

Pymatuning Valley Local School Preschool Program

Preschool application packets can be picked up at the following locations:

Pymatuning Valley Primary School

5571 US Route 6 W

Andover, OH 44003

Phone: (440)293-6206 Fax: (440)293-5152

Pymatuning Valley Board of Education Office

5571 US Route 6 W

Andover, OH 44003

Phone: (440)293-6488 Fax: (440)293-7654

Return the following to **PYMATUNING VALLEY PRIMARY SCHOOL:**

- Completed Preschool Application Packet
- All required documents



QUESTIONS?

Call Rebecca Charboneau

Phone: 440-293-6206

rebecca.charboneau@pvschools.org

Pymatuning Valley Local School District
Little Laker Preschool Program

Dear Parent or Guardian,

Thank you for your interest in our preschool program. To be eligible for our program, your child must be three years old on or before August 1, 2018. Please complete the preschool application packet and return it along with the following required documents to the Pymatuning Valley Primary School:

- **Birth Certificate:** If you have misplaced your child's birth certificate and your child was born in Ohio, you can obtain a legal birth certificate from the Ashtabula County Health Department (Vital Statistics) by filling out an application and submitting a \$25.00 fee. Forms can be found online at ashtabulacountyhealthdepartment.com or you can call 440-576-6010 Ext. 3 for further assistance.
- **Medical Statement:** Form is provided in the packet – this is to be completed by your child's pediatrician
- **Immunization Record:** Please submit a copy of your child's **MOST RECENT** immunization record. This can be obtained from your child's pediatrician.
- **Parent / Guardian Driver License or State Issued Identification Card**
- **Proof of Residency:** Acceptable Proof of Residency documents include:
 - A Current Utility bill (within the last 3 months)
 - Current Lease Agreement
 - Current Assistance Verification
 - Select Postal Verification Documents
- **Custody Papers – If Applicable**
- **Early Childhood Eligibility Screening Tool:** Included in your packet - This tool is required paperwork if you are applying for a grant. Early Childhood Education grants are available to families meeting the income guidelines. If you qualify, your preschool tuition will be waived. I encourage all families to apply as there have been many who have qualified and didn't anticipate meeting the requirement.
- **Income Verification:** Acceptable documents include the prior year W2s / tax information, two consecutive paycheck stubs, benefit verification

Once we have received your completed packet, we will secure a placement in our preschool. Please note that there are a limited amount of seats in our preschool classes and enrollment will be on a first come, first served basis. A placement will not be awarded until all of the paperwork is completed and submitted.

Mrs. Billie Williams
Director of Pupil Services
Pymatuning Valley Local School District
PO Box 1180
5571 US Route 6 W
Andover, OH 44003
Phone: (440)293-6488 Fax: (440)293-7654



Preschool Registration Form

Revised 3/14/2017

Section I - Student & Family Information

Child's Name, Date of Birth, Family/Guardian Name, Home Address, City, State, Zip, Employer Name, Employer Street Address, Cell Phone, Home Phone, Work Phone, Call Order

Alternate Family Information:

Family/Guardian Name, Family Street Address, City, State, Zip, Employer Name, Employer Street Address, Cell Phone, Home Phone, Work Phone, Call Order

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name, Street Address, City, State, Zip (two columns)

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home, Cell, Work (two columns) with Call Order options

List Medical Contacts, In Case Of Emergency:

Physician, Dentist, Street Address, City, State, Zip, Phone (two columns)

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Empty box for chronic medical/health needs

Child's History of Hospitalization:

[Empty box for Child's History of Hospitalization]

Child's Disease History:

[Empty box for Child's Disease History]

Child's Allergies/Treatment:

[Empty box for Child's Allergies/Treatment]

Child's Dietary Needs/Restrictions:

[Empty box for Child's Dietary Needs/Restrictions]

NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE

Child's Medication/s:

[Large empty box for Child's Medication/s]

