

Greater Ohio Virtual School
1879 Deerfield Road
Lebanon, OH 45036

Serving grades 7 – 12 State Wide Enrollment

Central Office:
Phone: 513-695-2924 or 513-695-2900 ext. 2934
Fax: 513-695-2588
Email: govs@warrencountyesc.com
Website: mygovs.com

Hours of Operation

Monday-Thursday 8:00 a.m.-4:30 p.m.

Friday 8:00 a.m.-4:00 p.m.

(Please call for summer hours during June-July-August)

Parent/legal guardian is required to present in person all required information to GOVS before we can process the application for enrollment. Upon receipt of completed documentation and successfully completing orientation the student will be will be officially enrolled. Failure to stay enrolled in your current school while waiting for an orientation session could lead to truancy charges.

FOLLOWING DOCUMENTS REQUIRED FOR ENROLLMENT:

- **Student Registration Form** *(completed and signed by parent/ legal guardian or student if 18 years old)*
- **Original Birth Certificate or Passport** *(Bureau of Vital Statistics 513.352.3120)*
- **Child's Social Security Card** *(optional) Soc. Sec. Admin 1.800.772.1213*
- **Custody Documents/Court Ordered Placement** *(required if applicable)*
 - ♦ *If biological parents are divorced or custody established through the Juvenile or Probate court, make sure you provide a complete, Judge signed order and any attached agreements or plans. These are required for both minor students and students 18 years of age and older*
 - ♦ *Note: If you are in the process of acquiring custody, you must provide a letter from your attorney stating the date of the proceedings – there is a 60 day legal completion process for the student to continue enrollment at GOVS.*
- **Proof of Residency**
 - ♦ *Parents when enrolling your child you must provide an item in your name from the list below as proof of residency.*
 - ♦ *Students 18-21 years of age enrolling as their own legal guardian must be self-supporting. You must provide an item in your name from list below as proof of residency **AND** provide proof of income.*
 1. Gas bill, Electric bill, Water bill dated within 60 days of enrollment, (no phone or cable bills)
 2. Deed, Mortgage Statement, Lease/Rental agreement, Land Contract, Purchase Contract-need MCS-308
 3. Real Estate Property Tax Bill
 4. Current Home Owner/Renter's Insurance Declaration Page
 5. Government document from an agency that issues benefits *(example: Job and Family Services or Social Security dated within 60 days of enrollment)*
- **Completed Notarized Affidavit Form-**(Complete either "Form I" or "Form II" appropriate to your situation)
**Notary available onsite*
- **Parent/Legal Guardian's Driver License/State ID**
- **Student's Driver License/State Id (If applicable)**
- **Shot/Immunization Records**

Provide copies of the following:

- Report Card/Transcript *(these will assist in placing your child in the appropriate courses required for graduation). **Make sure to pay your fees and return books at the school your child is presently attending, as they will not release your grades/transcripts.***
- Special Education (IEP-Individualized Education Program), (ETR-Evaluation Team Report) *(if applicable)*
- 504 Educational Plan *(if applicable)*
In the event Student is on an IEP or 504 plan, Parents/legal guardian and student will need to schedule a meeting with GOVS to determine what services are provided by GOVS and what, if any, changes are necessary to make to the Student's plan in order for him/her to access education provided by GOVS. It is possible that not all services currently provided in a Student's plan may be available via the online education provided by GOVS.

PHOTO FOR STUDENT ID TAKEN DURING ORIENTATION, PLAN ACCORDINGLY.

**If you have any questions regarding registration forms or requirements, please contact:
Central Office @ 513.695.2924 or 513.695.2900 ext. 2934**

STUDENT ENROLLMENT CHECKLIST

Student's Name _____ Grade: _____

- Student Registration Form (to be completed and signed by Parent/Guardian/Legal Guardian or Student if 18 years old & self-supporting)
- Original Birth Certificate or Passport (Bureau of Vital Statistics 513.352.3120)
- Child's Social Security Card (*optional*) Soc. Sec. Admin 1.800.772.1213.
- Proof of Custody/Court Ordered Placement (All pages)
- Proof of Residency
- Completed Notarized Affidavit Form-(Complete either "Form I" or "Form II" appropriate to your situation)
- Parent's Driver's License
- Student's Driver's License (If applicable or Previous school ID)
- Shot/Immunization Records
- Military Families Data Sheet

If Applicable:

- Special Education (IEP-Individualized Education Program), (ETR-Evaluation Team Report)
- 504 Educational Plan

If you have any questions regarding registration forms or requirements, please contact:

