



**Greater Ohio
Virtual School**

Official Registration Packet

2014-2015 School Year

GO FORWARD GO BEYOND
GO for It!

**Greater Ohio Virtual School
1879 Deerfield Road
Lebanon, OH 45036**

Serving grades 7 – 12 State-Wide

Central Office:

Phone: 513-695-2924

Fax: 513-695-2588

Email: govs@warrencountvesc.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)

YOU MUST HAVE BROADBAND OR WIRELESS INTERNET SERVICE TO ACCESS THE CURRICULUM PROVIDED BY GOVS. IF YOU DO NOT, PLEASE CONTACT ONE OF OUR SECRETARIES FOR FURTHER INFORMATION.

It is necessary for the student's parent/legal guardian to provide all requested information to GOVS in person before we can process your application for enrollment. If you are unable to present the registration packet in person call the office for instructions. Completing this application does not enroll your student in GOVS. Our staff will contact you to schedule your orientation session as openings are available. The student will be considered enrolled upon successful completion of their orientation session. Failure to stay in school while waiting for an orientation session could lead to truancy charges by your current school.

IN ADDITION TO YOUR COMPLETED REGISTRATION PACKET, THE FOLLOWING DOCUMENTS MUST BE PROVIDED FOR ENROLLMENT:

- Student Registration Form *(to be 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.
- Proof of Custody/Court Ordered Placement (if applicable) (Divorce Decree, date stamped and signed by judge/magistrate)
- Proof of Residency:
 - ❖ Deed, Mortgage Statement, Lease, Land Contract, Purchase Contract-need MCS-308.
 - ❖ Current home owner/renter's insurance declaration page,
 - ❖ Gas bill, Electric bill, Water bill within 60 days of enrollment, (no phone or cable bills).
 - ❖ County and Federal Services/Income Documentation within 60 days of enrollment.
- Parent/Legal Guardian's Driver License/State ID
- Student's Driver License
- Shot/Immunization Records

Provide copies of the following:

- Grade 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 presently attends as they will not release your grades/transcripts.***
- Special Education (IEP-Individualized Education Program), (ETR-Evaluation Team Report)
- 504 Educational Plan *(if applicable)*
- Court ordered Placement (Court Order indicating School District responsible for admission of Tuition) *(if applicable)*

PHOTOS FOR STUDENT ID WILL BE TAKEN DURING ORIENTATION, PLAN ACCORDINGLY.

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

STUDENT REGISTRATION CHECKLIST

Student's Name _____ Grade: _____

- ☐ Student Registration Form (to be completed and signed by Parent/Guardian/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.
- ☐ Proof of Custody/Court Ordered Placement (if applicable) (Divorce Decree, date stamped and signed by judge/magistrate) 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:
 - Deed, Mortgage Statement, Lease, Land Contract, Purchase Contract-need MCS-308.
 - Current home owner/renter's insurance declaration page,
 - Gas bill, Electric bill, Water bill within 60 days of enrollment, (no phone or cable bills).
 - County and Federal Services/Income Documentation within 60 days of enrollment.
- ☐ Parent's Driver's License
- ☐ Student's Photo ID, Ex: Previous school ID or Driver's License
- ☐ Shot/Immunization Records

If Applicable:

- ☐ Special Education (IEP-Individualized Education Program), (ETR-Evaluation Team Report)
- ☐ 504 Educational Plan
- ☐ Court ordered Placement (Court Order indicating School District responsible for admission of Tuition) **This document must be provided if both biological parents do not live in the same residence as the student.**

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

Central Office @ 513.695.2924

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 _____ Previous School District _____

Previous School Name _____

School Address _____ Fax # _____

To Be Completed By Previous School District
Student SSID # _____ IRN # Of District Sending Records _____

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

Fax: 513-695-2588

Email: govs@warrencountyesc.com

Please release all information listed below.

☒ Transcript of Grades

☒ Attendance Records

☒ Immunization Records

☒ Test Scores

☒ Vision and Hearing Results

Confidential Records: (If Applicable)

☒ Individual Education Plan (IEP)

☒ Psychological Testing Results

☒ Evaluation Team Report (ETR)

☒ 504 Plan

☒ Written Education Plan (WEP-Gifted)

Parent/Legal Guardian Name (Please Print) _____

Parent/Legal Guardian Signature _____ 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

This student will be enrolled in GOVS effective _____

Signature of authorized school personnel: _____ Date _____

Date _____

GREATER OHIO VIRTUAL SCHOOL

STUDENT APPLICATION 2014-2015 SCHOOL YEAR

Current Grade Level _____ Has your child ever been enrolled in GOVS? _____ Yes _____ No

