



None

800040

Student did not attend any preschool program prior to enrolling into Kindergarten

Please note that upon completion of this enrollment, your child will officially be a student of Reynoldsburg City Schools.

If you move from the district, enroll your child elsewhere or choose not to have him/her attend kindergarten this year, you must notify the home school of such a change.

Your child will remain on the roster here and continued absences will result in missing person/truancy proceedings.

I agree to contact Reynoldsburg City Schools before the start of the school year if I choose not to send my student and understand that failure to do so may result in the involvement of outside agencies.

X _____
parent/guardian signature

date
Revised (1/2026)



REYNOLDSBURG CITY SCHOOLS

Reynoldsburg, Ohio 43068

SCHOOL REGISTRATION FORM

Form 1

Re-Enrollment: ☐ YES ☐ NO

Student Previously Enrolled in
Reynoldsburg

STUDENT INFORMATION:

(Name must be listed on all forms *exactly* as shown on the child's Birth Certificate)

Legal Name: (Last), (First), (Middle)

Enrolling in Grade: _____ **May be reviewed** Gender: ☐ Male ☐ Female

Date of Birth: _____ Age: _____ City/State of Birth: _____
(Child must be age 5 by first day of school to enroll in kindergarten.)

Country of Birth: _____

Primary Phone: _____

Street Address: _____ Apt: _____

City: _____ Zip: _____ County: ☐ Franklin ☐ Licking ☐ Fairfield

Please check the box if the student or parent(s)/guardian(s) are a Migrant. ☐ Migrant

(Moved within 36 months as a migratory agricultural worker or migratory fisher
AND moved due to economic necessity and other qualifying factors)

Required by the U.S. Department of Education and the Ohio Department of Education
Must answer BOTH sections.

Ethnicity: Hispanic or Latino ☐ YES ☐ NO
Multiracial ☐ YES ☐ NO

If Multiracial,
must select 2 or more

Race: ☐ White ☐ Black ☐ Asian
☐ American Indian/Alaska Native
☐ Native Hawaiian or Other Pacific Islander

RESIDENCY/CUSTODY: Information concerning person(s) *with whom the student is living with.*

Student lives with: ☐ both parents ☐ parent/guardian 1 ☐ parent/guardian 2 ☐ other _____

Biological/Adoptive parents are: ☐ Married ☐ Divorced ☐ Single-never married ☐ Residing together-not married

☐ Widowed ☐ Separated, Legally Married

Parent / Guardian 1

Name: _____

Relationship to student: _____

Primary Phone: _____

Can this number receive text messages? ☐ YES ☐ NO

Secondary Phone: _____

E-Mail: _____

The child resides with this person during the school year?

☐ Full-time ☐ Part-time

Is this person the child's - legal / court-ordered / school placement - custodian?

☐ YES ☐ NO (If NO Please ask Welcome Center for assistance)

Parent / Guardian 2

Name: _____

Relationship to student: _____

Primary Phone: _____

Can this number receive text messages? ☒ YES ☐ NO

Secondary Phone: _____

E-Mail: _____

The child resides with this person during the school year?

☐ Full-time ☐ Part-time

Is this person the child's - legal / court-ordered / school placement - custodian?

☐ YES ☐ NO (If NO Please ask Welcome Center for assistance)

**** State law requires that the school receive a copy of a court filed (stamped and signed by a judge)
separation or divorce judgment and decree AND shared parenting agreement and decree, before the enrollment process can continue****

Is there a court or police filed document that restricts access to this student by any party (i.e. Protection Order)? ☐ Yes ☐ No

If YES, whom: _____ Relationship to child: _____

This order cannot be executed until the document has been submitted to the Welcome Center, which will be forwarded to the student's school file.

STUDENT'S SIBLING(S) – (even if not attending school)

NAME	D O B	GRADE

NAME	D O B	GRADE

Student's Name: _____

PREVIOUS EDUCATIONPlease list **ALL schools** previously attended, ***Kindergarten through present***, including any Reynoldsburg Schools:

Public School District or Name Private /Community/ Charter	Public, Private, Community Charter	City	State	Years	Grade Level(s)

PUPIL SERVICESIs this student currently receiving special education (***Individualized Education Plan***) or other programming outside the regular classroom?☐

Yes

☐

No

If yes, indicate disability condition(s): _____

*Please provide copy of IEP / ETR (Evaluation Team Report)***If you do not provide a copy of the current IEP and ETR, please note that services cannot continue until we receive the documentation from the student's previous school.**

Does your child have a 504 Disability accommodation Plan?

☐

Yes

☐

No

If yes, please provide copy of 504 plan

Is your child currently receiving intervention (e.g. Title I Reading) Services?

☐

Yes

☐

No

Is your student receiving English as a Second Language (ESL) services?

☐

Yes

☐

No

Native language: _____

Is your child receiving any gifted services with a Written Education Plan (WEP)?

☐

Yes

☐

No

Is your child receiving services with a Written Acceleration Plan (WAP)?

☐

Yes

☐

No

DISCIPLINEIs this student currently under **expulsion** from another school?☐

Yes

☐

No

Is this student currently under **suspension or dismissal**, for academic or disciplinary reasons, from any school?☐

Yes

☐

No

Has there **ever** been a **truancy** filing against this student?☐

Yes

☐

No

Year _____ Grade _____

Has this student **ever** been charged with, or convicted of, a **felony**?☐

Yes

☐

No

Year _____ Grade _____

Has this student **ever** been **on probation or court-involved**?☐

Yes

☐

No

Year _____ Grade _____

Did any of these incidents occur **on school property or involve school staff**?☐

Yes

☐

No

If yes to **any** above, please explain and provide court documents relating to the case: _____

Please list any additional information or concerns you have about your child: _____

I ATTEST TO THE FACT THAT ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE

Reynoldsburg Board of Education reserves the right to request any additional information for proof of residency and/or custody.