**Central Office
513.695.2924 or 513.695.2900 ext. 2934**

Date: _____

2018-2019

EMERGENCY MEDICAL AUTHORIZATION FORM

(Required per HB 639)

Student Name _____

Address _____

Street City Zip

Home Phone () D.O.B. / /

PARENT CONTACT INFORMATION (Info for both parents required)

Biological Mother/Adopted Parent/Legal Guardian

Biological Father/Adopted Parent/Legal Guardian

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Cell # _____ Work # _____

Cell # _____ Work Number # _____

Place of Employment _____

Place of Employment _____

Is there a legal custody order that applies to this child? (circle one) Yes NO

If yes, please explain who has custody: _____

*Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children whom become ill or injured while under school authority, when parents or guardians cannot be reached. Please list (3) three contacts, not including the above contacts, to which you give permission to pick up your child from school in case of illness or an emergency. In an emergency situation, we will contact the people listed below in the order they are listed. ****(Required information)*

Name	Home #	Cell #	Work #	Relationship to child
1. _____ () _____ () _____ () _____				_____
2. _____ () _____ () _____ () _____				_____
3. _____ () _____ () _____ () _____				_____

PART I OR PART II MUST BE COMPLETED

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be notified:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event, the 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 opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

➤ Signature of Parent/Guardian/Self-Supporting Student: _____

Date: _____

PART II – REFUSAL TO CONSENT

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

➤ Signature of Parent/Guardian: _____ Date: _____

Greater Ohio Virtual School (IRN #000-282)
REQUEST FOR TRANSFER OF SCHOOL RECORDS

Please Print

Student Last Name _____ First _____ Middle _____
Date of Birth _____ Current Grade _____
Current School District and Last School Attended _____
School Address _____
School Phone # _____ Fax # _____

PLEASE EMAIL RECORDS TO:
GOVS@WARRENCOUNTYESC.COM

Greater Ohio Virtual School (000-282)
Attn: Central Office
1879 Deerfield Road
Lebanon, OH 45036
Phone: 513.695.2924 or 513-695-2900 ext. 2934
Fax: 513-695-2588
Email: govs@warrencountyesc.com

Please release all information listed below:

- **IRN of District Transferring Records:** _____
- **Student's SSID** _____

- | | |
|--|--|
| <input checked="" type="checkbox"/> Transcript of Grades | <input checked="" type="checkbox"/> Attendance Records |
| <input checked="" type="checkbox"/> Immunization Records | <input checked="" type="checkbox"/> Test Scores |
| <input checked="" type="checkbox"/> Vision and Hearing Results | |

Confidential Records: (If Applicable)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Individual Education Plan (IEP) | <input checked="" type="checkbox"/> Psychological Testing Results |
| <input checked="" type="checkbox"/> Evaluation Team Report (ETR) | <input checked="" type="checkbox"/> 504 Plan |
| <input checked="" type="checkbox"/> Written Education Plan (WEP-Gifted) | |

Parent/Legal Guardian Name (Please Print) _____

Parent/Guardian Signature or Student if 18 years or older _____ Date _____

**Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act Vol. 41, No. 11B, Page 24673)

**Parents, legal guardians, or legal age students may request a review and/or copy of the records transferred. If this is desired, the school office should be notified. If you request a copy of the school records being transferred, the school is relieved of responsibility for confidentiality of those records.

**Records transferred by this release are not to be transferred to any other third party by the receiving school without the written consent of the parent, legal guardian, or student over 18 years of age.

THIS SECTION TO BE COMPLETED BY GOVS PERSONNEL

Student's first day of enrollment in GOVS is _____.

*****If the student does not attend GOVS on the date noted above one of our staff members will notify your district with an updated start date or notify you if the student failed to attend.

Signature of authorized school personnel: _____ Date _____

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1879 Deerfield Road
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*****Complete this affidavit if you DO own/rent property within any school districts in the State of Ohio.**

AFFIDAVIT I

State of Ohio, Warren County

I, _____, being duly cautioned, do solemnly swear or affirm the following:

1. I am the parent, guardian or legal custodian of _____ and I live at _____ OH _____
2. This has been my place of residence since _____ My address immediately prior to this date was _____
3. 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 Ohio Revised Code Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1000 and /or a maximum term of imprisonment of six months. Further, if the student is found not to be a legal resident, the district will seek remuneration for each day the student illegally attended school in the district.

I agree that Greater Ohio Virtual School, if they deem necessary, have the right to investigate my residency. I agree to allow the release of rental information and also utility customer information to a representative of the Greater Ohio Virtual School.

