

## **2021-2022 Kindergarten Registration**

Lexington Local Schools will hold kindergarten registration on Thursday, March 11th from 9:30 a.m. — 3:00 p.m. and 4:30 p.m. – 7:00 p.m. and Tuesday, March 16th from 4:30 p.m. - 7:00 p.m. at Central and Western Elementary. Please bring completed registration forms to the buildings on the above dates.

Your child must be 5 years old on or before August 1, 2021 to be eligible for kindergarten. The following documentation is needed for kindergarten registration:

1. Child's original birth certificate
2. Child's social security card
3. Child's immunization record
4. Custody papers (single, adoptive, foster family or name change)
5. Proof of residence (current rental/purchase/lease agreement or utility bill)
6. Your driver's license

Forms are available online prior to registration day, please fill them out and bring them in with the other required documents. To print out registration forms please visit Central or Western's webpage at: [www.lexington.k12.oh.us](http://www.lexington.k12.oh.us)

LEXINGTON LOCAL SCHOOLS  
EMERGENCY MEDICAL FORM

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**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.**

Mother's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

(E-mail) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

(E-mail) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Is the parent or legal guardian of the student in one of the following?

Active Duty Forces  Yes  No

National Guard  Yes  No

**PART I OR 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 \_\_\_\_\_

PHONE \_\_\_\_\_

**\*\*FACTS CONCERNING THE CHILD'S MEDICAL HISTORY, INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL IMPAIRMENT TO WHICH A DOCTOR/SCHOOL SHOULD BE ALERTED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 DOCTOR IS NOT AVAILABLE, BY ANOTHER LICENSED DOCTOR 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 THE TWO OTHER LICENSED DOCTORS OR DENTISTS CONCURRING IN THE NECESSITY FOR SUCH SURGERY ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY.

DATE \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**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:

DATE \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

## CENSUS DATA

Student Name \_\_\_\_\_  
LAST
FIRST
MIDDLE

Address \_\_\_\_\_  
STREET
CITY
STATE
ZIP
COUNTY

Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_

Father \_\_\_\_\_ Address \_\_\_\_\_  
(if different from child)

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

Mother \_\_\_\_\_ Address \_\_\_\_\_  
(if different from child)

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Older Brother(s)** \_\_\_\_\_ **Older Sister(s)** \_\_\_\_\_  
**Younger Brother(s)** \_\_\_\_\_ **Younger Sister(s)** \_\_\_\_\_

### EMERGENCY DATA

*PLEASE COMPLETE THIS SECTION TO HELP US IF YOUR CHILD BECOMES ILL OR INJURED AT SCHOOL. LIST FRIENDS OR RELATIVES WHO MAY BE CALLED IF NEITHER PARENT IS AVAILABLE (WILL ACCEPT CARE, TEMPORARILY, IN CASE OF ACCIDENT, ILLNESS, AND POSSIBLE COMMUNICABLE DISEASES). THERE IS NO LEGAL AUTHORITY UNDER WHICH A BOARD OF EDUCATION MAY PAY A DOCTOR BILL FOR SERVICES RENDERED TO A PUPIL ACCIDENTALLY INJURED IN SCHOOL. FIRST AID, ONLY, WILL BE ADMINISTERED AT SCHOOL. PLEASE COMPLETE ALL 2 LINES.*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### FIELD TRIP PERMISSION FORM

\_\_\_\_\_, HAS MY PERMISSION TO PARTICIPATE IN ALL EDUCATIONAL FIELD TRIPS. I UNDERSTAND I WILL BE NOTIFIED OF ANY TRIPS.