X

Signature of Custodial Parent/Guardian

Date

FOR OFFICE USE ONLY: SSID Number: _____

Counselor: _____

SIS Number _____

Placement / Alternative: _____

Records Requested: _____



REYNOLDSBURG CITY SCHOOL

STATEMENT OF CUSTODY

Student Name: _____

Date of Birth: _____

Student **lives with**: (check one)☐ Guardian 1 and Guardian 2 ☐ Guardian 1 Only ☐ Guardian 2 Only ☐ Court Appointed Legal Guardian☐ Guardian 1 with spouse ☐ Guardian 2 with spouse ☐ Foster Parent(s): *child is ward of the court*I state that I am the **residential parent** of said child for the following reason:☐ Parents are married and living together.☐ I have written proof of custody and a copy is attached. (Divorce judgment entry & decree AND Shared Parenting agreement & decree, separation agreement – **or** - court order, FCCS placement document, HB130)☐ I have no written proof of custody for the following reason:☐ **I was never married to the father/mother of my child.** (Mother will need to write a note for father to visit child on school grounds if child was born after January 1, 1998.) (Father will need affidavit of paternity and custody if the child was born after January 1, 1998 in order to enroll the child and/or have the right to make educational decisions; this includes consent forms, discipline, and IEP/ETR.)☐ **Mother and Father reside together, but are not legally married.** Same rule applies as above.☐ **I am still married to the father/mother of my child. We are separated, but not divorced.**
No custody order exists.☐ **The father/mother of my child is deceased.** (Attach death certificate.) Affidavit of Paternity will need to be filed by father to establish paternity if mother and father never married and father's name is on birth certificate of child born after January 1, 1998. We will also need a custody order. School district will allow enrollment for 60 days on tuition basis while affidavit is being filed and custody being established.☐ **I have filed a motion for custody / reallocation of parental rights.**
My hearing date is: _____ Reynoldsburg School district will allow enrollment **for 60 days on a tuition basis** while custody is being established.☐ **Other;** please specify: _____

I acknowledge and understand that if the above information is not true and correct, that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of the Ohio Revised Code Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000.00 and/or a maximum term of imprisonment of six months. Furthermore, I accept financial responsibility for tuition for the above named student if the student illegally attended Reynoldsburg City Schools and understand that immediate withdrawal will occur.

X _____
Parent/Guardian Signature_____
Date

Office Use Only:

Student
Number: _____
SSID: _____

REYNOLDSBURG CITY SCHOOLS

COURT APPOINTED GUARDIAN / FOSTER STUDENTS ENROLLMENT INFORMATION

Student's Name: _____ Enrollment Date: _____

Date of Birth: _____ Grade: _____ School: _____

Guardian/Foster Parent: _____

Guardian Address: _____ Phone #: () _____

Information regarding the natural parent(s) with whom the student does NOT reside, and school district that is fiscally responsible for educational costs as designated by a court order.

Birth Parent(s) Name: _____

Address: (Mother) _____ Phone #: () _____
(Father) _____ Phone #: () _____

School District of Residence: _____ IRN #: _____

District Superintendent's Name: _____ County: _____

School District office address: _____

Name of Previous School: _____

For Foster / Court or Children Services Placements:

Children Services Case Worker: _____

Journal Entry / Court Case Number: _____

Office Address: _____

Office Phone #: _____ Office Fax #: _____

Please check appropriate box and attach required documents to this form at time of enrollment:

☐ Children Services Documents Enclosed (Enrollment/Transfer Letter; Individual Child Care Agreement)

☐ Court Order Enclosed

☐ Grandparent House Bill 130 Enclosed

CC: Student Services (CO) / Student File

Date Documentation Sent to District of Residence: _____

☐ Foster / Custody / SE
☐ Open Enrollment
RCS start date: _____



REYNOLDSBURG CITY SCHOOLS – IRN 047001

Form 3

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. §1232g and Ohio Revised Code §3319.321, parental consent or consent from the student if he/she is age 18 or older ("eligible student") is required before personally identifiable information contained within the student's education records are disclosed, with limited exceptions as stated in 34 CFR 99.31. (See 34 CFR 99.31)

SECTION I: STUDENT INFORMATION: This form provides authorization to release educational records and information relating to:

Student Name _____ DOB: ____/____/____ Current Grade Level: _____

Student's Former Street Address _____ City _____ State _____ Zip _____
(address under which child was enrolled in last school)

Name of custodial parent(s) / guardian (PLEASE PRINT) _____ (as enrolled in last school)

SECTION II: DISCLOSURE AND USE OF EDUCATIONAL RECORD / SIGNATURE AND ACKNOWLEDGEMENT

Name of Previous School _____

☐ Public ☐ Community
☐ Private ☐ Charter

Street Address of Previous School _____

City _____ State _____ Zip _____ Public School District: _____

Phone (REQUIRED) (____) _____ Fax (REQUIRED) (____) _____

I hereby give my permission to the above referenced previous school to disclose educational records for the above referenced student and information in the manner described below to Reynoldsburg City School District. By signing below, I consent to the disclosure of the records listed below to the specified person(s)/organizations(s) for the purpose stated herein. Requests for revocation must be in writing. If not revoked, this consent will expire one year after the date on which the authorization is signed. If signed by the parent/guardian, he/she represents that the student has not yet reached the age of 18 at the time the consent was given. If signed by the student, he/she represents that he/she is at least 18 years old when consent was given.