Are you currently expelled or suspended from your previous school district? _____ Yes _____ No

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

1. Counselor from Previous District	2. School Administrator	3. Friend
4. Family Member	5. Court Referral	6. Attendance Officer
7. Print Advertisement (Newspaper, Brochure, Mail Advertisements)		

(Please Print)
Student Legal Name _____
 First Name _____ Middle Name _____ Last Name _____

Preferred Name _____ Student's Social Security # _____ - _____ - _____ Mother's Maiden Name _____

Date of Birth _____ / _____ / _____ City and State of Birth _____

Home Address _____
 Street _____ City _____ State _____ Zip _____
Contact Number _____ - _____ - _____ **Email Address** _____**Circle one:** Male Female**Circle one:** US citizen, Immigrant-Non-Us citizen*, Foreign Exchange Student

Immigrant Students are those who:

* 1. Are 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

Is the student of Hispanic/Latino heritage? **Circle one:** Yes No.*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)
<input type="checkbox"/> White	Persons having origins in any of the original peoples of Europe, North Africa or the Middle east.
<input type="checkbox"/> Black or African American	Persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.	

We will use our phone notification system, website and VLA accounts as the primary method of getting important information, updates and announcements to our students and parents. Please provide the following information:

Voice Mail Contact # _____ **Text Message #** _____

Parent Email _____ **Student Email** _____

Parent Information:Status of **biological parents (circle one)**: Married Divorced Separated Widowed Never Married

If divorced, who has legal custody? Mother Father Shared if shared, who is residential? _____

Are you the natural/adoptive parent(s) of the child? Yes or No ~ If no, what is your relationship to the child? _____

If foster/guardian, what district did the natural parent(s) reside in at the time you received custody? _____

Mother/Guardian (circle one)**Father/Guardian (circle one)**

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell/Pager: _____

Cell/Pager: _____

Email: _____

Email: _____

Place of Employment: _____

Place of Employment: _____

Business Phone: _____

Business Phone: _____

Step-Father (if applicable): _____

Step-Mother (if applicable): _____

Work Phone: _____

Work Phone: _____

Cell/Pager: _____

Cell/Pager: _____

Migrant or Homeless Status:

Is this child, this child's parent, guardian or spouse a migratory worker? _____ Yes _____ No

Does this child lack a fixed regular and adequate night-time residence? _____ Yes _____ No

If answer is yes, please select one of the following: Shelter _____ Unsheltered _____ Doubled Up _____ Hotel/Motel _____ Other _____

Home Language Survey:

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

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

What language do you use most frequently 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? _____

Special Services:Is this child receiving **SPECIAL EDUCATION SERVICES**? _____ Yes _____ NoIf Yes, does this student have a current **I.E.P. & E.T.R.**? _____ Yes _____ NoIs this child receiving Special Services due to a **504 PLAN**? _____ Yes _____ NoIs this child receiving **GIFTED EDUCATION SERVICES**? _____ Yes _____ NoIf Yes, does this student have a current **Written Education Plan**? _____ Yes _____ No

Other siblings enrolled with GOVS:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, do hereby state and declare under penalty of falsification (*) that I am the parent or legal guardian of the above named student and that this registration information is true and correct.

Parent / Legal Guardian Signature_____
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).

EMERGENCY MEDICAL AUTHORIZATION FORM (required)

(Required per HB 639)

Student Name _____
Address _____
Street/P.O. Box _____ City _____ Zip _____
Home Phone () _____ D.O.B. ____/____/____

PARENT CONTACT INFORMATION

Mother/Guardian:

Father/Guardian:

Name _____
Address _____
City/State/Zip _____
Email address _____
Place of Employment _____
Work Phone _____ Cell # _____

Name _____
Address _____
City/State/Zip _____
Email address _____
Place of Employment _____
Work Phone _____ Cell # _____

Is there a legal custody order that applies to this child? ____Yes ____NO

If yes, please explain: _____

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who 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 whom 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 called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room 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 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 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:

Date: _____ Signature of Parent/Guardian: _____

Address: _____

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 with the school authorities to take the following action:

Date: _____ Signature of Parent/Guardian: _____

Address: _____

Title I Student Income Form—School Year 2014-2015

To the Parent/Guardian: In order to determine if the school your child attends will receive federal No Child Left Behind Act-Title I funds for reading and/or mathematics or other services, specific income information is needed from you. Please complete this survey form, and return it to your child's school immediately. One form should be completed for each child in your family. Thank you for your cooperation.

