Greater Ohio Virtual School 1879 Deerfield Road Lebanon, OH 45036 Central Office:

Phone: 513-695-2924 or 513-695-2900 ext. 2934

Fax: 513-695-2588

Email: govs@warrencountyesc.com

Website: mygovs.com

Serving grades 7 – 12 State Wide Enrollment

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 <u>AND</u> 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
- > <u>Completed Notarized Affidavit Form</u>-(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 18 years old & self-supporting)	completed and signed by Parent/Guardian/Legal Guardian or Student if
Original Birth Certificate or Pass	sport (Bureau of Vital Statistics 513.352.3120)
Child's Social Security Card (op	tional) Soc. Sec. Admin 1.800.772.1213.
Proof of Custody/Court Ordered	Placement (All pages)
Proof of Residency	
Completed Notarized Affidavit F situation)	Form-(Complete either "Form I" or "Form II" appropriate to your
Parent's Driver's License	
Student's Driver's License (If ap	oplicable or Previous school ID)
Shot/Immunization Records	
Military Families Data Sheet	
If Applicable:	
Special Education (IEP-Individu	alized Education Program), (ETR-Evaluation Team Report)
504 Educational Plan	
If you have any questions reg	arding registration forms or requirements, please contact:

Central Office 513.695.2924 or 513.695.2900 ext. 2934

Date			
Date			

GREATER OHIO VIRTUAL SCHOOL STUDENT ENROLLMENT FORM 2018-2019 SCHOOL YEAR

Has your child ever been enrolled in GOVS? (circle one) Yes or No 2018-2019 Grade Level

Is the student enrolled in a vocational school? (circle one) Yes or No If yes, name of School

Are you currently expelled or suspended from your previous school district? (circle one) Yes or No

HOW DID YOU LEARN ABOUT GOVS? Circle **ALL** that apply:

Referred by Counselor from	2. Referred by School	3. Referred by a current GOVS
Previous District	Administrator	student
4. Referred by family Member	Referred by Court system	6. Referred by Attendance Officer
7. Print Advertisement (Newspaper,	8. I was previously enrolled as a	9. Previous Student & withdrawn due
Brochure, Mail Advertisements)	student in GOVS	to non-attendance policy
		(105 hour rule)

**If the student is over 18 years old may we share information with the parents/legal guardian? YES or No (circle one)

(Please Print)

<u> </u>	First Name	Middle Name	Last Name	
Preferred Name	Student'	s Social Security #	Mother's Maiden Na	ime
Date of Birth/_	/ City	& State of Birth		
Home Address				
	Street	City	State	Zip
STUDENT'S CELL #		Does this number accept text n	nessages? (circle one) Yes or N	10
If the student's cell does	not accept text message	s provide a phone number we can use	e as a primary number for tex	t notifications :
Student Email Addres	s <u></u>			
Circle One: Male Fe				
Circle One: US citizer	ı Dual National	Immigrant-Non-Us citizen* Resi	dent Alien Other	

Immigrant Students are those who:

- * 1. Are between age 3 21 years old
- * 2. Were not born in the United States AND
- * 3. Have not attended one or more schools in any one or more of the States for more than three academic years

Circle One: Yes No Is the student of Hispanic/Latino heritage?

Note: Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

WHAT RACE IS THE STUDENT (Choose One or More)	RACE DEFINITIONS (as defined by the Ohio Department of Education)
White	Persons having origins in any of the original peoples of Europe, North Africa or the Middle east.
Black or African American	Persons having origins in any of the Black racial groups of Africa.
Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.
Native Hawaiian or Other Pacific Islander	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.
American Indian or Alaskan Native	Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

The U.S. Department of Education (Federal Register/Vo. 72, No. 202, October, 2007) requires Educational Institutions to allow parents to "self-identify" or "re-identify" the race and ethnicity of their student.

I understand The U.S. Department of Education allows observer identification if a parent or guardian refuses to provide their child's racial/ethnic group. The observed designation will be communicated to the parent or guardian by the district prior to designation.