X _____
Signature of parent/guardian or eligible student Printed Name of parent/guardian or eligible student _____
Date _____

SECTION III: PURPOSE OF AUTHORIZATION: The purpose of this disclosure of educational records or information is:

☐ Aid in making present/future educational decisions ☐ Assisting the student's absence intervention team and/or plan that was created in accordance with ORC §3321.191

FOR OFFICE USE ONLY:

Previous school please send: ☐ All Records

☐ Transcript of Grades and Credits up to date of withdraw including most recent report card (*a must for athletic eligibility*)

☐ All Test Results / Related Data (any standardized OST)
• Letter of Placement to 4th grade (if applicable)

☐ TGRG – on / not on track letter and
• Intervention / Monitoring Plan (Ohio students – grades K-3)
• Tier I Dyslexia Screener Results

☐ Current IEP / ETR / 504 and all Special Education Records
• All Psychological Reports (past/present)
• All information regarding counseling sessions

☐ Gifted Identification – WEP or WAP

☐ ESL / ELL Screening results & test administered

☐ Other: _____

☐ Health Records

- Immunization Records and TB test results
- Speech, language & hearing records (including all issues / concerns)

☐ Attendance Records

- Absence Intervention Plan (if applicable)

☐ Discipline Records (suspensions and/or expulsions)

☐ Current Custody Documents (if applicable)

☐ SSID Number (*Ohio Residents*)

☐ District IRN (*Ohio Residents*)

RCS School: _____

FAX #: (____) _____

PHONE #: (____) _____

EMAIL: _____@_____

Date Data Received: _____

By: _____

Via: MAIL / FAX / EMAIL



REYNOLDSBURG CITY SCHOOLS

Ohio Department of Health • School and Adolescent Health

Form 4

Health History

Student's name	Gender ☐ Male ☐ Female	Date of birth
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Family Health History

Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father:
Mother:
Siblings:

Birth and Developmental History

No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during the pregnancy? ☐ Yes ☐ No
Was infant born full term? ☐ Yes ☐ No Did the infant have any sickness or problems? ☐ Yes ☐ No
Briefly explain illness or problems
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? ☐ About the same ☐ Delayed ☐ Advances

Student Health Conditions

Does your child receive regular medical/health care for the following conditions?

☐ YES , my child receives regular medical /health care for the following conditions			☐ NO medical conditions
☐ Allergies	☐ Diabetes	☐ Seizure disorder	
☐ Asthma	☐ Depression	☐ Sickle cell anemia	
☐ ADD/ADHD	☐ Ear problem/hearing difficulty	☐ Skin conditions	
☐ Autism	☐ Emotional concerns	☐ Speech problems	
☐ Behavior concerns	☐ Headaches	☐ Traumatic brain injury	
☐ Birth/congenital malformations	☐ Heart problems	☐ Vision problems (glasses, contacts)	
☐ Bone/muscle/joint problems	☐ Hemophilia	☐ Other _____	
☐ Blood problems	☐ Juvenile arthritis	☐ Other _____	
☐ Bowel/bladder problems	☐ Lead poisoning	☐ Other _____	
☐ Cancer	☐ Migraines	☐ Other _____	
☐ Cystic fibrosis	☐ Neuromuscular disorder	☐ Other _____	
Please explain any conditions above or any reason for hospitalization.			

**Health History** continued

Please indicate any allergies your child may have.

☐ **NO Allergies****Allergy type****Reaction****School restrictions or recommended actions**☐ Bee/Insect☐ Food☐ Medication☐ Other

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose**Time****Reason**Does your child have any physical education class restrictions? ☐ Yes ☐ No

If YES, please explain.

Do any health and/or medical conditions require school restrictions, modifications and/or intervention? ☐ Yes ☐ No

If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671).

A copy of your child's immunization record must be on file within 14 days of the first day of attendance in order for that child to remain in school.**Form completed by:****Relationship to student****Date**

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Signature **X** _____ **Date** _____



REYNOLDSBURG CITY SCHOOLS

EMERGENCY AUTHORIZATION FORM

O.R.C.3313.712

Form 5

FOR OFFICE USE:

SIS #

Student's Name _____ Birthdate: _____

Home Address _____ School: _____

_____ Zip: _____ Grade: _____ Gender ☐ M ☐ F

Student's Cell Phone: (_____) _____

Residential Parent/Guardian Information

Student lives with: ☐ both parents ☐ parent/guardian 1 ☐ parent/guardian 2 ☐ other _____

Biological/Adoptive parents are: ☐ Married ☐ Divorced ☐ Single-never married ☐ Residing together-not married

Parent/Guardian 1

Name: _____

Relationship to student: _____

Address: _____

City: _____ Zip: _____

Contact Cell Phone: (_____) _____

Can this number receive text messages? ☐ YES ☐ NO

Employer: _____

Additional Contact Phone: (_____) _____

This contact number is: ☐ Work ☐ Home/Landline ☐ Additional Cell Phone

Email: _____@_____

Parent/Guardian 2

Name: _____

Relationship to student: _____

Address: _____

City: _____ Zip: _____

Contact Cell Phone: (_____) _____

Can this number receive text messages? ☐ YES ☐ NO

Employer: _____

Additional Contact Phone: (_____) _____

This contact number is: ☐ Work ☐ Home/Landline ☐ Additional Cell Phone

Email: _____@_____

Custody (if applicable):

Is this child subject to any ☐ shared parenting agreement ☐ custody order ☐ guardianship ☐ foster placement ☐ _____

Name and mailing address of other parent if order mandates: _____

Is there a court or police filed document that restricts access to this student by any party (i.e. Protection Order)? ☐ Yes ☐ No

If YES, whom: _____ Relationship to child: _____

***This order cannot be executed until the document has been submitted to the Welcome Center which will be forwarded to student's school file. ***

Contact person(s) in case parents/guardians cannot be reached

This form is utilized if your child becomes ill or has an emergency while at school. It authorizes us to contact additional people should a parent or guardian be unavailable. **The contacts listed below are able to pick up the student from school.** For this reason, it is important that you list more than one contact number. If your information changes throughout the school year, please be sure to notify the office.

