



1. Submit the following documentation required by the State Board of Education:
  - APPLICATION FORM – Please be sure to complete the entire application.
  - CONSENT FOR STUDENT RECORDS RELEASE – A parent/guardian must sign a consent form that allows Highlands Community Learning center to request the student's records from the previous school attended.
  - PROOF OF RESIDENCY – Must be a utility bill, (gas, electric or water) a copy of a current lease or mortgage statement only.
  - BIRTH CERTIFICATE – A copy of the student's birth certificate. A copy of a baptismal certificate, passport or naturalization papers are acceptable in lieu of a birth certificate.
  - TRANSCRIPT – Please provide transcripts for students in grades 9 through 12. If this is the first year for a 9<sup>th</sup> grader they will not have one yet.
  - IMMUNIZATION HISTORY – Under the Ohio Revised Code, the parent or legal guardian is required to submit written evidence that his/her child has had all the required immunizations. It is the parent's or guardian's responsibility to furnish this information. An exemption form will be made available for those parents who have elected not to have their children receive the immunizations. Your child will be withdrawn if immunization records are not received within 14 days of enrollment date.
  - COPY OF CUSTODY ORDER OR DIVORCE DECREE – (if applicable) – Under the Ohio Revised Code, proof of custody MUST be presented for any student for which custody has been determined by a court. Please provide adoption papers or other guardianship documents. If you have had a recent name change, please provide the appropriate documentation for that as well.
  - SPECIAL NEEDS DOCUMENTATION – (if applicable) – Please provide a copy of the most recent Individualized Education Plan (IEP) and Multi-factor Evaluation (MFE) or ETR.
  - FREE AND REDUCED LUNCH FORM – If you do not qualify, please complete with N/A and sign.
  - TITLE 1 FORM – Please complete and sign.
  - PLEASE NOTE – Signatures are required on Part II of the application.

**Applications and necessary documentation must be mailed or faxed to Highlands Learning Center**

Mailing Address:

Highlands Community Learning Center  
6909 Smoky Row Road  
Columbus, OH 43235

Local Phone: (614) 210-0830  
Fax Phone: (740) 387-0475

2. Attend an orientation session prior to beginning school:
  - An enrollment specialist will contact you regarding the dates and times of the orientation sessions, once a completed application has been received. These sessions will be held throughout the year.

## New Registration

### Student Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Entering Grade \_\_\_\_\_ in August

Last Grade Completed in June: \_\_\_\_\_ at \_\_\_\_\_  
School City or County State

Previous school attended: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

County of Students Residence: \_\_\_\_\_

District of Students Residence: \_\_\_\_\_

Is this child a Ward of the State? Y / N Mothers Last Name: \_\_\_\_\_

City in which student was born: \_\_\_\_\_

Student Lives with: Mother Father Both Parents Guardian

Person with legal custody: Mother Father Both Parents Guardian

Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

### Parents'/Guardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Particular Health conditions of the child to be considered

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### In case of Emergency Contact

1) \_\_\_\_\_  
Name Relationship Address Phone

2) \_\_\_\_\_  
Name Relationship Address Phone

3) \_\_\_\_\_  
Name Relationship Address Phone

**EMERGENCY MEDICAL AUTHORIZATION FORM**

**Student Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_

**Home School** \_\_\_\_\_  
**Program** \_\_\_\_\_  
**Birthdate** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_

**Cell** \_\_\_\_\_

**School Messenger** \_\_\_\_\_ (The **one** number you would like to be contacted for the following: **notification of your student's absence**, closings or delays due to weather, or other various situations.)

**Email** \_\_\_\_\_

**Parents:**  Married  Divorced  Separated  Other, please specify \_\_\_\_\_

If divorced/separated/other, who is residential parent? \_\_\_\_\_

Name of non-residential parent \_\_\_\_\_

Address of non-residential parent \_\_\_\_\_

**Purpose** – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, or non-emergency incidents when parents or guardians cannot be reached.

**Mother/Guardian Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Other's Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_

**Please list facts concerning the child's medical history, including allergies, medication being taken, and any physical impairments to which a physician should be alerted.**

**Allergies (Please list all allergies, type of reaction, and usual treatment.):** \_\_\_\_\_

**Medical Condition(s):** \_\_\_\_\_

**Medications/Treatments:** \_\_\_\_\_

**Does this child have any condition that could be life-threatening? CHECK ONE: YES  NO**

**If YES, please explain:** \_\_\_\_\_

**MEDICATION AUTHORIZATION: Dispensing Over-the-Counter Medications at School**

I **authorize** the school nurse to provide a pain reliever and antacid to the above named student as needed during school hours (**Please check approved medications.**)

Acetaminophen (Tylenol) 650 mg  Ibuprofen (Advil) 400 mg  Calcium Carbonate (Tums)

I **do not authorize** the school to provide a pain reliever and antacid to the above named student.

