



**STUDENT
REGISTRATION**
Requirements
Forms
Information

To register your Kindergartener or New Student in the Granville Schools, please enroll at the school office where your child will attend and bring the following documentation with you:

- Child's Social Security Number (optional)
- Custody Papers (if applicable)
- Current Immunization Record
- Official Birth Certificate with stamped or raised seal
- Physician's Report (For Kindergarten students only)
- Proofs of Residency – at least two required
- Registration Forms (listed below).

Please **complete** following Registration forms and **bring them with you to register** your child for school:

- Student Registration Form
- EMIS Information and Student Services Enrollment Form
- Foster Student Information Form (if applicable)
- School Health History (2 pages)
- Emergency Medical Authorization Form
- Physician's Report Form (For Kindergarten Students only; Form should be completed by your child's doctor and must be on file with the school prior to the first day of school).

The following documents are provided for your reference and records:

- Letter from District Nurse Concerning Food Allergies
- Residency Verification Information
- School Immunization Requirements
- School Office Directory.

(Form updated 02/2010)

Granville Exempted Village School District: 2014-2015 SCHOOL CALENDAR

AUGUST (8 days)

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	▲	▲	■	21	22	23
24	25	26	27	28	29	30
31						

SEPTEMBER (21 days)

S	M	T	W	T	F	S
	★	2	+	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER (22 days)

S	M	T	W	T	F	S
			+	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	▼	18
19	20	21	22	23	✖	25
26	27	28	29	30	31	

NOVEMBER (16 days)

S	M	T	W	T	F	S
						1
2	3	4	+	6	★	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	★	★	★	29
30						

DECEMBER (15 days)

S	M	T	W	T	F	S
	1	2	+	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	★	★	★	★	★	27
28	★	★	★			

JANUARY (19 days)

S	M	T	W	T	F	S
				★	★	3
4	5	6	7	8	9	10
11	12	13	14	15	✖	17
18	★	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY (19 days)

S	M	T	W	T	F	S
1	2	3	+	5	6	7
8	9	10	11	12	13	14
15	★	17	18	19	20	21
22	23	24	25	26	27	28

MARCH (17 days)

S	M	T	W	T	F	S
1	2	3	+	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	✖	21
22	23	24	25	26	27	28
29	★	★				

APRIL (21 days)

S	M	T	W	T	F	S
			★	★	★	4
5	6	7	+	9	10	11
12	13	14	15	16	17	18
20	21	22	23	24	25	
26	27	28	29	30		

MAY (20 days)

S	M	T	W	T	F	S
					1	2
3	4	5	+	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	★	26	27	28	✖	30
●						

JUNE (0 days)

S	M	T	W	T	F	S
	▲	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

- ▲ Teacher Workday/Inservice
- First Day of School
- ★ No School
- ✚ Early Dismissal
- ✖ End of Grading Period
- ▼ COTA Day
- Graduation

August 18 & 19----- Teacher In-service/Workday (NO SCHOOL)
 August 20 ----- First Day for Students
 September 1----- Labor Day (NO SCHOOL)
 September 3 ----- Early Release
 October 1 ----- Early Release
 October 17----- COTA Day (NO SCHOOL)
 October 24 -----End of First Quarter (46 days)
 November 5 ----- Early Release
 November 7--Parent Conference Exchange. NO SCHOOL
 November 26, 27, 28 ----- Thanksgiving Break
 December 3----- Early Release
 December 19-----Last Day Prior to Winter Break
 December 22 ----- First day of Winter Break
 January 5 ----- First Day Back to School
 January 16----- End of Second Quarter (46 days)
 January 16----- End of First Semester (92 days)

January 19 ----Martin Luther King Day (NO SCHOOL)
 February 4-----EarlyRelease
 February 13 ----Conference Exchange Day (NO SCHOOL)
 February 16 ----- President's Day (NO SCHOOL)
 March 4 -----Early Release
 March 20-----End of Third Quarter (42 days)
 March 30 to April 3----- Spring Break
 April 8 -----Early Release
 May 6-----Early Release
 May 25-----Memorial Day (NO SCHOOL)
 May 29-----End of Fourth Quarter (44 days)
 May 29-----End of Second Semester (86 days)
 May 29----- Last Day for Students (178 days)
 May 31----- Graduation
 June 1 ----- Staff Records Day