Name: _____

Relationship to student: _____

Contact Phone: (_____) _____

This contact number is: ☐ Cell Phone ☐ Home/Landline ☐ Work

Name: _____

Relationship to student: _____

Contact Phone: (_____) _____

This contact number is: ☐ Cell Phone ☐ Home/Landline ☐ Work

Siblings attending Reynoldsburg Schools

Name: _____ Gr.: _____ School: _____

Name: _____ Gr.: _____ School: _____

Name: _____ Gr.: _____ School: _____

Name: _____ Gr.: _____ School: _____

Military Student Identifier

Please indicate if this student is a dependent of the following:

☐ Active Duty: student is dependent of a member of the Active Duty Forces (United States Army, Air Force, Marine Corps or Coast Guard)

☐ National Guard: student is a dependent of the National Guard (US Army National or Air National Guard).

☐ Reserve Duty: student is a dependent of a member of the US Military on Reserve Duty

☐ My child is NOT a military student.



Student's Name: _____

Form 5

Medical Alerts

My child has NO medical concerns ☒ _____
parent/guardian signature

Major Medical Concerns (list as follows): _____

Routine MEDICATIONS (including those taken at home):

☐ NO Medications

Name of Medication	Taken for	Activity Restrictions

ALLERGIES:

☐ NO Allergies

☐ Food: _____

☐ Drug: _____

☐ Insects: _____

☐ Other: _____

☐ EPI-PEN NEEDED

☐ Seasonal/Environmental: _____

Per our family religious convictions, this student does not consume the following food: _____

Medical Providers:

Doctor: _____

Phone Number: _____

Dentist: _____

Phone Number: _____

Medical Specialist: _____

Phone Number: _____

CONSENT – Signature Required (Please Sign ONE)

YES, I GRANT CONSENT

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 the above named doctor, or, in the event that the designated preferred 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.

X _____
parent/guardian signature

date

TO GRANT CONSENT

OR

NO, REFUSAL TO CONSENT

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

X _____
parent/guardian signature

date

REFUSAL TO CONSENT



SPECIAL EDUCATION SERVICES

Please complete this form even if your student does not receive services

Student Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____ Last District Attended: _____
(printed)

Parent/Guardian Primary Phone # _____

1. Has your child EVER received Special Education service(s) in the past? ☐ YES ☐ NO

2. Does your child receive Special Education service(s) now? ☐ YES ☐ NO

3. Related Services? (*Speech, Occupational Therapy, Physical Therapy, etc*) ☐ YES ☐ NO

Did you bring copies of the paperwork? IEP (annual plan) ☐ YES ☐ NO
ETR (evaluation) ☐ YES ☐ NO

Eligibility area (disability): _____

If you do NOT have a copy of your child's IEP & ETR at the time of enrollment, services cannot continue until the current IEP & ETR are received from the student's previous school.

This could take up to 30 days.

Previous School Contact Information: Primary contact pertaining to the student's IEP/ETR

Name: _____ Phone: _____

Email: _____

I ATTEST TO THE FACT THAT ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE

X

Signature of Custodial Parent/Guardian

Date



PowerSchool Student Number# _____

Form 7

REYNOLDSBURG CITY SCHOOLS

ONE-TIME PARENT CONSENT FORM

Parent Consent to Share Information and Access Public Benefits

Reynoldsburg City Schools

Ohio School Districts have the opportunity to receive Federal Medicaid dollars through a program called the Ohio Medicaid School Program (OMSP). *Through this important program, all Ohio school districts can receive critically necessary Medicaid dollars to help support the special education services provided to its students, such as Speech/Language, Audiology, Physical Therapy, Occupational Therapy, Nursing, Psychology, Counseling and Social Work.*

In the process of billing Medicaid for these services, a limited amount of billing information must be shared with the Ohio Department of Medicaid. To do so, we must obtain a one-time/life signed Parent Consent to share the following **NON-MEDICAL** information.

Your child's name, Medicaid recipient number and birth date

Service code (numerical code that identifies the service(s) provided)

Service time spent with your child (number of minutes)

You consent is voluntary. You have the right under Federal Medicaid Regulations (34 CFR Part 99 and Part 300) to withdraw your consent at any time. *You are not ever required to enroll in Medicaid for your child to receive special education services in this or any other Ohio Public School District. No matter whether you grant, refuse or revoke consent, **your child will be provided with an evaluation and/or services listed in their IEP, AT NO COST to your family.*** The School District's Medicaid billing process **will not require** you to incur any out-of-pocket expenses such as deductible or co-pay, decrease lifetime coverage, increase premiums or lead to the discontinuation of benefits, or result in you paying for services that would otherwise be covered by Medicaid.

Student's Name: _____

Date of Birth: _____

☐ I understand and **agree to give permission** to share my child's IEP records in order to access Medicaid.