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

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

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 others related and unrelated in your household.) See 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

Household Income: In column 1 below, enter the total number of people living in the household, whether they receive income or not. In column 2, enter the total amount of income of all those household members. The income can be the amount received per year, per month, or per week, but should be the total before taxes or anything else is taken out.

Effective from July 1, 2014 to June 30, 2015- Income Guidelines 185%

		FOR SCHOOL USE ONLY					
		Income Guidelines for Title I building/ attendance area eligibility					
1	2	Household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
Total no. of people living in the household: _____	Total household income and frequency: \$ _____	1.....	\$21,590	\$1,800	\$900	\$831	\$416
		2.....	\$29,101	\$2,426	\$1,213	\$1,120	\$560
		3.....	\$36,612	\$3,051	\$1,526	\$1,409	\$705
		4.....	\$44,123	\$3,677	\$1,839	\$1,698	\$849
		5.....	\$51,634	\$4,303	\$2,152	\$1,986	\$993
		6.....	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
		7.....	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
		8.....	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
		For each add'l member add	+\$7,511	+\$626	+\$313	+\$289	+\$145
	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> 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: _____

X _____

Within guidelines: Yes No

Greater Ohio Virtual School

Truancy Intervention Policy FY 2014-2015

10 Lessons Behind (Warning Letter from GOVS)

GOVS notifies the parent by letter of the student's status with incomplete lessons. Parents are asked to contact school officials for a phone or in-person conference in order to remediate the situation.

15 Lessons Behind (Warning Letter from the Attendance Officer)

The Warren County attendance officer will send a warning letter to the student and parent explaining Ohio's Compulsory Attendance Law and consequences of further incomplete lessons.

20 Lessons Behind (Truancy Intervention Meeting)

The student and parent will be invited to meet with the county attendance officer and a school official for a Truancy Intervention Meeting to be held at the Educational Service Center. Legal responsibilities of the student and parent regarding school attendance/lesson completion will be addressed and intervention provided as needed. Student and parent will be warned of the consequences of court should the student continue to be truant/not complete lessons. If the student/parent do not attend the scheduled intervention meeting (and did not make alternate arrangements with the attendance officer), and if the student is over the twenty-five lesson behind limit, charges may be filed immediately against the student and parent.

25 Lessons Behind (Court Charges May Be Filed)

Twenty-five lessons behind is equivalent to twenty-five absences from school. GOVS recognizes the initial ten lessons behind as "excused absences" for personal health-related reasons. All absences after the ten-day limit are considered unexcused (unless the parent provides doctors' excuses for days missed). Thus, the next fifteen (15) unexcused absences are considered "chronic truancy" and charges may be filed against the student and parent.

Legal References in the Ohio Revised Code

3321.01 Compulsory School Attendance. A child between six and eighteen years of age is of compulsory school age.

2151.02 (D) Chronic Truant. Chronic truant means any child of compulsory school age who is absent without legitimate excuse for seven or more consecutive school days, ten or more school days in one school month (four weeks), or fifteen or more days in a school year. Children who are chronically truant are considered delinquent.

2919.24 Contributing to Unruliness or Delinquency of a Child. No person, including a parent, guardian, or other custodian of a child shall do any of the following: Aid, abet, cause, encourage, or contribute to a child or ward of the juvenile court becoming an unruly or delinquent child.

ORC 3314.03(A)(6)(B) Student is automatically withdrawn from school if the student without a legitimate excuse fails to participate in one hundred five consecutive hours of the learning opportunities offered to the student. *Legitimate excuse is a doctor's note with student's name and specified dates excused. Legitimate excuse must be submitted and received in the central office before the student has missed 105 consecutive hours of learning opportunities. Only original doctor notes are accepted or notes faxed directly from the doctor's office to GOVS.*

Disclaimer

Nothing in this attendance policy shall prohibit or restrict the school from initiating legal action against a student and parent for failure to complete lessons at any time (within the legal provisions of the law).

I have read and understand the approved attendance policy of the Greater Ohio Virtual School. I have received a copy of the policy for future reference.

Student's Signature _____ Date _____

Parent/ Legal Guardian's Signature _____ Date _____

GREATER OHIO VIRTUAL SCHOOL

**STUDENT HANDBOOK
ACKNOWLEDGEMENT FORM
2014-2015**

Student Name (please print) _____ Grade Level _____

*Our signatures indicate that we received, read, and understand the
Responsibilities outlined in the
2014-2015 STUDENT HANDBOOK
I am aware this handbook is available electronically through www.mygovs.com or
I may request a copy of the handbook anytime by contacting the
Greater Ohio Virtual School.*

Student's Signature Date

Parent/Legal Guardian's Signature Date

*This form must be completed and returned to the
GOVS Central Office*