Section V - Registration Authorizations

I authorize the following to be listed on the parent roster: My child's name Yes No

Family name Yes No

Phone numbers Yes No Cell Home Work

Exempt from immunizations because of religious conviction: Yes No

Child immunization records attached: Yes No

Annual Class Roster: Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Date

[Empty box for Date]

Signature of Authorized Family Member/Guardian

[Empty box for Signature]

PYMATUNING VALLEY PRIMARY SCHOOL REGISTRATION DATA

Please Print

ENTRY DATE

Name of Student: _____			_____			_____		
Last			First			Middle		
Birthdate: month _____ day _____ year _____			First Language of Student _____					
Birthplace (City) _____			Language spoken at home by student _____					
Mailing Address of student: _____								
(House #)			(Street name)			(P.O. Box #)		
City: _____			Zip: _____			Home Phone: _____		
School last attended: _____								
Address of above school: _____								
Last grade completed: _____			Grade to be entered at P.V.: _____		Has student ever attended P.V.: _____		Special course: _____	

Does the student reside with a parent(s) within the Pymatuning Valley District? YES NO
 If yes, please check one or both. Mother _____ Father _____ Both _____

Is the father or mother or both the natural parents: Father _____ Mother _____ Both _____

Name of Father: _____ Home Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Name of Mother: _____ Home Phone: _____

Address: _____

Employer: _____ Work Phone: _____

If there is divorce, is the Father or Mother the legal guardian? Father _____ Mother _____
 (Documentation required) In order to facilitate the identification of custodial parents, the law requires any parent awarded custody in an action for divorce, annulment or dissolution to notify the child's school for the custody arrangements by providing the school with a certified copy of the custody order or decree at the time of enrollment or whenever such order of decree is made. Ohio School Law 9.01

Does the student reside in the Pymatuning Valley District with a guardian or Other custodian under court order? (Documentation required) YES NO

Name: _____ Home Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Is there a pending court action which may affect custody or guardianship? (Documentation required) YES NO

Does this student claim to be self-supporting ("emancipated minor")? YES NO

If there is a step-mother or step-father, please fill out:

Name: _____ Home Phone: _____

Address: _____

Employer: _____ Work Phone: _____

(TURN OVER TO COMPLETE)

Indicate nature of any disabilities:

Physical _____

Allergies _____

Hearing _____ Visual _____

Other _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Brothers or Sisters in the same district:

Name _____ grade _____

Name _____ grade _____

Name _____ grade _____

Name _____ grade _____

Name _____ grade _____

Name _____ grade _____

I swear that I am a full time permanent resident of the Pymatuning Valley School District, or have duly noted otherwise. I hereby assure that the above information is accurate. I will notify the school district immediately if any of the information provided on the registration forms changes subsequent to the registration. I understand that there are penalties for falsification of information to public officials.

Signature of Parent/Legal Guardian/Other

Relationship

Date

OFFICE USE ONLY

Date of Entry _____

Health Records rec'd _____

B.C. received _____

Open enrollment _____

Specialized Program _____

SF14 student _____

District of Residence _____



Department of Education

Office of Early Learning and School Readiness
Child Medical Statement

Revised 7/11/2016

Section I - Child Medical Information

Child's Name _____

Date of Birth _____ Height _____ Weight _____

Table with 2 columns: Immunizations and Exempt from Immunization. Rows include Complete for Age, In Process, Religious Conviction, Health, and Other.

Limitations or health conditions, including allergies, medications, and dietary restrictions.

Large empty rectangular box for entering limitations or health conditions.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name _____ Provider Address _____

Provider Phone Number _____ Provider City _____ Provider State _____ Provider Zip _____

Check box of examining medical professional:

- Physician
Physician's Assistant
Advanced Practice Nurse

This child has been examined and is in suitable condition to participate in group care.

Signature of Medical Professional _____ Date of Exam _____

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.