☐ I **do not give my permission** to share my child's IEP records in order for the School District to receive Medicaid funding.

Parent/Guardian Name (printed): _____

X

parent/guardian signature

date

Building: _____ Grade: _____

SSID: _____ Student ID: _____

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____	
Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.		1. In what language(s) would your family prefer to communicate with the school? _____ 2. Do you need an interpreter to communicate with the school ☐ Yes ☐ No If yes, what language? _____	
Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.		3. What language did your child learn first? _____ 4. What language does your child use the most at home? _____ 5. What languages are used in your home? _____	
Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.		6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? ☐ Yes ☐ No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? ☐ Yes ☐ No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year	
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____			

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- ✓ The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- ✓ The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.

-
- ✓ The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
 - ✓ For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
 - ✓ Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

Record. Indicate responses from the language usage survey in the table below.

Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.	
Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.	
Potential English learner See Language Usage Survey Questions 2-4.	☐ Yes. Assess the student's English proficiency. ☐ No. Do not assess the student's English proficiency.
Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.	☐ Yes, the student is an immigrant child. ☐ No, the student is not an immigrant child.

Validate. Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Reynoldsburg City Schools

Name of school or school district



REYNOLDSBURG CITY SCHOOLS

Form 9

TB Test Requirement Questionnaire

Student's Name _____ Grade _____ Date of Birth _____

Please complete the questions below.
Failure to provide accurate information could result in your child's removal from school.

☐ My child was born in the United States and has never traveled outside of the country.

X _____
parent/guardian signature date

☐ My child was born *outside* of the United States.

For Office Use
L H

Country of birth: _____

Year of arrival in the US: _____ First year of school in the US: _____

X _____
parent/guardian signature date

☐ My child has traveled to the following countries (regardless of birthplace).

Country	Approximate Dates	For Office Use	
		L	H
		L	H
		L	H
		L	H
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X _____
parent/guardian signature date

FOR OFFICE USE ONLY:

TB Test Required? ☐ YES ☐ NO

Received during enrollment by: _____ Date _____

Book	Policy Manual
Section	7000 Property
Title	STUDENT TECHNOLOGY ACCEPTABLE USE AND SAFETY
Code	po7540.03
Status	Active
Adopted	April 16, 2019
Last Revised	December 21, 2023

7540.03 - **STUDENT TECHNOLOGY ACCEPTABLE USE AND SAFETY**

Technology directly affects the ways in which information is accessed, communicated, and transferred in society. Educators are expected to continually adapt their means and methods of instruction and the way they approach student learning to incorporate the latest technologies. The Board of Education provides Information & Technology Resources (as defined in Bylaw 0100) (collectively, "District Information & Technology Resources") to support the educational and professional needs of its students and staff. With respect to students, District Information & Technology Resources afford them the opportunity to acquire the skills and knowledge to learn effectively and live productively in a digital world. The Board provides students with access to the Internet for educational purposes only and utilizes online educational services/apps to enhance the instruction delivered to its students. The District's computer network and Internet system do not serve as a public access service or a public forum and the Board imposes reasonable restrictions on its use consistent with its stated educational purpose.

The Board regulates the use of District Information & Technology Resources in a manner consistent with applicable local, State, and Federal laws, the District's educational mission, and articulated expectations of student conduct as delineated in the Student Code of Conduct. This policy and its related administrative guidelines and the Student Code of Conduct govern students' use of District Information & Technology Resources and students' personal communication devices when they are connected to District Information & Technology Resources, including online educational services/apps, regardless of whether such use takes place on or off school property (see Policy 5136).

Students are prohibited from using District Information & Technology Resources to engage in illegal conduct (e.g., libel, slander, vandalism, harassment, theft, plagiarism, inappropriate access, etc.) or conduct that violates this Policy and its related administrative guidelines and the Student Code of Conduct (e.g., making personal attacks or injurious comments, invading a person's privacy, etc.). Nothing herein, however, shall infringe on students' First Amendment rights. Because its Information & Technology Resources are not unlimited, the Board may institute restrictions aimed at preserving these resources, such as placing limits on use of bandwidth, storage space, and printers.

Students have no right or expectation to privacy when using District Information & Technology Resources (including, but not limited to, privacy in the content of their personal files, messages/e-mails, and records of their online activity).

While the Board uses various technologies to limit students using its Information & Technology Resources to only use/access online educational services/apps and resources that have been pre-approved for the purpose of instruction, study, and research related to the curriculum, it is impossible to prevent students from accessing and/or coming in contact with online content that has not been pre-approved for use by students of certain ages. It is no longer possible for educators and community members to review and screen materials to assess their appropriateness for supporting and enriching the curriculum according to adopted guidelines and reasonable selection criteria (taking into account the varied instructional needs, learning styles, abilities, and developmental levels of the students who would be exposed to them) when significant portions of students' education take place online or through the use of online educational services/apps.

Pursuant to Federal law, the Board implements technology protection measures that protect against (e.g., filter or block) access to visual displays/depictions/materials that are obscene, constitute child pornography, and/or are harmful to minors, as defined by the Children's Internet Protection Act (CIPA). At the discretion of the Board or the Superintendent, the technology protection measures may be configured to protect against access to other material considered inappropriate for students to access. The Board also utilizes software and/or hardware to monitor the online activity of students to restrict access to child pornography and other material that is obscene, objectionable, inappropriate, and/or harmful to minors. The

technology protection measures may not be disabled at any time that students may be using District Information & Technology Resources if such disabling will cease to protect against access to materials that are prohibited under CIPA. Any student who attempts to disable the technology protection measures will be disciplined.