**OFFICE
DIRECTORY**

GRANVILLE SCHOOL DISTRICT OFFICE

130 North Granger Street
PO Box 417
Granville, Ohio 43023
tel: 740-587-8101
fax: 740-587-8191

GRANVILLE ELEMENTARY SCHOOL

310 North Granger Street
Granville, Ohio 43023
tel: 740-587-8102
fax: 740-587-2374

GRANVILLE INTERMEDIATE SCHOOL

2025 Burg Street
Granville, Ohio 43023
tel: 740-587-8103
fax: 740-587-1138

GRANVILLE MIDDLE SCHOOL

210 New Burg Street
Granville, Ohio 43023
tel: 740-587-8104
fax: 740-587-8194

GRANVILLE HIGH SCHOOL

248 New Burg Street
Granville, Ohio 43023
tel: 740-587-8105
fax: 740-587-8195

STUDENT SERVICES OFFICE

(Special Education, & ELL)
130 North Granger Street
PO Box 417
Granville, Ohio 43023
tel: 740-587-8108
fax: 888-683-7730

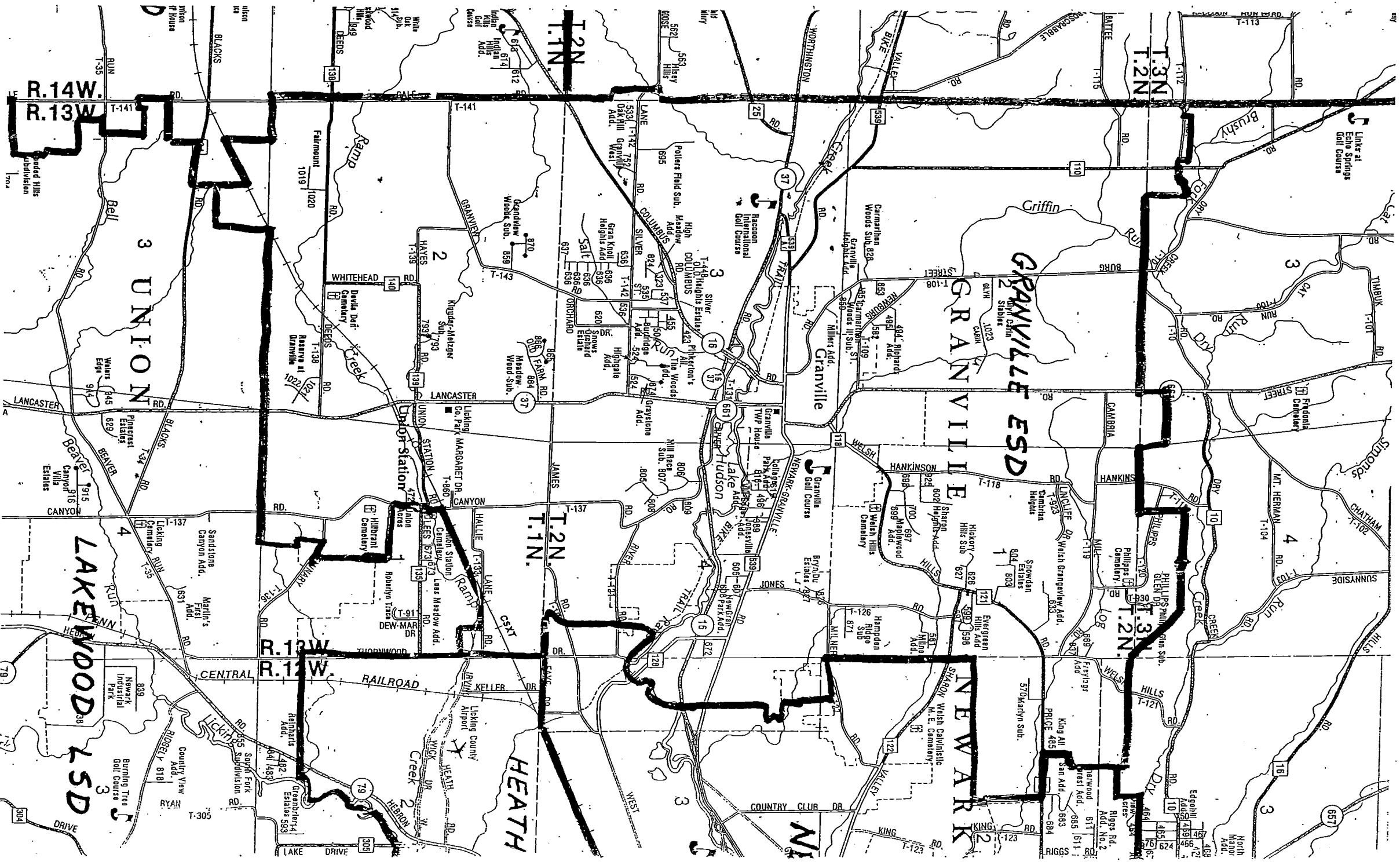
TRANSPORTATION OFFICE

located behind Granville Middle School

210 New Burg Street
Granville, Ohio 43023
tel: 740-587-8107
fax: 740-587-8197

(Form updated 02/2010)

The Granville Exempted Village School District will not be held responsible or be liable in any way for the misinterpretation of this map from the Licking County Board of Elections. All new residents need to check with the Licking County Auditor's Office for final determination on our school boundary lines.





**RESIDENCY
INFORMATION**
New Enrollment

In order to establish your residency in the Granville Exempted Village School District for purposes of enrolling your child (children) in school, we ask that you provide the following information:

Please submit as many of the items listed below as you wish (but at least two), showing a current address in the Granville Exempted Village School District. **One of the items must be a copy of a gas or electric invoice, or a copy of a rental, lease or purchase agreement.** You may submit both items if you choose.

Options for additional items for residential verification include:

- Copy of motor vehicle registration(s)
- Copy of voter registration records
- Copy of change-of-address request submitted to Post Office
- Copy of Ohio's Driver's License
- Copy of local Income Tax Return
- Copy of Ohio or Federal Income Tax Return
- Copy of moving invoice.

Submitting the above documents does not guarantee that your child (children) will be enrolled. Once two or more items of the required information have been submitted, it must be carefully reviewed to determine whether you meet the requirements for residency under Ohio law. You will be notified of our determination in writing.

If you are not currently living in the district (e.g. home is under construction, etc.), you are required to complete the 20-Day Tuition Waiver Packet.

Appeal Procedure