**Pyramont Valley Local School
Emergency Medical Form**

Student's Full Legal Name: _____ GRADE _____

Parent's Primary Phone #: _____ Parents Cell # _____

Student's Primary Address: _____
Street address P.O. Box

_____ City State Zip

Parent's Email Address _____
(Student and School information will be sent to this address)

Does the student live with both biological parents (Mother and father) Yes _____ No _____
 If no, who is residential parent _____ (custody papers must be provided)

Mother's name	Workplace	Phone
Father's name	Workplace	Phone
Step Mother's name	Workplace	Phone
Step Father's name	Workplace	Phone

Please list the name and relationship of other family members that attend PV school district:

Name	Relationship	Grade
Name	Relationship	Grade
Name	Relationship	Grade

CONTACT PERSON OTHER THAN RESIDENTIAL PARENT/GUARDIAN: (Two contacts required)
 Purpose: For parents to authorize the provisions of emergency medical treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Name: _____ Relationship _____ Phone: _____
 Name: _____ Relationship _____ Phone: _____

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT

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

Doctor: _____ PHONE: _____
 Dentist: _____ PHONE: _____
 Preferred Hospital: _____ 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 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.

Please list any allergies or medications being taken and or any medical concerns:

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: _____

AFFIDAVIT OF RESIDENCY

Board of Education
5571 State Route 6
PO BOX 1180
Andover, OH 44003
(440) 293-6488

I, _____ certify that I am the owner/tenant of the dwelling/apartment located at:

Street Number/Name _____

City _____ Zip Code _____

Date of Occupancy _____

Primary School
5571 State Route 6
PO BOX 1180
Andover, OH 44003
(440) 293-6206

I, _____, certify that I am a full-time resident of the above address located within Pymatuning Valley School District, and do not maintain a separate residence elsewhere. Photo identification, such as an Ohio Driver's License with your most recent address, is required for identification.

Middle School
5445 State Route 6
PO BOX 1180
Andover, OH 44003
(440) 293-6981

Verification of the above residence must be provided to school officials. These items may include one or more of the following items as necessary:

- Current Utility Bill
- Current Lease Agreement
- Current Assistance Verification
- Current Postal Verification

High School
5571 State Route 6
PO BOX 1180
Andover, OH 44003
(440) 293-6263

I, _____, further certify that this above information is true and accurate. I realize that should any of this information be false, I am liable for any penalties which the law provides under the criminal code and that I agree to pay the applicable tuition rate as determined by the Ohio Department of Education for each student listed below while illegally attending Pymatuning Valley Local School District and understand that immediate withdrawal will occur.

List below the names of all persons living with you at the above address:

Adults	Children	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____
Student's Name	Your Relationship to Student

I have read this entire document and the information provided by me on this form is true and accurate

_____	_____	_____
Signature	Date	Phone Number

Social Experience

Has your child attended preschool/daycare, Sunday school, or any other formal group experience?

By nature, is your child _____ friendly? _____ aggressive? _____ shy? _____ other

How does your child get along with siblings? _____

familiar adults? _____ strangers? _____

With what age does your child prefer to play? _____

How do you feel your child will adjust to the preschool situation? _____

Does your child prefer being _____ alone? _____ with friends?

What makes your child angry or upset? _____

What do you find is the best way to handle the child when she/he is: angry _____

sad/crying _____ hurt _____

Is your child frightened of any of the following:

Animals _____

Loud noises _____

Tall people _____

Dark _____

Rough children _____

Storms _____

Other: _____

Favorite toys or activities at home:

Has your child had experience with:

Clay _____

Scissors _____

Blocks _____

Easel painting _____

Finger painting _____

Water play _____

Eating

Is your child usually hungry _____ at mealtime? _____ between meals?

What are your child's favorite foods?

What are your child's least favorite foods?