The Superintendent or Technology Director may temporarily or permanently unblock access to websites or online educational services/apps containing appropriate material if access to such sites has been mistakenly, improperly, or inadvertently blocked by the technology protection measures. The determination of whether material is appropriate or inappropriate shall be based on the content of the material and the intended use of the material, not on the protection actions of the technology protection measures.

Parents are advised that a determined user may be able to gain access to online content and/or services/apps that the Board has not authorized for educational purposes. In fact, it is impossible to guarantee students will not gain access through the Internet to content that they and/or their parents may find inappropriate, offensive, objectionable, or controversial. Parents of minors are responsible for setting and conveying the standards that their children should follow when using the Internet.

Principals are responsible for providing training so that students under their supervision are knowledgeable about this policy and its accompanying guidelines.

Pursuant to Federal law, students shall receive education about the following:

- A. safety and security while using e-mail, chat rooms, social media, and other forms of direct electronic communications;
- B. the dangers inherent with the online disclosure of personally identifiable information;
- C. the consequences of unauthorized access (e.g., "hacking", "harvesting", "digital piracy", "data mining", etc.), cyberbullying, and other unlawful or inappropriate activities by students online; and
- D. unauthorized disclosure, use, and dissemination of personally-identifiable information regarding minors.

Staff members shall provide guidance and instruction to their students regarding the appropriate use of District Information & Technology Resources and online safety and security as specified above. Additionally, such training shall include, but not be limited to, education concerning appropriate online behavior including interacting with others on social media, including in chat rooms, and cyberbullying awareness and response. Furthermore, staff members will monitor the online activities of students while they are at school.

Monitoring may include, but is not necessarily limited to, visual observations of online activities during class sessions or use of specific monitoring tools to review browser history and network, server, and computer logs.

All students who use District Information & Technology Resources (and their parents if they are minors) are required to sign a written agreement to abide by the terms and conditions of this policy and its accompanying guidelines. See Form 7540.03 F1.

In order to keep District Information & Technology Resources operating in a safe, secure, efficient, effective, and beneficial manner to all users, students are required to comply with all District-established cybersecurity procedures. Principals are responsible for providing such training on a regular basis and measuring the effectiveness of the training.

Students will be assigned a District-provided school email account that they are required to utilize for all school-related electronic communications, including those to staff members, peers, individuals, and/or organizations outside the District with whom they are communicating for school-related projects and assignments. Further, as directed and authorized by their teachers, they shall use their school-assigned e-mail account when signing-up/registering for access to various online educational services/apps.

Students are responsible for good behavior when using District Information & Technology Resources – i.e., behavior comparable to that expected of students when they are in physical classrooms and school buildings and at school-sponsored events. Because communications on the Internet are often public in nature, general school rules for behavior and communication apply. The Board does not approve any use of its Information & Technology Resources that is not authorized by or conducted strictly in compliance with this policy and its accompanying guidelines.

Students may only use District Information & Technology Resources to access or use social media if it is done for educational purposes in accordance with their teacher's approved plan for such use.

Use of Artificial Intelligence/Natural Language Processing Tools For School Work

Students are required to rely on their own knowledge, skills, and resources when completing school work. In order to ensure the integrity of the educational process and to promote fair and equal opportunities for all students, except as outlined below, the use of Artificial Intelligence (AI) and Natural Language Processing (NLP) tools (collectively, "AI/NLP tools") is strictly prohibited for the completion of school work. The use of AI/NLP tools, without the express permission/consent of a teacher, undermines the learning and problem-solving skills that are essential to academic success and that the staff is tasked to develop in each student. Students are encouraged to develop their own knowledge, skills, and understanding of course material rather than relying solely on AI/NLP tools and they should ask their teachers when they have questions and/or need assistance. Unauthorized use of AI/NLP tools is considered a form of plagiarism and any student found using these tools without permission or in a prohibited manner will be disciplined in accordance with the Student Code of Conduct.

Notwithstanding the preceding, students can use AI/NLP tools in the school setting if they receive prior permission/consent from their teacher, so long as they use the AI/NLP tools in an ethical and responsible manner. Teachers have the discretion to authorize students to use AI/NLP tools for the following uses:

- A. Research assistance: AI/NLP tools can be used to help students quickly and efficiently search for and find relevant information for their school projects and assignments.
- B. Data Analysis: AI/NLP tools can be used to help students to analyze, understand, and interpret large amounts of data, such as text documents or social media posts. This can be particularly useful for research projects or data analysis assignments – e.g., scientific experiments and marketing research.
- C. Language translation: AI/NLP tools can be used to translate texts or documents into different languages, which can be helpful for students who are learning a new language or for students who are studying texts written in a different language.
- D. Writing assistance: AI/NLP tools can provide grammar and spelling corrections, as well as suggest alternative word choices and sentence structure, to help students improve their writing skills.
- E. Accessibility: AI/NLP tools can be used to help students with disabilities access and understand written materials. For example, text-to-speech software can help students with specific learning disabilities or visual impairments to read texts and AI-powered translation tools can help students with hearing impairments understand spoken language.

As outlined above, under appropriate circumstances, AI/NLP tools can be effectively used as a supplement to and not a replacement for traditional learning methods. Consequently, with prior teacher permission/consent, students can use such resources to help them better understand and analyze information and/or access course materials. If a student has any questions about whether they are permitted to use AI/NLP tools for a specific class assignment, they should ask their teacher.