I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable and unforeseeable for damages or injury resulting directly or indirectly from this authorization.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

(Please complete both sides.)

**COMPLETE ONLY ONE OF THE FOLLOWING (Section I or II):**

**SECTION I: Consent for Treatment**

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

<b>Preferred Physician:</b>	<b>Office Phone:</b>
<b>Preferred Dentist:</b>	<b>Office Phone:</b>
<b>Preferred Eye Specialist:</b>	<b>Office Phone:</b>
<b>Medical Specialist:</b>	<b>Office Phone:</b>
<b>Preferred Hospital:</b>	<b>ER Phone</b>
<b>Record of last Tetanus Shot:</b>	

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.

The authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Date**

**DO NOT COMPLETE SECTION II IF YOU COMPLETED SECTION I.**

**SECTION 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 for the school authorities to take the following action \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Date**

**Cost of all medical treatment and procedures are the responsibility of the student, parent or guardian. Applications for school insurance coverage are available in the home school and at Apollo Career Center.**

\*\*\*\*\*

**Highlands Community Learning Center Study Trip Permit**

The student has my permission to participate in trips to various locations as part of the instructional/co-curriculum activities during the school year.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**HIGHLANDS COMMUNITY LEARNING CENTER  
IMMUNIZATION EXEMPTION FORM**

In accordance with the Ohio Revised Code – Amended Section 3313.671 (Part A),  
I hereby request that

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth

Be exempt from school immunizations. I understand that due to the lack of Immunizations, should any epidemic or communicable disease outbreak occur, the above named student may be excluded from attendance at all school functions in which other students are present.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print the above name

Dear Parent/Guardian:

*Children need healthy meals to learn. Highlands Community Learning Center offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals.*

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to Highlands Community Learning Center.**
- 2. Who can get free meals?** Children in households getting Food Stamps or Ohio Works First (OWF) and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway and migrant children get free meals?** Please call **Highlands Community Learning Center's, homeless liaison or migrant coordinator** to see if your child(ren) qualify, if you have not been informed they will get free meals.
- 4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, show on this application.
- 5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you have carefully and follow the instructions. Call the school at 614-210-0830 if you have questions.
- 6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, OWF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 9. What if I disagree with the school's decision about my application?** You should talk to school officials. You may ask for a hearing by calling or writing to: **Highlands Community Learning Center.**
- 10. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 11. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends.) You must include yourself and all children who live with you.
- 12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 13. We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

## INSTRUCTIONS FOR APPLYING

**If your household gets FOOD STAMPS OR OHIO WORKS FIRST (OWF), follow these instructions;**

**Part 1:** list each child's name, school, grade, and a Food Stamp or OWF case number.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**Check the appropriate box and contact [your school, homeless liaison, migrant coordinator].  
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1: Use a separate application for each foster child.** List the child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1 - Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 – Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the all other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's Benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 1 –Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Answer this question if you choose to.

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

### Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Building	Grade	Food Stamp or OWF case # (if any). Skip to Part 5 if you list a Food Stamp or OWF case #

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, migrant coordinator.**       Homeless       Migrant       Runaway

### Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

### Part 4 Total Household Gross Income – You must tell us how much and how often

1. Name (List everyone in household)	2. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement Social Security	All other income	
(Example) <i>Jane Smith</i>	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

### Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits, and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

### Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

Asian                                       American Indian or Alaska Native

White                                         Native Hawaiian or Other Pacific Islander

Black or African American               Other

Mark one ethnic identity:

Hispanic or Latino

Not Hispanic or Latino

Annual Income Conversion : Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12

Total Income: \_\_\_\_\_ Per: Weekly, Every 2 Weeks, Twice a Month, Month, Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility : Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_ Reduced \_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If selected for verification, Date verification notice sent: \_\_\_\_\_ Response Date: \_\_\_\_\_ 2<sup>nd</sup> Notice Sent \_\_\_\_\_ Date: \_\_\_\_\_

Verification Result: No change \_\_\_ Free to Reduce Price \_\_\_ Free to Paid \_\_\_ Reduce Price to Free \_\_\_ Reduced Price to Paid \_\_\_\_\_



## FREE AND REDUCED LUNCH PROGRAM

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

**Privacy Act Statement:** This explains how we will use the information you give us.

**The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Ohio Works First (OWF) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.**

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. **In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to:**  
**USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD).**  
USDA is an equal opportunity provider and employer.