Any eating problems or allergies? _____ If so, please explain:

Toilet Habits

Does your child tell you if she/he needs to go to the bathroom? _____

What word is used for urination? _____ Bowel movement? _____

Does your child need to go more frequently than other children his age? _____

Is your child frightened of the bathroom? _____ Does your child have accidents? _____

How does your child react to her/his accidents? _____

Does your child need help with toileting? _____

Sleeping

Night sleep _____ to _____ Sleep soundly? _____

Day nap _____ to _____ Does your child sleep? _____

Comments

In what particular ways can we help your child this year? (Ex. Social skills, pre-academic skills, self-help skills, etc.) Please explain.

What name would you like her/him learn to write? _____

With what name should we address your child? (i.e., nickname) _____

Home Language Survey

Date: _____

School District: _____

Name of Student: _____
Family Name/First Name/Middle Initial

Date of Birth: _____ Place of Birth: _____
Month/Day/ Year City/State/Country

Name of Parent/Guardian: _____
Family Name/First Name

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

For Parents/Guardians:

Please answer the following questions.

1. What language did your son or daughter speak when he or she first learned to talk?

2. What language does your son or daughter use most frequently at home?

3. What language do you use most frequently to your son or daughter?

4. What language do the adults at home most often speak?

5. How long has your son or daughter attended school in the United States?

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (GI270), and proceed to assess the student's English language proficiency.

PYMATUNING VALLEY LOCAL SCHOOL DISTRICT ETHNICITY QUESTIONNAIRE

Student Name _____ Birth Date ____/____/____

Per United States Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two part question found below.

Part 1: ETHNICITY

Is the student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ____ Yes ____ No

Regardless of whether your answer is Yes or No to Part 1, you must also select 1 or more racial groups in Part 2.

Part 2: RACIAL GROUP

Is the student from one or more of the following racial groups (check all that apply):

____ (W) White
People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

____ (B) Black or African American
Persons having origins in any of the black racial groups in Africa.

____ (A) 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.

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

____ (P) Native Hawaiian or Other Pacific Islander
Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP

I (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

Parent or Guardian Signature _____ Date ____/____/____

List First/Native Language _____ List Language spoken at home _____

FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE

School District's determination of child's ethnicity based on observation:

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

Name of School District employee determining child's ethnicity (please print) _____

Employee Signature: _____ Date: ____/____/____

Publishing of Student Photographs and Student Work / Media Release

Pymatuning Valley Local Schools
Media Release Form

Student Name (Last, First)

Homeroom Teacher

Throughout the school year students attend programs, activities, field trips and events along with normal classroom routines that support their education, promote community service or encourage positive behavior.

With the Principal's approval, occasionally, staff, parents and local media cover these events by taking photographs or video. This may include newspaper, television, websites or other media production. This also includes our school's website and classroom web pages.

By signing below, you agree that you have been notified of the possibility that your child may be included in the photographs or video and authorize the use for public print, display or broadcast.

_____ I give permission for my child's name or photograph to be used for school-related public media and the school's website.

_____ I do not give permission for my child's name or photograph to be used for school-related public media or the school's website. (Student will still be allowed to attend the activity or program.)

This form will stay in effect for the current school year.

If at any time you wish to change this form, please ask for one in the office. Thank you!

**PYMATUNING VALLEY SCHOOL DISTRICT
COMPUTER NETWORK AND INTERNET
ACCEPTABLE USE POLICY AND AGREEMENT**

The Pymatuning Valley School District is pleased to make available to students access to interconnected computer systems within the District and to the Internet, the world-wide network that provides various means of accessing significant educational materials and opportunities.

In order for the School District to be able to continue to make its computer network and Internet access available, all students must take responsibility for appropriate and lawful use of this access. Students must understand that one student's misuse of the network and Internet access. Students must understand that one students misuse of the network and Internet access may jeopardize the ability of all students to enjoy such access. While the School's teachers and other Staff will make reasonable efforts to supervise student use of network and Internet access, they must have student cooperation in exercising and promoting responsible use of this access.

