

**Rittman Exempted Village School District
Administrative Offices
75 N Main Street
Rittman, OH 44270
(330) 927-7400**

**James Ritchie
Superintendent**

**Mark Dickerhoof
Treasurer**

Proof of Residency

In determining one's residence the following criteria shall apply: (a) where the parents and family members sleep the majority of the time, (b) where the mail is received, (c) where the meals are prepared and eaten, (d) where the parents are registered to vote, and (e) where important family activities take place during significant parts of each day.

Please bring documentation for verification, those items that apply: (a) current utility bill, (b) rent or lease agreement, (c) voter's registration?

Legal Custody

When legal custody is involved with a student please note the following:

OHIO REVISED CODE SECTION 3313.64 (E) PERMITS UP TO SIXTY (60) DAYS OF TUITION FREE ATTENDANCE IF THE ADULT PROVIDES A SWORN STATEMENT THAT HE / SHE HAS INITIATED LEGAL PROCEEDINGS FOR CUSTODY OF THE CHILD.

We prefer to have a letter signed by the adult's attorney advising that the action is being pursued.

Please give a copy of the document or proof of custody to the building secretary who is enrolling your student.

Thank you in advance for your assistance.

**WAYNE COUNTY SCHOOLS
 MEDICATION ADMINISTRATION
 BY SCHOOL EMPLOYEES
 (O.R.C. 3313.713)
 [Note: ALL blanks must be filled in]**

Student Name

Student's School or class

 Name & Strength of the medication

 Dosage & Route & Time to be administered

 Reason for medication

 Date administration is to start & end

Asthma Action Plan

Mild shortness of breath, coughing and wheezing:

1st dose: 2 puffs of Albuterol inhaler or 1 ampule nebulized as directed. Observe for 20 minutes and return to class if symptoms have improved.

2nd dose: If symptoms are still present after 20 minutes, repeat quick relief medication as ordered and observe for 20 minutes. Return to class if symptoms have improved.

3rd dose: If symptoms are still present after waiting 20 minutes after 2nd dose, repeat quick relief medication as ordered and call parent & physician's office.

 Adverse reactions to report to the physician & special instructions for Administration of medication

For asthma, use asthma action plan as stated: YES NO

If applicable: This student received instruction in the use of the above inhaler by my trained staff or me. It is my recommendation that this student carry their inhaler on their person at all times. Yes No

If applicable: This student received instruction in the use of the above EpiPen by my trained staff or me. It is my recommendation that this student carry their EpiPen on their person at all times. Yes No

Name of Physician

Phone

Date

Signature of Physician

I hereby request and give permission to the school nurse, the principal, or the principal's designee, to administer the prescribed medication listed above to my child as instructed by the physician or authorized healthcare provider with prescriptive authority. My child has taken this medication under my supervision and has had no negative side effects. If applicable, my child may carry his/her inhaler or EpiPen as prescribed by physician on his/her person during school or school related activities as stated above. My child and I are aware of the protocols and safety issues at school.

All medication must be brought to the school in the original container as dispensed by the authorized healthcare provider, physician or pharmacist, clearly labeled. Ask the pharmacist to give you 2 containers if necessary. Send only the amount of medication that will be administered during school hours or school sponsored activities. Medications will be kept in the school clinic/office or other secure storage area.

If any revisions to the above plan or prescriber's statement occur, a written revised prescriber's statement must be submitted to the school nurse, the principal or the principal's designee. It is understood that it is the student's responsibility to seek the medication at the proper location and time unless s/he is physically or mentally unable to do so.

Signature of Parent/Guardian

Phone (Home/Work/Cell)

Date

Date received at school: _____ Initials _____

RITTMAN EXEMPTED
VILLAGE SCHOOLS
100 Saurer Street
Rittman, OH 44270



ADMINISTRATION

James J. Ritchie
Superintendent
330.927.7401

Mark Dickerhoof
Treasurer
330.927.7415

BOARD MEMBERS

Dale Hartzler
Doug Stuart
Walter Marquart
Pam Wolfe
Dave Plahuta

Family Educational Rights and Privacy Act (FERPA) Model Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Rittman Exempted Village School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Rittman Exempted School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Rittman Exempted Village School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information - names, addresses and telephone listings - unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent. ¹

If you do not want Rittman Exempted Village School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing. Rittman Exempted Village School District has designated the following information as directory information.