DATE \_\_\_\_\_ PARENT'S SIGNATURE \_\_\_\_\_

### EMERGENCY CLOSING PROCEDURES

GO HOME AS USUAL  
 SPECIAL ARRANGEMENTS \_\_\_\_\_

**PLEASE NOTIFY THE SCHOOL IF THERE ARE ANY CHANGES IN THE ABOVE INFORMATION**

LEXINGTON LOCAL SCHOOLS  
NEW STUDENT REGISTRATION FORM

Office Use Only:

Date Rec'd \_\_\_\_\_  
Time Rec'd \_\_\_\_\_

**STUDENT INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
CITY STATE COUNTY

Student's Social Security # \_\_\_\_\_ Mothers Maiden Name \_\_\_\_\_

Student Resides With: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father  
\_\_\_\_\_ Grandparents \_\_\_\_\_ Foster \_\_\_\_\_ Guardian

Mother's Full Name: \_\_\_\_\_ Father's Full Name: \_\_\_\_\_

Parent Address **Not Residing** with student: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Siblings: Younger: \_\_\_\_\_

Older: \_\_\_\_\_

Medical Problems: (Describe) \_\_\_\_\_

Medication? \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No Is student on IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

Limited English \_\_\_\_\_ Yes \_\_\_\_\_ No Is Student on 504? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the student of Hispanic/Latino Heritage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Racial/Ethnic Group: \_\_\_\_\_ White, Non-Hispanic \_\_\_\_\_ Hispanic/Latino  
\_\_\_\_\_ Black or African American (Non-Hispanic)  
\_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ Multiracial

Please explain where your child will be going after school. **(Be sure to include exact address for the transportation of your child)** \_\_\_\_\_

Continued on Other Side

**EDUCATIONAL INFORMATION:**

Name and complete address of last school attended

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Past or Present Services Received:

- |   |   |
|---|---|
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Remedial Reading     |
| <input type="checkbox"/> Counseling               | <input type="checkbox"/> Speech Therapy       |
| <input type="checkbox"/> Special Education        | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> LD Tutoring              | <input type="checkbox"/> Physical Therapy     |

If any of the above are checked, please explain here: \_\_\_\_\_

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**FOSTER PARENT INFORMATION:**

Foster Parents Name \_\_\_\_\_

Caseworker Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Phone \_\_\_\_\_

**OTHER INFORMATION:**

Is there anything significant about your child that you feel we should know about or any concerns that you might have \_\_\_\_\_

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**High School/Junior High Only**

Extracurricular Interests: \_\_\_\_\_

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**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.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____	
<b>Communication Preferences</b> 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? _____	
<b>Language Background</b> 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.		2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
<b>Prior Education</b> 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.		5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month      Day      Year	
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.			
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>



(Appendix A, continued)

**\*\*\*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.

3. **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.

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

4. **Validate.** Complete the information below.

<p>_____ Signature of validating school employee</p>	<p>_____ Date (mm/dd/yyyy)</p>
<p>_____ Printed name of validating school employee</p>	<p>_____ Name of school or school district</p>

**RESIDENCY INFORMATION FORM**

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42-11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

School \_\_\_\_\_ Phone/Pager \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Is this address? Temporary  Yes  No

Please choose which of the following situations the student currently resides in (you can choose more than one):

- \_\_\_\_\_ House or apartment with parent or guardian
- \_\_\_\_\_ Motel, car, or campsite
- \_\_\_\_\_ Shelter or other temporary housing
- \_\_\_\_\_ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- \_\_\_\_\_ Loss of housing
- \_\_\_\_\_ Economic situation
- \_\_\_\_\_ Temporarily waiting for house or apartment
- \_\_\_\_\_ Provide care for a family member
- \_\_\_\_\_ Living with boyfriend/girlfriend
- \_\_\_\_\_ Loss of employment
- \_\_\_\_\_ Parent/Guardian deployed
- \_\_\_\_\_ Other (please explain)

Are you a student under the age of 18 and living apart from your parents or guardian? Yes No

**Residency and Educational Rights**

Students without fixed, regular, and adequate living situations have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2. Transportation to the school of origin for the regular school day;
3. Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at (419-884-2132) or the State Coordinator at (614-387-7725).

By signing below, I acknowledge that I have received and understand the above rights.