Users who disregard this policy and its accompanying guidelines may have their use privileges suspended or revoked and disciplinary action taken against them. Users are personally responsible and liable, both civilly and criminally, for uses of District Information & Technology Resources that are not authorized by this policy and its accompanying guidelines.

The Board designates the Superintendent and Technology Director as the administrator(s) responsible for initiating, implementing, and enforcing this policy and its accompanying guidelines as they apply to students' use of District Information & Technology Resources.

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Legal

P.L. 106-554, Children's Internet Protection Act of 2000

18 U.S.C. 1460

18 U.S.C. 2246

18 U.S.C. 2256

20 U.S.C. 6777, 9134 (2003)

20 U.S.C. 6801 et seq., Part F, Elementary and Secondary Education Act of 1965, as amended (2003)

47 C.F.R. 54.500 - 54.523

47 U.S.C. 254(h), (1), Communications Act of 1934, as amended (2003)



Technology Acceptable Use Agreement Students/Parents/Guardians

All Board policies are available in each school's administrative office and on reyn.org.

I have read, understand and agree to abide by the Computer Technology Acceptable Use Policy. I agree to report any violation of this policy to the building principal or IT Department and to cooperate in any investigations regarding violations. I understand that my technology account may be monitored. I agree to exercise responsibility by using my best efforts not to violate this policy.

I understand that any violation of this Policy may subject me to restriction or termination of my access to district technology, discipline in accordance with the student handbook, other Board policies, referral to legal authorities, and/or other legal action.

By signing below, I agree to release The Reynoldsburg City School District Board of Education, its staff and Board members, from any claims or damages arising as a result of or in connection with my use of District technology or the District's network, including claims or damages arising from the use of same by someone to whom I have given my user name or password.

Student Name (clearly printed)

Student Signature

Date

If the student named above is under 18 years of age, a parent or legal guardian must complete the following:

PARENT/GUARDIAN PERMISSION FORM

I have read and understand the District's Computer and Technology Acceptable Use Policy, and agree to its terms. As a parent or legal guardian of the minor student signing above, I grant permission for my daughter/son/ward to access District technology resources, including networked computer services such as the Internet. I understand that some accessible materials may be objectionable, and I accept responsibility for setting and conveying standards for my daughter/son/ward to follow when selecting, sharing, or exploring information and media.

By signing below, I agree to release The Reynoldsburg City School District Board of Education, its staff and Board members, from any claims or damages arising as a result of or in connection with my child's/ward's use of the Network or District technology, including claims or damages arising from my child giving his/her user name or password to another person. I am aware of and agree to the \$25.00 annual charge to cover the administration of devices (this only applies to devices assigned to be taken home by students), and a \$15.00 deductible per incident if the device is non-intentionally damaged.

Parent/Guardian Signature

Date

Home Phone #

Student ID #

Work Phone #

Student Date of Birth



REYNOLDSBURG CITY SCHOOLS

Media/Electronic Release Form

Student's Name: _____

Grade: _____

Reynoldsburg City Schools may develop, participate in, or be the subject of media and/or electronic based Internet presentations such as the Reynoldsburg City Schools home page and events that highlight various educational activities that take place during the course of the school year.

These presentations/events will include but will not be limited to the following:

Videotapes
Computer-generated presentations that may incorporate scanned photographs and video clips.
Computer-based productions transmitted via telecommunications
Photographs
Web pages designed at school

These media-based presentations may be used in:

Student recruitment presentation
Faculty presentations
The Reynoldsburg City Schools home page
Staff development activities
Media festivals
Public relations (newspaper articles, TV presentations, social media, etc.)

ACCEPT / DECLINE – Signature Required (Please Sign ONE)

ACCEPT

I hereby represent that I am the parent/legal guardian of the above student and has the right to sign this release granting Reynoldsburg City Schools permission to use the student's name and/or voice, likeness and any or all of the audio or video footage in any of the Reynoldsburg City Schools or media-based productions for the above stated purpose.

X _____
parent/guardian signature

date

ACCEPTANCE OF MEDIA RELEASE

OR

DECLINE

I hereby represent that I am the parent/legal guardian of the above student and decline consent granting Reynoldsburg City Schools permission to use my child's name, voice, or likeness in any of the circumstances as mentioned above.

X _____
parent/guardian signature

date

DECLINE MEDIA RELEASE



REYNOLDSBURG CITY SCHOOLS

RULES AND REGULATIONS FOR BUS RIDERS

BEFORE THE BUS ARRIVES

1. Leave home on time each day.
2. Walk facing traffic if there are no sidewalks.
3. **Arrive at your regular pick-up spot five minutes before the bus.**
4. Wait off the roadway, not in the street.
5. Stay off lawns, and avoid horseplay, scuffling, and fighting.

BOARDING THE BUS

1. Wait for the bus to come to a full stop.
2. Be polite and take your turn getting on the bus.
3. Use the handrail.

CONDUCT ON THE BUS

1. Follow the directions of the driver, including seat assignment, if given.
2. Walk to your seat sit down and remain seated. Do not stand or move around while the bus is moving. No one is permitted to save a seat for another.
3. Sit three to a seat, if necessary, and be careful not to block aisles.
4. Do not talk to the bus driver unless it is an emergency.
(Drivers need to keep their minds on driving and their eyes on the road).
5. Talk quietly so that the driver can hear traffic sounds.
6. Keep arms, feet, book bags, and school books out of the aisles.
7. Do not open or close windows, except when requested by the driver.
8. Keep hands and head inside the bus. Do not stick anything out of the windows or throw anything out of the bus.
9. Profane language and yelling are not permitted.
10. Eating is not permitted on the bus.
11. Smoking is not permitted on the bus. Do not light matches or lighters on the bus.
12. Do not deface or litter the bus; use waste baskets.
13. Do not tamper with the safety device or any other equipment.
14. Band instruments and other items that can be carried by the student without taking up room of another student on a crowded bus, or blocking the center aisle, may be carried on the bus. When there is a difference in the point of view of the student, band director, and driver, the Superintendent designee of the school shall make the determination.
15. Students are not permitted to use cellphones while riding the bus.