- Student's name
- Address
- Telephone listing
- Electronic mail address
- Photograph
- Date and place of birth
- Degrees, honors, and awards received
- Participation in officially recognized activities and sports
- Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc. (A student's SSN, in whole or in part, cannot be used for this purpose.)

**Rittman School District
New Student Health History**

Student's Full Name _____

Sex
 Male Female

Date of Birth
 / /

Student's Health Conditions

Please indicate those items your child receives regular medical / health care for:

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting
<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox (Date or age _____)
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Diagnosed Attention Deficit Disorder (ADD)
<input type="checkbox"/>	<input type="checkbox"/>	Diagnosed Hyperactivity (ADHD)
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Frequent ear infections
<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition Please be specific _____
<input type="checkbox"/>	<input type="checkbox"/>	Speech / Language concerns _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Please indicate those allergies that effect your child:

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Bee / Insect
<input type="checkbox"/>	<input type="checkbox"/>	Food Please be specific _____
<input type="checkbox"/>	<input type="checkbox"/>	Medication Please be specific _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

ADDITIONAL INFORMATION

What medications are given daily? _____

What medications are given frequently, but not daily?

Has your child had a comprehensive eye exam? No Yes By Whom _____

Does your child wear glasses? No Yes

Has your child had a comprehensive hearing exam? No Yes By Whom _____

Has your child experienced a reduction in hearing? No Yes

This information is for school use only and will not be released to unauthorized persons.

Signature of Legal Parent / Guardian _____

Date completed _____

Rittman Exempted Village School District
EMERGENCY MEDICAL AUTHORIZATION

Student's Legal Name _____
Home Address _____
City, State & Zip Code _____ Phone (____) _____
Date of Birth ____ / ____ / ____ Grade ____ Teacher _____

RESIDENTIAL PARENT/GUARDIAN INFORMATION

(The purpose of this information is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parent or guardians cannot be reached.)

Mother _____	Daytime Phone (____) _____
Father _____	Daytime Phone (____) _____
Relative / Childcare Provider _____	Relationship _____
Address _____	Phone (____) _____
Other Contact _____	Phone (____) _____
Doctor _____	Phone (____) _____
Dentist _____	Phone (____) _____
Medical Specialist _____	Phone (____) _____
Local Hospital _____	Phone (____) _____

TO GRANT CONSENT

In the event reasonable attempts to contact me or the other parent or guardian have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the listed doctor, dentist, or medical professionals, or, in the event the designated preferred practitioner is not available, by a licensed physician or dentist; and (2) the transfer of the child to the above hospital or any hospital reasonably accessible.

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

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are: _____

Signature of Parent or Guardian

REFUSAL TO GRANT CONSENT

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:

Signature of Parent or Guardian

Rittman Exempted Village School District
Student/Parent Technology Loan Agreement (Chromebooks)

Student Name: _____
(Please Print)

Parent Name: _____

In this agreement, "You" and "Your" means the parent/guardian and student enrolled in Rittman Exempted Village Schools. The "property" is owned by Rittman Exempted Village Schools and is identified below.

Terms: You will comply at all times with the Rittman Exempted Village Schools Technology Acceptable Use Policy, incorporated herein by reference and made part hereof for all purposes. Any failure to comply may terminate your rights of possession effective immediately and the District may repossess the property.

Title: Legal title to the property is in the District and shall at all times remain property of the District. Your right of possession and use is limited to and conditioned upon your full and complete compliance with this Agreement and the Acceptable Use Policy

Loss or Damage: If the property is damaged, the District will take responsibility for facilitating its repair or replacement. A maximum fee of \$300 per incident MAY be assessed to you. Loss or theft of the property must be reported to the District by the next school day after the occurrence and is the responsibility of the Parent/Guardian to replace the property of equal value.