If it is determined that you do not meet the requirements for residency, you may appeal to the State Superintendent of Public Instruction:

Superintendent of Public Instruction
Ohio Department of Education
25 South Front Street
Columbus, Ohio 43215-4183
614-466-7578

Student's Name: _____ ID# _____ Student's Birthdate: _____



New Student Registration Form

Please be sure to bring all required paperwork and identification to your in-person meeting. For a complete list of documents you need to bring to your in-person meeting, please visit the registration tab on our home page (www.granvilleschools.org). A notary is on premises to complete the required Residency and Custody Affidavit. District Office Address: 130 N. Granger Street, Granville, OH 43023. **If you have questions about the registration process, please contact Lisa Fitch at: 740-587-8112.** She will be happy to assist you through the process. We look forward to welcoming your family to the district.

Registration Date: _____ First Day of Attendance at Granville: _____

Grade Entering (**circle one**) K 1 2 3 4 5 6 7 8 9 10 11 12

Student Gender (**circle one**) Male Female Age: _____

Student's Legal Name: _____
(first) (middle) (last)

Child is called (Nickname) _____ Child's Address _____

City of Birth (as stated on the Birth Certificate) _____ Mother's Maiden Name _____

Grade Entering _____ Gender _____ Birthdate _____ Age _____

Parent/Guardian Initials: _____

Student's Name: _____ ID# _____ Student's Birthdate: _____



New Student Registration Form

Student's Race/ Ethnicity Information

Citizenship Status (**circle one**): USA Other (please list) _____

Is the student of Hispanic/Latino heritage (**circle one**)? Yes No Is the student multi-racial (circle one)? Yes No

Which race(s) best describe your child (**circle all that apply**)? White Black or African-American Asian
American Indian or Alaskan Native Native Hawaiian/ Pacific Islander

Home Language Survey

What language did your son/daughter speak when he/she first learned to speak? _____

What language does your son/daughter use the most frequently at home? _____

What language do you use most frequently at home to speak to your son/daughter? _____

What language do the adults at home most often speak? _____

How long has your son/daughter attended school in the United States? _____

Has this student been in the USA for less than 3 years (**circle one**)? Yes (For how long?) _____ No

Native Language (**circle one**): English Albanian Amharic Arabic Cambodian Cantonese Creole-French
German Hmong Japanese Korean Laotian Navajo Portuguese Romanian Russian Serbo-Croat
Somali Spanish Tagalog Trigriyan Ukrainian Vietnamese Other (please list) _____