LEAVING THE BUS

1. Get off only at your assigned stop and go directly home.
2. Do not leave your seat until the bus comes to a full stop.
3. Take your turn; do not crowd in front of others.
4. Use the handrails and watch your step.
5. Look both ways, and check for turning cars before you cross the street. **Cross on signal by the bus driver.**

IN CASES OF EMERGENCY OR WHEN THE DRIVER MUST LEAVE THE BUS

1. Stay seated and remain quiet.
2. Do not touch emergency equipment.
3. Depend on the driver's training to take care of the situation.
4. Be ready to follow the instructions of the driver or police officer.

NOTE: Violation of the above rules and regulations may result in suspension of transportation.



REYNOLDSBURG CITY SCHOOLS

For Office Use Only

Date: _____ Effective Date: _____ SIS #: _____ School Building: _____

TRANSPORTATION FORM

All lines must be completed even if your child will not ride a bus daily.

Reynoldsburg City Schools provides bus service to all students who live outside of their school's waking area/zone and they are attending their residential home school. To see if your child qualifies for busing please check the Street Guide posted on the website [reyn.org](https://www.reyn.org) under the Transportation Department.

<https://www.reyn.org/about-rcs/departments/business-and-operations/transportation>

Students will NOT be transported to or from any points other than their assigned neighborhood bus stop (determined by primary residence) and their home school. Details regarding location of bus stop, approximate time of pick up, and bus number will be provided within the PowerSchool Parent Portal or by contacting your schools Building Secretary.

Student Name: _____ Grade: _____

Home Address _____ City: _____ Zip: _____

Gender: _____ Date of Birth: _____ Primary Phone #: () _____

Parent/Guardian 1 Name: _____ Contact Number(s): _____

Parent/Guardian 2 Name: _____ Contact Number(s): _____

(please indicate)

HOW WILL YOUR STUDENT **ARRIVE** AT SCHOOL? ☐ BUS ☐ PARENT ☐ DAYCARE PROVIDER ☐ WALK/0DRIVEHOW WILL YOUR STUDENT **LEAVE** FROM SCHOOL? ☐ BUS ☐ PARENT ☐ DAYCARE PROVIDER ☐ WALK/DRIVE

We, the student and parent/guardian, acknowledge that we have read and understand the BUS RULES and understand that transportation requests are honored on a first-come-first-served basis and seat availability.

Parent Signature _____ Date _____

**KINDERGARTEN / PRESCHOOL
TRANSPORTATION RELEASE FORMS**

SIS#: _____ Student Name: _____ Building: _____

SELF TRANSPORT☐ My child will **NOT** be riding a Reynoldsburg City School bus during his/her kindergarten school year.He/she will be transported by ☐ parent/designee or ☐ daycare

Name of babysitter or daycare: _____ Phone: _____

BUS RIDER

I hereby authorize the bus driver to release my son/daughter, _____,
from the school bus for kindergarten/pre-school drop off at the assigned bus stop to the following adult(s)
[must be 18 years of age or older]:

(PLEASE INCLUDE STUDENT'S PARENTS IF APPLICABLE)

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

I acknowledge that I have read and understand the letter as stated in this packet and the kindergarten/pre-school drop off procedure. I also understand that my child will not be enrolled in the Reynoldsburg Schools until I return this form signed. I further understand that I may contact my school principal to come up with an alternative plan, if there is a hardship, which makes complying with this policy impossible.

In addition, I agree on behalf of myself and my child, to release, discharge, and hold harmless the Reynoldsburg City Schools and any agent, representative, or employee of such school district from responsibility for any and all harm, which may come to my daughter/son, as a result of this action. I understand it is my responsibility to update this form as changes are needed.

Parent/Guardian 1: **X** _____ Date: _____Parent/Guardian 2: **X** _____ Date: _____

**Welcome Center**

1555 Graham Road, Reynoldsburg, Ohio 43068

Phone: 614-501-1033 Fax: 614-501-1049

Residency Verification Release**To be completed by families RENTING / LEASING their home.****Form MUST be completed by the leaseholder.**

Lease Holder's Name: _____

Address: _____ City/Zip: _____

Primary Phone Number: _____

Lease begins (date): _____ Lease ends (date): _____ ☐ Month-to-month**REQUIRED**

Landlord / Rental Agent's Name: _____

Phone Number: _____

Address: _____ City/Zip: _____

I hereby authorize Reynoldsburg City Schools to contact my Landlord/Rental Agent/Property Manager in order to verify my residency at the address of record with the District, both at the time of enrollment and/or at any time during my child's enrollment. I understand that lack of proper proof of residency or falsification of information provided will result in my student's withdraw from Reynoldsburg City Schools.

Lease Holder PRINT NAME: _____

X _____

Lease Holder Signature

Date

Student(s):

(Name) (D.O.B.) (Grade)_____
(Name) (D.O.B.) (Grade)_____
(Name) (D.O.B.) (Grade)_____
(Name) (D.O.B.) (Grade)**Must be completed by families RENTING / LEASING their home.**