Repossession: If you do not fully comply with all terms of this Agreement and the Acceptable Use Policy, including the timely return of the property, the District shall be entitled to declare you in default and repossess the property.

Term of Agreement: Your privilege to possession and use of the property terminates not later than the last day of the school year unless earlier terminated by the District, or upon withdrawal from the District.

Appropriation: Your failure to timely return the property and the continued use of it for non-school purposes without the District's consent may be considered unlawful appropriation of the District's property.

I agree to the guidelines and procedures outlined on this form and agree to take full responsibility (including financial) for the technology device.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

_____ I give permission for my child to sign out a technology device for use at home if the school permits.

_____ I decline permission for my child to sign out a technology device for use at home.

**RITTMAN EXEMPTED VILLAGE SCHOOL DISTRICT
MULTIPURPOSE PERMISSION FORM**

STUDENT NAME: _____

GRADE: _____

Field Trip Permit

I want my child to be able to go on field trips this year with his or her class. (S)he has my permission to go whenever the teachers and administration think it advisable. My approval for such trips remains effective for the entire school year, even though I understand that parents will be reminded prior to the field trip.

Parent/Guardian Signature _____

Date _____

Health Programs

I give permission for my child to participate in the regular health screenings, vision, hearing, scoliosis and BMI. These programs are mandated by the Ohio Department of Health and the Ohio Department of Education.

Parent/Guardian Signature _____

Date _____

Emergency Dismissal

On rare occasions, we have unscheduled, early or delayed dismissal, due to hazardous weather conditions. School buses will run, even though they may run early or late. Parents are asked to indicate below which course of action is preferred:

_____ My child is to go home in the way (s)he usually does.

_____ My child is to remain at school until I personally pick him/her up.

_____ My child is to go home with the stated authorized person. _____

Parent/Guardian Signature _____

Date _____

Photo Release

During the year, opportunities arise to provide positive information and publicity about school programs and the students to the general public and specific audiences (such as education groups and business leaders.) In some cases, we may receive requests from the news media or professional persons to interview, photograph, or film students for a new publication or TV/radio broadcast or for educational information and training. We need your permission if your student is to be the subject of any news publicity.

_____ My child has permission to be interviewed, photographed, or filmed for public information use in the news, media or professional educational information.

_____ My child **does not** have my permission to be interviewed, photographed or filmed for public information use in the news, media, or professional educational information.

Parent/Guardian Signature _____

Date _____

SIGNATURE PAGE

(Printed) Name of Student _____

I will review the contents of this Student/Parent Handbook and understand that the policies and procedures set forth were created for the benefit of my child's health and safety, social and emotional growth, and educational success.

By signing this form, you hereby acknowledge having received or read a copy of the Rittman Middle/High Student Handbook. Parent and student are responsible for knowing and following procedures and regulations outlined in the handbook.

If you have any questions, please do not hesitate to contact the school office for clarifications.

Parent(s): _____ Date _____

Student: _____ Date _____

For parents, the handbook is accessible on the MS and HS web site on the Principal's page. It is also available in print in the office.

For students, the handbook will be part of their school-issued planner.

Acceptable Use and Internet Safety Policy: 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. 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 (Print Clearly)

Grade Level when signed

Student Signature

Date

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

Parent's or Guardian's Agreement

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

I, 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 School District'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 Policy and agree to indemnify and hold harmless the School, the School District and the Data Acquisition Site 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 the School District's computer network and the Internet. 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.

Parent or Guardian name(s) (Print Clearly)

Home Phone

Parent or Guardian signature(s)

Date

Complete policy can be found at: <http://www.rittman.k12.oh.us/district/content-page/resources>, or if you would like a paper copy of the Acceptable Use and Internet Safety Policy, please contact the school office.