\_\_\_\_\_  
Signature of Parent/Guardian/Unattached Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of McKinney-Vento Liaison

\_\_\_\_\_  
Date



# LEXINGTON LOCAL SCHOOLS

103 Clever Lane • Lexington, Ohio 44904



FILL OUT BOTH PARTS – (Federal Government Requirement)

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Is the student of Hispanic/Latino Heritage?  Yes  No

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

Native Language \_\_\_\_\_ Home Language \_\_\_\_\_

## Part I – Ethnic Category – Choose One

- White  Black/African American  Hispanic/Latino  Multi-Racial  
 Native Hawaiian or Pacific Islander  American Indian or Native Alaskan  
 Asian

## Part II – Racial Group – SEE BELOW FOR RACIAL GROUP DESCRIPTIONS

Choose one or more Racial Groups below:

- White  Black/African American  Native Hawaiian or Pacific Islander  
 American Indian or Native Alaskan  Asian

If ethnicity information is not provided by parent/guardian, the school district shall use visual identification and report their best estimate. See below for racial group descriptions

### White –

People who have 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 in Africa

### Asian –

Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

### American Indian or Alaskan Native –

Persons having origins in any of the original peoples of North and South American (including Central American) who maintain tribal affiliation or community attachment.

### Native Hawaiian or Other Pacific Islander –

Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### Multiracial –

Persons having origins in two or more of the above options.

**Lexington School District**

**Web Page Permission Form**

The Lexington School District is proud of the many successes that students and staff achieve every day and regularly announces and publicizes achievements, activities, and events. Achievements, activities and events include, but are not limited to, academic presentations, art exhibits, athletic events, awards, community service activities, concerts, contests, district presentations, honors, honor roll(s), music, outstanding academic work, outstanding educational initiatives, plays, special programs, sports, student(s) of the month, and/or teams.

At various points throughout the school year, your child may have an opportunity to be photographed for announcement purposes through our web site or newsletters. With your permission, information that could possibly be posted on our district and/or school website may include student names; photo/image; artwork, etc.

We are proud of our students' achievements and want to recognize and celebrate accomplishments.

     **YES, I DO grant permission** to acknowledge my child's achievements, activities, and/or event participation, through district media or the district website.

     No, I DO NOT grant permission to acknowledge my child's achievements, activities, and/or event participation, through district media or the district website.

Student Name: \_\_\_\_\_

Building: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

This form will be good until the student moves to another building or the parent/guardian fills out and submits a new form.

# LEXINGTON LOCAL SCHOOL'S USER AGREEMENT

## LEXINGTON LOCAL SCHOOLS 2021-2022

### ALL USERS

(REGARDLESS OF AGE, MUST READ AND SIGN BELOW)

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use Policy and Agreement. Should I commit any violation or in any way misuse my access to the Lexington Local School District's computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

Name (Print clearly) \_\_\_\_\_ Home phone \_\_\_\_\_  
User signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

The AUP agreement can be found at [www.lexington.k12.oh.us](http://www.lexington.k12.oh.us) under district/technology menu  
If I am signing this Policy and Agreement when I am under 18, I understand that when I turn 18, this Policy and Agreement will continue to be in full force and effect and agree to abide by this Policy and Agreement.

### PARENT OR GUARDIAN NETWORK USAGE AGREEMENT

(TO BE READ AND SIGNED BY PARENTS OR GUARDIANS OF USERS WHO ARE UNDER 18):

As the parent or legal guardian of this user (or guest), I have read, understand and agree that my child/ward shall comply with the terms of the Lexington Local School District's Acceptable Use Policy and Agreement for user access to the Lexington Local School District's computer network and the Internet. I understand that access is being provided to the users for educational purposes only. However, I also understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child/ward's responsibility for abiding by the Policy and Agreement. I am therefore signing this Policy and Agreement and agree to indemnify and hold harmless the School, the Lexington Local School District and the Data Acquisition Site that provides the opportunity to the Lexington Local School District for computer network and Internet access against all claims, damages, losses and costs, of whatever kind, that may result from my child/ward's use of his/her access to such networks or his/her violation of the foregoing Policy and Agreement. Further, I accept full responsibility for supervision of my child/ward's use of his/her access account if and when such access is not in the school setting.