Below is the Computer Network and Internet Acceptable Use Policy and Agreement ("Policy and Agreement") of the School District and the Data Acquisition Site that provides Internet access to the School District. Upon reviewing, signing, and returning this Policy and Agreement as the students have been directed each student will be given the opportunity to enjoy Internet access at School and is agreeing to follow the Policy. If a student is under 18 years of age, he or she must have his or her parents or guardians read and sign the Policy. The School District cannot provide access to any student who, if 18 or older, fails to sign and submit the Policy to the School as directed or, if under 18, does not return the Policy and Agreement as directed with the signatures of the student and his/her parents or guardians.

Listed below are the provisions of your agreement regarding computer network and Internet use. If you have any questions about these provisions, you should contact the person that your School has designated as the one to whom you can direct your questions. If any user violates this Policy and Agreement, the student's access will be denied, if not already provided, or withdrawn and he/she may be subject to additional disciplinary action.

I. Personal Responsibility

By signing this Policy and Agreement, you are agreeing not only to follow the rules in this Policy and Agreement, but also are agreeing to report any misuse of the network to the person designated by the School for such reporting. Misuse means any violations of this Policy or any other use that is not included in the Policy, but has the effect of harming another or his or her property.

II. Term of the Permitted Use

A student who submits to the School, as directed, a properly signed Policy and Agreement and follows the Policy to which she or her has agreed will have computer network and Internet access during the course of the school year only. Students will be asked to sign a new Policy and Agreement each year during which they are students in the School District before they are given an access account.

III. Purpose and Use

A. The Pymatuning Valley School District is providing access to its computer networks and the Internet for ONLY educational purposes. If you have any doubt about whether a contemplated activity is educational, you may consult with the person(s) designated by the School to help you decide if a use is appropriate.

B. Netiquette. All users must abide by rules of network etiquette, which include:

1. Be polite. Use appropriate language. No swearing, vulgarities, suggestive, obscene, belligerent or threatening language.
2. Be safe. In using the computer network and Internet do not reveal personal information such as your home address and telephone number. Do not arrange a face-to-face meeting with someone you "meet" on the computer network or Internet, if you are under 18, without parental permission, and regardless of age, in a secluded place or in a private setting.

Among uses that are considered unacceptable and constitute a violation of this Policy and Agreement are:

3. Uses that are offensive to others.

Don't use access to make ethnic, sexual preference or gender-related slurs or jokes.

4. Uses that violate the law or encourage others to violate the law.

Don't transmit offensive or harassing messages: offer for sale or use any substance the possession or use of which is prohibited by the School District's Pupil Conduct Code; view, transmit or download pornographic materials or materials that encourage others to violate the law; intrude into the networks or computers of others; and download or transmit confidential, trade secret information, or copyrighted materials. Even if materials on the networks are not marked with the copyright symbol, you should assume that all materials are protected unless there is explicit permission on the materials to use them.

5. Uses that cause harm to others or damage to their property. For example, don't engage in defamation (harming another's reputation by lies); employ another's password or some other user identifier that misleads message recipients into believing that someone other than you is communicating or otherwise using his/her access to the network or the Internet; upload a worm, virus, trojans, time bombs, or other harmful programming or vandalism.

6. Uses that jeopardize the security of student access and of the computer network or other networks on the Internet.

For example, don't disclose or share your password with others; impersonate another user.

7. Uses that access controversial or offensive materials.

All users and their parents/guardians are advised that access to the electronic network may include the potential for access to materials inappropriate for school-aged pupils. Every user must take responsibility for his/her use of the computer network and Internet and stay away from these sites. Parents or minors are the best guide to materials to shun. If a student finds that other users are visiting offensive or harmful sites, he/she should report such use to the person designated by the School.

8. Uses that are commercial transactions.

Students may not sell or buy anything over the Internet. You should not give others private information about you or others, including credit card numbers and social security numbers.