Parent/Guardian Initials: _____

Student's Name: _____ ID# _____ Student's Birthdate: _____



New Student Registration Form

Student Services Information

Is your child eligible for Special Education services (**circle one**)? Yes No

Does your child have a current 504 Plan (**circle one**)? Yes No

Does your child have a current Individualized Education Plan (IEP) (**circle one**)? Yes No

Do you have a copy of your child's current IEP or 504 Plan, if applicable (**circle one**)? Yes No

If yes, **please circle all that apply**: Gifted Inclusion Occupational Therapy Physical Therapy
Reading Tutoring Resource Room Speech Tutoring

Family/Guardian Information

Relationship to Student (circle one): Parent Guardian Other (please explain) _____

Parent/Guardian #1 (i.e. Mother) Name: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

Employer _____ Work Phone: _____

Home Address (If different than student's address): _____

City/State/Zip _____

Relationship to student (circle one): Parent Guardian Other (please explain) _____

Parent/Guardian #2 (i.e. Father) Name: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

Employer _____ Work Phone: _____

Home Address (If different than student's address): _____

City/State/Zip _____

Names and birth dates of siblings: _____

Parent/Guardian Initials: _____

Student's Name: _____ ID# _____ Student's Birthdate: _____



New Student Registration Form

Has the student ever attended an Ohio school in the past (**circle one**)? Yes No

Has the student ever attended Granville Schools in the past (**circle one**)? Yes No

Most Recent School Attended and Address (sign release form for records to be transferred).

School Name: _____ County: _____

Dates Attended: _____ Grade(s) attended: _____

District Name: _____ School Phone: _____

School Fax: _____ School Address: _____

City/State/Zip: _____

Parent/Guardian Initials: _____

Student's Name: _____ ID# _____ Student's Birthdate: _____



New Student Registration Form

Statement of Custody

Student Lives With (**circle all that apply**) Both Natural Parents Mother Only Father Only Mother/Stepfather
Father/stepmother Shared Parenting Foster Parents Guardian Relative Other (please explain): _____

Guardian (relationship, if applicable): _____

I state that I have(**circle one**): Full Custody Rights Shared Custody Rights of said child(ren)

for the following reason (**check one**):

____ Parents are still married and living together

____ I have court documentation for custody and a COPY is provided

____ I am still married to the father/ mother of my child(ren). We are separated but not divorced and no custody order exists

____ The father/mother of my child(ren) is deceased

____ Other (please specify): _____

Foster Child Information

Is this child a foster placement (**circle one**)? Yes No

If yes, please complete the Job and Family Services Information below.

Job and Family Services Information

Caseworker Name: _____ Agency: _____

Agency Phone Number: _____

Biological Parent Information

Biological Parent Name: _____ Address: _____

City/State/Zip: _____

What school district do the biological parents live in? _____

Parent/Guardian Initials: _____

Student's Name: _____ ID# _____ Student's Birthdate: _____



New Student Transportation Enrollment Form

While transporting students to and from school, your child's safety is our first priority. To ensure each child is picked-up and dropped-off at the correct locations, we are asking all families to adhere to our district administrative guidelines. We will accept Transportation Change Requests only for changes to childcare arrangements and emergencies. We will not provide changes for transportation to a friend's home, sleepovers, parties, athletic practices, or other social related reasons.

Student's Last Name: _____ Student's First Name: _____

School (circle one): GES GIS GMS GHS Grade: _____ Date of Birth: _____

Student's Home Address (Street): _____

Student's Home Address (Zip Code): _____

Parent/ Guardian Name(s): _____

Parent/Guardian 1 Home #: _____ Parent/ Guardian 1 Cell #: _____

Parent/ Guardian 1 Work #: _____

Parent/ Guardian 2 Home #: _____ Parent/ Guardian 2 Cell #: _____

Parent/ Guardian 2 Work #: _____

Students who are eligible to ride a bus may be picked-up and dropped-off at up to two (2) locations, as long as the schedule remains consistent throughout the school year.