TRUE FALSE

4. _____ _____ The above address is where I eat and sleep overnight the majority of the time.
5. _____ _____ The above address is where my child(ren) eats and sleeps the majority of the time.
6. _____ _____ There is no other address where my child(ren) sleeps overnight on a regular basis.
7. _____ _____ I do not rent/lease a house or apartment outside the State of Ohio.
8. _____ _____ I am not provided with living space within any district in the State of Ohio by a friend, relative or government agency.

If you marked FALSE on any of the above statements, please _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature _____ Date _____

Sworn to or affirmed and subscribed before me this _____ day of _____,

By _____

Notary Public

Greater Ohio Virtual School
1879 Deerfield Road
Lebanon, OH 45036

This affidavit needs to be completed if the Parent/Guardian is living with someone else that is one of the following: Property Owner/Renter, Grandparent, Friend or Relative

AFFIDAVIT II

State of Ohio, Warren County

I, _____, being duly cautioned, do solemnly swear or affirm the following:

1. I am the owner or renter of the residence at _____
_____, Ohio _____ located within any school district in the State of Ohio.

2. The following individual(s) _____
Name of Parent/Guardian

Name of Student(s)

is/are living at my above stated residence and have so since the _____ day of _____, _____.

3. 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 Ohio Revised Code Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000 and/or a maximum term of imprisonment of six months.

I agree that the Greater Ohio Virtual School, if they deem necessary, have the right to investigate my residency. I agree to allow the release of rental information and also utility customer information to a representative of the Greater Ohio Virtual School.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature: _____ Date _____

Sworn to or affirmed and subscribed before me this _____ day of _____, _____

By _____

Notary Public

**GREATER OHIO VIRTUAL SCHOOL 2018-2019
MILITARY FAMILIES DATA**

Community schools are required to track military information for ESSA effective in the 2018-2019 school year.

Student's name _____

Birthdate _____

Is either parent active in the military.

_____ No

_____ Yes

**If yes; name of branch _____

Parent/Legal guardian's signature _____ Date _____

**FAMILY INCOME FORM
School Year 2018-2019**

Dear Parent or Guardian:

Why should you complete the family income form if your child does not eat school meals?

The amount of federal funds GOVS receives depends on the return of this completed form. These funds pay for additional educational services for students who are failing or at risk of failing to meet the same standards as everyone else in the school.

These federal funds for additional educational services are known as Title I funds. Our district provides additional tutoring in reading and mathematics. The Title I law requires that funds be given to schools based on the number of children from low-income families who live in the public school district attendance area.

While the amount of money each school receives depends on the number of children from low-income families, the tutoring services are based on the academic need of the students, regardless of income level.

What happens if you fill out this form?

- **Your name will not be given out. Your name and your child's name are NOT required on the form.**
- **Your school may be able to get more money.**
- **That money may be used to provide additional intervention services to eligible students and buy materials.**
- **Your child or other children may get extra help with reading and mathematics.**

Mail this completed form to:

**GREATER OHIO VIRTUAL SCHOOL
1879 Deerfield Road
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OR
Email: govs@warrencountyesc.com
OR
Fax: 513.695.2588**

Title I Family Income Form—School Year 2018-2019

To the Parent/Guardian: In order to determine if GOVS will receive federal Title I funds for reading and/or mathematics or other services, specific income information needed from you. Please complete this form and return it to our school. One form completed per child. Thank you for your cooperation.

Student Information: Please print the information below. Please note, name is NOT required, but the other information is required.

Name of Student (Not Required)	Grade (Required)	Name of School	

Circle if Child is: **Foster Child** **Ward of Court** **Welfare Recipient** **Food Stamp Recipient**

Calculating Household Income: In order to determine if the school your child attends will receive Title I funds, you will have to calculate the total amount of income in your household. Include all income for all household members (include yourself, all children in the home, your spouse, grandparents, and all other related and unrelated members in your household). See the list below of the types of income to report:

Earnings from Work

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned business or farm

Pensions/Retirement/Social Security

- Pensions
- Supplemental security income
- Retirement income
- Social Security

Public Assistance/Child Support/Alimony

- Public assistance (welfare) payments
- Alimony/child support payments

Other Income

- Disability benefits
- Cash withdrawn from saving
- Interest dividends
- Income from estates/trusts/investments
- Regular contributions from person not living in the household
- Net royalties/annuities/net rental income
- Any other income

Column 1	Column 2
Total number of people living in the household: _____	Total household income and frequency: \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Monthly Twice per month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Weekly

REQUIRED PARENT/GUARDIAN INFORMATION:

Address: _____

City/State/Zip: _____

Date: _____

FOR SCHOOL USE ONLY

Signature of School District Representative: _____

Within guidelines: YES NO (circle one)