IV. Privacy

Network and Internet access is provided as a tool for you education. The Pymatuning Valley School District reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of the Pymatuning Valley School District and no user shall have any expectation of privacy regarding such materials.

V. Failure to follow Policy and Breach of Agreement

The user's use of the computer network and Internet is a privilege, not a right. A user who violates this Policy and breaches his/her Agreement, shall at a minimum, have his/her access to the computer network and Internet terminated, which the

Pymatuning Valley School District may refuse to reinstate for the remainder of the student's tenure in the Pymatuning Valley School District. A user breaches his/her Agreement not only by affirmatively violating the above Policy, but also by failing to report any violations by other users that come to the attention of the user. Further, a user violates this Policy and Agreement if he/she permits another to use his or her account or password to access the computer network and Internet, including any user whose access has been denied or terminated. The Pymatuning Valley School District may take other disciplinary action.

VI. Warranties/ Indemnification

The Pymatuning Valley School District makes no warranties of any kind, either express or implied, in connection with its provision of access to and use of its computer networks and the Internet provided under this Policy and Agreement. It shall not be responsible for any claims, losses, damages or costs (including attorney's fees) of any kind suffered, directly or indirectly, by any user or his or her parent(s) or guardian(s) arising out of the user's use of its computer networks or the Internet under this Policy and Agreement. By signing this Policy and Agreement, users are taking full responsibility for his/her use, and the user who is 18 or older or, in the case of a user under 18, the parent(s) or guardian(s) are agreeing to indemnify and hold the School, the Pymatuning Valley School District, the Data Acquisition Site that provides the computer and Internet access opportunity to the Pymatuning Valley School District and all of their administrators, teachers and staff harmless from any and all loss, costs, claims or damages resulting from the users access to its computer network and the Internet, including but not limited to any fees or charges incurred through purchases of goods or services by the user. The user or, if the user is a minor, the user's parent(s) or guardian(s) agree to cooperate with the School in the event of the School's initiating an investigation of a user's use of his or her access to its computer network and the Internet, whether that use is on a School computer or on another's outside the School District's network.

VII. Updates

Users, and if appropriate, the user's parents/guardians, may be asked from time to time to provide new or additional registration and account information or to sign a new Policy and Agreement, for example, to reflect developments in the law of technology. Such information must be provided by the user (or his/her parents or guardian) or such new Policy and Agreement must be signed if the user wishes to continue to receive service. If after you have provided your account information, some or all of the information changes, you must notify the person designated by the School to receive such information.

**PYMATUNING VALLEY SCHOOL DISTRICT
COMPUTER NETWORK AND INTERNET
STUDENT PERMISSION TO USE INTERNET**

STUDENT SECTION

→ _____
Student Name (Last, First, Middle)

Grade

Age (if under 18, parent permission required)

I have read the Pymatuning Valley School District Acceptable Use Policy and Agreement and Policy and agree to abide by their provisions. I understand that violation of the use provisions state in the Agreement and Policy may constitute suspension or revocation of network privileges and/or disciplinary action.

→ _____
Student's Signature (parent signature if under 18)

Date

SPONSORING PARENT OR GUARDIAN (Required if under 18)

I have read the Pymatuning Valley School District Acceptable Use Policy and Agreement and Policy and agree to abide by their provisions. I understand that administrators of the Pymatuning Valley School District network have taken reasonable precautions to ensure that controversial material is not accessible. Nevertheless, I understand that materials, which may be offensive to some, may still be available and have discussed with my student appropriate use of such materials. I hereby give my permission for my child to use Internet service at school under appropriate supervision.

→ _____
Parent's Signature

Date

→ _____
Address

Phone Number

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

Tell us about you (the applicant)			
First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number ()	Additional Phone Number ()	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

Tell us about your needs for your child(ren)

Tell us about your needs for your child(ren)			
Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			

Tell us about your finances

Will you or the people in your home receive income this month? Yes No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support? Yes No

How Much?

Signature of Applicant

Date