TO SCHOOL

My child will usually be transported to school by **(circle one)**: Bus Walk Parent/ Guardian

Childcare Provider **(if applicable, circle one)**: Granville Child Care Little Village Child Care Learning & Loving St. Edward's School Age Child Care Program (SACC)

Childcare Provider's Name (if applicable): _____ Address: _____

Phone: _____

FROM SCHOOL

My child will usually be transported from school by (circle one): Bus Walk Parent/Guardian

Childcare Provider (if applicable, circle one): Granville Child Care Little Village Child Care Learning & Loving School Age Child Care Program (SACC)

Childcare Provider's Name (if applicable): _____ Address: _____

Phone: _____

Parent/ Guardian signature indicating that you agree to these terms and conditions:

Parent/Guardian Initials: _____



ALLERGY LETTER

from

Gina Burdick
Granville District Nurse
gburdick@granvilleschools.org
740-587-8129

Dear Parents:

In order to provide a safe environment for your child at school each year, we need a letter from your child's physician regarding his/her food allergy before the next school year begins. The letter should include the following:

- The child's allergy or food restriction;
- The reaction caused by the allergy or food;
- The food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

This letter must be submitted at the beginning of each year.

USDA regulations require substitutions or modification in school meals for children whose disabilities (or severe food allergies) restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician.

When a child has submitted a physician's letter, the information is entered into the school lunch provider's dietary computer. Then, when the child signs in with his/her identification number before getting lunch, the allergy warning will light, alerting cafeteria workers to the need for an alternative food or lunch. This system also enables the dietitian to plan an alternative lunch for those with allergies prior to the lunch period.

Many of the students with food allergies pack their lunches daily to avoid the problem of a reaction; however, should your child forget his/her lunch and you are unable to bring one, he/she would be sent to the cafeteria for a lunch. Therefore, it is necessary to have your child's physician send a letter.

Please call me at the Elementary School at 587-8129 if you have questions.

Sincerely,

Gina Burdick, RN, MSN
District Nurse



SCHOOL IMMUNIZATION REQUIREMENTS

IMPORTANT: Unless otherwise exempt, all students enrolled for the first time in Public or Private School in Ohio shall be immunized as follows:

DIPHTHERIA/TETANUS/PERTUSSIS (DTP, DTaP, DT, Td)

Kindergarten: Five (5) doses of DtaP, DTP, or DT, or any combination, if the fourth dose was administered prior to the 4th birthday

Grades 1-12: 3-4 doses of DtaP, DTP, DT or Td or any combination.

Grade 7: 1 dose of Tdap or Td vaccine must be administered prior to entry beginning with the 7th grade class entering in 2010.

POLIOMYELITIS (OPV, IPV)

Kindergarten: Four (4) doses of any combination of OPV or IPV, the final dose must be administered on or after the 4th birthday regardless of the number of previous doses given.

Grades 1-12: Four (4) doses if a combination of OPV or IPV was administered. Four (4) doses of all OPV or all IPV is required if the third dose of either vaccine was administered prior to the 4th birthday. Students enrolled prior to the 1999-00 school year are required to have a minimum of three (3) doses.

MMR (Measles, Mumps, Rubella)

The three vaccines are usually administered as combined MMR vaccine. The schedule is as follows:

K-12: Two doses of measles, mumps, rubella (MMR) vaccine are required. The first dose must have been received on or after the first birthday and the second at least 28 days after the first dose.

HEPATITIS B VACCINE

A minimum of three doses are required: the second dose must have been administered 28 or more days after the first, and the third at least three months after the second and not less than six months of age. If the third dose was given before six months of age, one additional dose is required.

CHICKENPOX VACCINE

Kindergarten: 2 doses of varicella vaccine must be administered prior to entry beginning with the entering class in 2010.

Grades 1-12: Beginning with the kindergarten entering class of 2006, one dose of chickenpox vaccine or a signed statement from the parent, guardian, or physician indicating the date that the child had natural chickenpox.

(Form updated 02/2010)



GEVSD STUDENT HEALTH HISTORY FORM | Page 1 of 2

Note: A parent or guardian should complete this form

Student's Legal Name: _____

[Last]

[First]

[Middle]

[Preferred]

Student's Birth Date: ____/____/____

Age: _____

Gender: ☐ Male ☐ Female

Grade (Circle): K 1 2 3 4 5 6 7 8 9 10 11 12

Student Address: _____

Zip Code: _____

☐ **Mother** ☐ Guardian ☐ Other _____

☐ **Father** ☐ Guardian ☐ Other _____

Name: _____

Name: _____

CHILD'S HEALTH HISTORY

Health Conditions – Check all that apply

☐ Abnormal spinal curvature (scoliosis, etc.)