Dear Rittman MS-HS Parent,

A new school year is upon us and we at Rittman are excited for the year ahead. In the next several months, students will have the opportunity to create many memories over the course of this school year. Rittman's revitalized Teen Institute, as well as the administration at Rittman Middle-High School and S.A.L.T. (community coalition = Stopping Addictions to Live Triumphantly), would like to make sure that all of these memories are positive ones. Therefore we continue the annual SAFE HOME PLEDGE.

This parent pledge encourages you to have a zero tolerance policy for your teen and his/her friends when it comes to the use of drugs, alcohol and tobacco. It also encourages communication between you and your adolescent, as well as between you and other parents, when it comes to social activities. The pledge states:

- > I pledge not to allow parties or gatherings in my home when there is no adult supervision.
- > I will not allow teenagers to use drugs, alcohol, or tobacco in my home, nor will I help minors to obtain any of these substances.
- > I welcome phone calls from other parents about the presence of their teenager in my home or at an activity I sponsor.
- > I promise not to permit a teenager whom I believe to be under the influence of alcohol or drugs to drive, and I further promise to contact his/her parents or the responsible adult.
- > I pledge to provide safe transportation for my teenager if he/she finds him/herself in a situation that is uncomfortable or threatening.
- > I promise to discuss this pledge with my teenager.

As you can see, this pledge empowers you as a parent. It gives you the opportunity to openly discuss the dangers of drugs and alcohol with your son or daughter. It is also a pact between you and your teenager, as well as between you and other parents, that will help keep Rittman students safe.

Attached you will find a copy of the pledge. We hope that you will sign it and return it at the School Registration dates noted in this packet. At the bottom of the pledge, there is a place to indicate whether you would like your name included on the SAFE HOMES list.

The concept of the SAFE HOMES PLEDGE works best when parents agree to have their names and their phone numbers published as supporters of the pledge. This list of supporters will then be available to other Rittman families. Parents can consult the list of parents who signed the pledge, and

then decide which gatherings their children should be permitted to attend. Also, by publishing your name, other parents will know that you welcome communication regarding any social gatherings that may be taking place at your residence.

We thank you for all of your efforts in keeping the students of Rittman Middle-High School safe. We hope that you will choose to be a SAFE HOMES family, and that you will choose to talk to your son or daughter about the dangers of drugs, alcohol and tobacco. Our students are about to have some of the most memorable experiences of their lives. Let's make them all good ones!

Sincerely,

Members of the S.A.L.T. Coalition and Teen Institute

Administration of Rittman Middle-High School

Rittman Middle-High School

Safe Home Pledge

Rittman Middle-High School is committed to providing a drug, tobacco and alcohol-free environment for our students, both on and off campus. Thus, we propose that parents sign this Safe Homes Pledge, stating that they will not knowingly sponsor activities where drugs, alcohol or tobacco will be present. Although this pledge is not legally binding, its purpose is to help create a healthy environment for Rittman students and to facilitate open communication with and among parents.

- > I pledge not to allow parties or gatherings in my home when there is no adult supervision.
- > I will not allow teenagers to use drugs, alcohol, or tobacco in my home, nor will I help minors to obtain any of these substances.
- > I welcome phone calls from other parents about the presence of their teenager in my home or at an activity I sponsor.
- > I promise not to permit a teenager whom I believe to be under the influence of alcohol or drugs to drive, and I further promise to contact his/her parents or the responsible adult.
- > I pledge to provide safe transportation for my teenager if he/she finds him/herself in a situation that is uncomfortable or threatening.
- > I promise to discuss this pledge with my teenager.

PARENT NAME (please print) _____

PARENT NAME (please print) _____

STUDENT NAME(S) _____ Grade ____

_____ Grade ____

_____ Grade ____

_____ Grade ____

STREET ADDRESS _____

CITY, if other than Rittman _____ EMAIL _____

PHONE NUMBER(S) _____

PLEASE CHECK ONLY ONE:

___ For purposes of communication, I am willing to have my name and phone number shared with other Rittman Middle-High School families who signed this pledge.

___ I am willing to have my name shared, but not my phone number.

___ While I support the pledge, I prefer not to have my information shared with other Rittman families.