I hereby give permission for my child/ward to use the building-approved account to access the Lexington Local School District's computer network and the Internet.

Name (Print clearly) \_\_\_\_\_ Home phone \_\_\_\_\_  
Parent signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

### LEGAL REFERENCES

*Children's Internet Protection Act of 2000 (H.R. 4577, P.L. 106-554)*

*Communications Act of 1934, as amended (47 U.S.C. 254[h], [i])*

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

# PR-10 PARENTAL CONSENT TO SHARE HEALTH INFORMATION FOR THE OHIO MEDICAID SCHOOL PROGRAM

## CHILD'S INFORMATION

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DISTRICT NAME LEXINGTON LOCAL SCHOOLS

Ohio school districts have the opportunity to receive federal Medicaid dollars through a program called the Ohio Medicaid School Program (MSP). Through this program, school districts can receive Medicaid dollars for services identified in the IEP, such as Speech, Audiology, Physical Therapy, Occupational Therapy, Nursing, Psychology, Counseling, and Social Work services. In the process of billing Medicaid for these services, billing information must be shared with the Ohio Department of Medicaid. For Medicaid billing purposes, schools must obtain a one-time signed Parental Consent to Share Health Information for the Ohio School Medicaid Program. After this one-time written consent, you will receive an annual notice of this consent.

Schools request this consent for all students who receive special education services, even students who may not be currently eligible for Medicaid. Some health information shared is specific to your student, while other information is related to all students within the entire school district. Schools can use this health information to help reduce special education costs that the district must deliver pursuant to the Individuals with Disabilities Education Act (IDEA). This student specific health information is protected and will be accessed only by people authorized to do so by the school's Medicaid contract.

Your consent is voluntary. You have the right to withdraw your consent at any time (34 CFR Part 99 and Part 300.) You are not required to enroll in Medicaid. If your school does bill Medicaid, you will not be required to incur any out-of-pocket expenses such as a deductible or co-pay, decreased lifetime coverage, increased premiums or the discontinuation of benefits, or result in you paying for services. If a bill or Explanation of Benefits (EOB) is received, you are not required to cover any cost for school-based services.

Regardless of whether you grant consent, refuse consent, or revoke your consent, your child will still be provided with an evaluation and/or the services as identified by the IEP team at no cost to you.

I understand and agree to give permission to share my child's *specific* health information in order for the school to access Medicaid.

I do not give permission to share my child's *specific* health information in order for the school to access Medicaid.

Parent (printed) Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please contact **Healthcare Billing Services, Inc.** at (740) 639-4218 with questions or if you feel you have incurred a personal cost for these services.

**Facial Covering Information Form and Acknowledgement--Students**

Complete the following information and submit to the Superintendent at \_\_\_\_\_.

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Student Name [print]: \_\_\_\_\_ Date: \_\_\_\_\_

All students in PreK-12 shall wear facial coverings during designated times and activities. A face shield may be used under certain circumstances as determined by the Superintendent.

Please check all that apply:

1. \_\_\_\_\_ My child will be wearing a mask provided from home in accordance with Board policy.
2. \_\_\_\_\_ My child will be wearing a mask in accordance with Board policy but needs to be provided with a mask.
3. \_\_\_\_\_ My child requests an exemption from the District's facial covering policy due to a documented health or developmental condition such that he/she cannot wear a face mask. (documentation attached).
  - a. \_\_\_\_\_ My child will be wearing a face shield.
  - b. \_\_\_\_\_ My child is unable to wear a face shield.

The Superintendent may grant or deny a request for an exemption from the District's facial covering policy. Further, the Superintendent may request further documentation justifying the exemption.

The undersigned acknowledges that an inherent risk of exposure to COVID-19 exists in any public place where people are present and, therefore, the District cannot protect against all risk of potential exposure. Further, the undersigned acknowledges that some individuals will be exempt from the facial covering requirements of the District policy due to health, safety or other considerations.

Parent/Guardian Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date: \_\_\_\_\_, 2020