☐ Diabetes

☐ Near drowning or near-suffocation

☐ Allergies or hay fever

☐ Eczema

☐ Nervous twitches or tics

☐ Anemia

☐ Emotional

☐ Poisoning

☐ Asthma or wheezing

☐ Ear problems, poor hearing

☐ Rheumatic fever

☐ Bedwetting

☐ Eye problems, poor vision

☐ Seizures or Epilepsy

☐ Behavior problem

☐ Frequent headaches

☐ Sickle cell disease

☐ Birth or congenital malformation

☐ Frequent skin infections

☐ Stool soiling

☐ Cancer, type _____

☐ Frequent sore throats

☐ Substance abuse (alcohol, drugs)

☐ Chickenpox

☐ Heart disease, type _____

☐ Suicide attempt

☐ Chronic diarrhea or constipation

☐ Hepatitis

☐ Toothaches or dental infections

☐ Concern about relations with siblings or friends

☐ Kidney disease, type _____

☐ Urinary tract infection

☐ Cystic Fibrosis

☐ Meningitis or encephalitis

☐ Wetting during day

Please provide any further information that you feel is necessary about conditions checked above: _____

ALLERGIES

Please list and describe allergies or reactions to...

☐ Medicines/Drugs: _____

☐ Foods/Plants/Animals/Other: _____

☐ Recommended treatment if allergy is severe: _____

INJURIES & ILLNESSES

Please list any severe injuries or illnesses...

☐ Injuries: _____ Age: _____ Hospitalized: ☐ Yes ☐ No

☐ Illnesses: _____ Age: _____ Hospitalized: ☐ Yes ☐ No



GEVSD STUDENT HEALTH HISTORY FORM | Page 2 of 2

IMMUNIZATION RECORD

Please attach a copy of your child's immunization record. Immunizations listed below.

Type
DPT
*Tdap (Req'd for Gr. 7)
OPV/IPV
MMR
*Hepatitis B (Req'd for Gr. K – 11)
*Varicella (2 Req'd for Kinder.) (1 Req'd for Gr. 1 – 4)
HIB

* Progressive Vaccines

ADDITIONAL INFORMATION

- ☐ What medications are given daily? _____
- ☐ What medications are given frequently, but not daily? _____
- ☐ Do you have other comments or concerns about this child's health, development, behavior, family or home life that you would like the school nurse to be aware of? ☐ Yes ☐ No

If yes, please briefly explain: _____

IMPORTANT Health information included on this form will be shared with staff members on a need-to-know basis, unless the school is notified otherwise in writing.

I certify all the above information to be correct...

Relationship to Child: ☐ Parent ☐ Guardian ☐ Other

Parent/Guardian Signature: _____ Date: _____

GINA Compliance Notice

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic Information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproduction services. Thank you for your cooperation.

(FORM UPDATED 01/12)



GEVSD EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for a child who becomes ill or injured while under school authority, when parents cannot be reached. *****Part I or Part II must be completed!*****

Student's Legal Name: _____
[Last] [First] [Middle] [Preferred]

Student Address: _____ **Phone:** _____

City/State/Zip: _____

Grade (Circle): K 1 2 3 4 5 6 7 8 9 10 11 12 **Family Email:** _____

EMERGENCY CONTACTS

Please list, in order of preference, the person(s) you wish to have contacted in the event of an emergency involving your child.

Parent Name: _____ Day Phone: _____ Cell Phone: _____

Parent Name: _____ Day Phone: _____ Cell Phone: _____

First Contact*: _____ Relationship: _____ Phone: _____

First Contact Address: _____

Second Contact: _____ Relationship: _____ Phone: _____

Second Contact Address: _____

Third Contact: _____ Relationship: _____ Phone: _____

Third Contact Address: _____

**First Contact will only be called if we are unable to reach a parent first.*

PART I: TO GRANT CONSENT

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

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessfully, I hereby give my consent for 1.) The administration of any treatment deemed necessary by named doctor, or, in the event 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. Facts concerning the child's medical history including allergies, current medications, and any physical impairments that a physician should be alerted of: _____

Parent Signature: _____ **Date:** _____

PART II: REFUSAL TO CONSENT

I **DO NOT** give my consent for 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: _____

Parent Signature: _____ **Date:** _____

[FORM UPDATED: 03/11]