 Parent Information: Status of Biological parents (circle one) Married 	Divorced Separated Widowed Never Married	
	r/Father SharedIf shared, who is residential parent? (circle one) Mo	ther or Father
• Are you the natural/adoptive parent(s) of the child?	YES or NO ~ If no, what is your relationship to the child	
• Are you foster parent/guardian? what district did the	natural parent(s) reside in at the time you received custody?	
• Is either biological parent active in the military: (circle	le one) YES or NO If yes, list which branch?	
Required	Required_	
(Biological) Mother/Guardian (circle one)	(Biological) Father/Guardian (circle one)	
Name:	Name:	
Address:	Address:	
State/Zip	State/Zip	
Home Phone:	Home Phone:	
Cell #:	Cell #:	
Parent Email:	Parent Email:	
Place of Employment:	Place of Employment:	
Work Phone:	Work Phone:	
Step-Mother (if applicable):	Step-Father (if applicable):	
Cell #	Cell #	
Work #	Work #	
Home Language Survey: What language did your son/daughter speak when he/she What language does your son/daughter use most frequent What language do you use most frequently to your son/da	ratory worker?YesNo ne residence?YesNo Shelter*** Unsheltered*** Doubled Up*** Hotel/Motel*** Other first learned to talk?	
Special Services: (circle answers) Is this child receiving SPECIAL EDUCATION SERVICITY (See Services) If Yes, does this student have a current I.E.P. & E.T.R.? Is this child receiving Special Services due to a 504 PLA (Is this child receiving GIFTED EDUCATION SERVICITY (If Yes, does this student have a current Written Education I, the undersigned, do hereby state and declare under perstudent and that this registration information is true and contains the student and that this registration information is true and contains the student and that this registration information is true and contains the student and that this registration information is true and contains the student and that this registration information is true and contains the student and that this registration information is true and contains the student and that this registration information is true and contains the student and the stu	Yes or No N Yes or No Yes or No Yes or No On Plan? Yes or No nalty of falsification (*) that I am the parent or legal guardian of th	e above name
Parent/Guardian Signature or Student if 18 y	vears or older Date	

^{***}Falsification under Ohio Revised Code section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both.

***Requested information is mandated under Senate ORC Bill 140 and Education Management Information Systems (Sections 3301-0714).

Date:

2018-2019

EMERGENCY MEDICAL AUTHORIZATION FORM

(Required per HB 639)

Student Name			
Address			
Street Home Phone ()		City D.O.B//	Zip
	DADENT CONTA	ACT INCODMATION (L.C. C.	Latinova (see See D
Biological Mother/A	PARENT CONTA Adopted Parent/Legal Guardia	ACT INFORMATION (Info for an Biological Father/A	dopted Parent/Legal Guardian
Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
Cell #	Work #	Cell #	Work Number #
Place of Employment		Place of Employment	
	er that applies to this child? (circle one) as custody:		
parents or guardians canno	ot be reached. Please list (3) three conta	icts, not including the above contacts,	n whom become ill or injured while under school authority, when to which you give permission to pick up your child from school in the order they are listed. ****(Required information)
_			
Name 1			Relationship to child
2	()()	()	
3.	() ()	()	
	PAR	T I OR PART II MUST BE COMP	LETED
PART I – <mark>TO GRANT CO</mark>			
I hereby give consent for th	e following medical care providers and lo	ocal hospital to be notified:	
Doctor:		Phone:	
Dentist:		Phone:	
Local Hospital:		Phone :	
In the event reasonable atte	mpts to contact me have been unsuccessf	ful, I hereby give my consent for (1) the	ne administration of any treatment deemed necessary by above-named and (2) the transfer of the child to any hospital reasonably accessible.
This authorization does not prior to the performance of		of two (2) other licensed physicians o	or dentists, concurring in the necessity for such surgery are obtained
Facts concerning the child's	s medical history including allergies, med	lications being taken, and any physica	al impairments to which a physician should be alerted:
Signature of Par	ent/Guardian/Self-Sunnorting Student		
Date:			
PART II – REFUSAL TO I do NOT give my consent		hild. In the event of illness or injury re	equiring emergency treatment, I wish the school authorities to take the
following action:			
Signature of Par	eni/Guardian:		Date:

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

Please Print	OK TRANSFER O.	r school records
	First	Middle
Date of Birth Curren	t Grade	
Current School District and Last S	chool Attended	
School Address		
School Phone #	<u> Fa</u>	x #
P	LEASE EMAIL RE	CORDS TO:
GO	OVS@WARRENCOU	NTYESC.COM
	Greater Ohio Virtual Sch	
	Attn: Central O	
	1879 Deerfield F	
Dh	Lebanon, OH 4 one: 513.695.2924 or 513-6	
1.11	Fax: 513-695-25	
	Email: govs@warrenco	
		
Please release all information listed		
• IRN of District Transferring Re	ecords:	
Student's SSID		
• Student's SSID ☐ Transcript of Grades ☐ Immunization Records	✓ Attendan	ce Records
		es
✓ Vision and Hearing Resu		ahla)
<u>Confid</u> ✓ Individual Education Pla	ential Records: (If Application (IFP)	ychological Testing Results
☑ Evaluation Team Report		4 Plan
✓ Written Education Plan (
Parent/Legal Guardian Name (Plea	,	
Tareno Degar Guardian Frame (Fice	.sc 11mt/	
Parent/Guardian Signature or Stud	lent if 18 years or older	
	· ·	chool personnel. (Family Educational Rights and Privacy Act
Vol. 41, No. 11B, Page 24673)	records are requested by authorized s	chool personner. (Fainity Educational Rights and Filvacy Act
		ne records transferred. If this is desired, the school office should be leved of responsibility for confidentiality of those records.
**Records transferred by this release are not to be	transferred to any other third party b	y the receiving school without the written consent of the parent, legal
guardian, or student over 18 years of age.	, , ,	
THIS SECT	ION TO RE COMPLETE	D BY GOVS PERSONNEL
IIIIS SECT	ION TO DE COMILLETE	DI GOTSTERSONNEL
Student's first day of enrollment in	GOVS is	·
******If the student does not atte	nd GOVS on the date note	d 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 outhorized school	annal	Data
Signature of authorized school pers	VIIIICI	Date

Greater Ohio Virtual School 1879 Deerfield Road Lebanon, OH 45036

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

	, being duly cautioned, do solemnly swear or a	ffirm 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	
	affirming the truth thereof constitutes criminal falsification, a violation of Ohio 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1000 a imprisonment of six months. Further, if the student is found not to be a legal resemuneration 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 agree to allow the release of rental information and also utility customer informations. Greater Ohio Virtual School.	nd /or a maximum term of sident, the district will seek to investigate my residency.
4. 5. 6. 7. 8.	TRUE FALSE The above address is where I eat and sleep overnight the major The above address is where my child(ren) eats and sleeps the There is no other address where my child(ren) sleeps overnig I do not rent/lease a house or apartment outside the State of C I am not provided with living space within any district in the a friend, relative or government agency. I marked FALSE on any of the above statements, please	majority of the time. ht on a regular basis. Ohio. State of Ohio by
If you		
If you		
If you	*MUST BE SIGNED IN THE PRESENCE OF A NO	

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

State of Ohio, Warren County AFFIDAVIT II 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. 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 militaryNo	
Yes	
**If yes; name of branch	<u> </u>
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 lowincome 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
- · 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 Lebanon, OH 45036 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.

cle if Child is: Foster Child	Ward of Court	Welfare Recipient	Food Stamp	Recipient	
culating Household Income: culate the total amount of inc ldren in the home, your spous ow of the types of income to	ome in your household. se, grandparents, and a	Include all inco	me for <u>all</u> househ	old members	(include yourself, all
Earnings from Work		Public Assistance	/Child Support/Alimor	ıy	
 Wages/salaries/tips Strike benefits Unemployment compensation Worker's compensation 			ance (welfare) payments d support payments	S	
Net income from self-owned bu		 Disability ber Cash withdra 	wn from saving		
Pensions/Retirement/Social Security Pensions Supplemental security income Retirement income Social Security	y	Regular cont	estates/trusts/investmer ributions from person n /annuities/net rental inco	ot living in the ho	ousehold
	Column 1 Total number of people livi in the household:	ng Total hou	Column 2 sehold income and fi	requency:	
			Annual Monthly Twice per month Every two weeks		
			Weekly		
EQUIRED PARENT/GUA	RDIAN INFORMA	TION:			
ldress:					
ty/State/Zip:					
.te:					*****

FY18' Version 1

Within guidelines: YES NO (circle one)