### FEDERAL INCOME CHART

Household size	\$ Yearly	\$ Monthly	\$ Weekly
1	18,889	1,575	364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,208	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230
Each add'l person:	6,438	537	124

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or *Healthy Start, Healthy Families*. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and *Healthy Start, Healthy Families* that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and *Healthy Start, Healthy Families* only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or *Healthy Start, Healthy Families*, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

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**No! I DO NOT** want information for my Free and Reduced Price School Meals Application shared with Medicaid or the *Healthy Start, Healthy Families*.

If you checked no, fill out the form below.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

For more information, you may call 614-210-0830

**SHARING INFORMATION WITH OTHER PROGRAMS**

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

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No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

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Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

**If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call 614-210-0830

# STUDENT'S AGREEMENT

*Every student, regardless of age, must read and sign below:*

I have read, understand, and agree to abide by the terms of the Acceptable Use and Internet Safety Policy of the Highlands Community Learning Center. Should I commit any violation or in any way misuse my access to the 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.

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

User (place an "X" in the correct blank): I am 18 or older \_\_\_\_\_ I am under 18 \_\_\_\_\_

If I am signing this Agreement when I am under 18, I understand that when I turn 18 this Agreement will continue to be in full force and effect, and I will continue to abide by the Acceptable Use and Internet Safety Policy.

# PARENT'S OR GUARDIAN'S AGREEMENT

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Student's name

***To be read and signed by parents or guardians of students who are under 18:***

As the parent or legal guardian of the above student, I have read, understand, and agree that my child or ward shall comply with the terms of the Highlands Community Learning Center's Acceptable Use and Internet Safety Policy for the student's access to the School District's computer network and the Internet. I understand that access is being provided to the students 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's or ward's responsibility for abiding by the Policy. I am therefore signing this Agreement and agree to indemnify and hold harmless the School, the School District and the Information Technology Center (ITC) that provides the opportunity to the School District for computer network and Internet access against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such networks or his or her violation of the Acceptable Use and Internet Safety Policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the School setting. I hereby give permission for my child or ward to use the building-approved account to access the School District's computer network and the Internet.

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Parent or Guardian name(s) (PRINT CLEARLY)

Home phone

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Parent or Guardian signature(s)

Date

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Address

# STUDENT WITHDRAWAL REQUEST FORM

I would like to officially withdraw \_\_\_\_\_  
(Student Name)

who is in \_\_\_\_\_ from \_\_\_\_\_ effective immediately.  
(Grade) (Name of School)

School Address \_\_\_\_\_

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

I am enrolling the above named student at Highlands Community Learning Center.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

## Consent for Release of Student Records

To Whom It May Concern:

**The student named below has registered at Highlands Community Learning Center.**

**Please release the records for:**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
          Last                   First                   Initial

Address \_\_\_\_\_

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

Grade Level \_\_\_\_\_ School \_\_\_\_\_ School District \_\_\_\_\_

Address \_\_\_\_\_

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

School Phone (\_\_\_\_) \_\_\_\_\_ School Fax (\_\_\_\_) \_\_\_\_\_

**Please forward the records identified below to:**

**Highlands Community Learning Center**

**Attn: Student Records**

Highlands Community Learning Center

6909 Smoky Row Road

Worthington, Ohio 43235

Phone (614) 210-0830

Fax (740) 387-0475

I authorize the release of records including I.E.P. and M.F.E. records for the above named student.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please forward the following records:**

- |   |   |
|---|---|
| <input type="checkbox"/> Transcript of All Grades and Credits             | <input type="checkbox"/> Withdrawal Grades and Credits Received |
| <input type="checkbox"/> Ohio Proficiency Test Results                    | <input type="checkbox"/> Standardized Test Results              |
| <input type="checkbox"/> Attendance Records                               | <input type="checkbox"/> Health Records                         |
| <input type="checkbox"/> Adoption/Custody Papers (if applicable)          | <input type="checkbox"/> Psychological Reports (if applicable)  |
| <input type="checkbox"/> <b>I.E.P. and M.F.E. Records (if applicable)</b> | <input type="checkbox"/> Vocational Evaluation (if applicable)  |

**If records are not available, please return this request indicating the following:**

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> No Records Available   | Reason(s) _____ |
| <input type="checkbox"/> Unable to Send Records | Reason(s) _____ |

If you have any questions please call the us at (614) 210-0830

**\*Written consent for release is no longer required when records are requested by authorized school personnel. (Educational Amendments of 1974, "Protection of the Rights and Privacy of Parents and Students" Section 438, Subsection (b) (1), Parts A and B page 97).**

