BATH LOCAL SCHOOLS

2650 Bible Road
Lima, Ohio 45801-2299
Ph: (419) 221-0807
Fax: (419) 221-0983
Email: ba_supt@noacsc.org

Welcome to Bath Schools!

As a proud Bath High School graduate myself, I'm humbled and honored to serve this great community that I grew up in as your Superintendent. Our pride in our school system and our community is reflected daily by our dedicated staff and students in fulfilling our mission: *The Bath Local Schools in partnership with the parents and the community is to educate all students to become responsible, caring, productive citizens and life-long learners by providing diverse and challenging learning experiences in a welcoming, safe and positive learning environment.*

For your convenience, our district phone numbers are:

Bath Elementary: 419-221-1837
Bath Middle School: 419-221-1839
Bath High School: 419-221-0366
Transportation Office: 419-221-0807 ext. 6160
Bath Administration Office: 419-221-0807 ext 6147

Thank you for making Bath Local schools your district of choice!

Sincerely,

Rich Dackin
Superintendent
Bath Local Schools

Bath Local Schools

2650 Bible Rd. Lima, OH 45801 Phone (419) 221-0807 FAX (419) 221-0983

ENROLLMENT REQUIREMENTS

___3 proofs of residence

___Copy of student's legal birth certificate

___Copy of student's social security card

___Copy of current immunization record

___Copy of entire custody document, if applicable

___Copy of ETR, IEP, and EMIS form if student is in speech or special education

Bath Local Schools

Parent/Guardian/Student Consent for Records
IRN# 045765

Name of Student: _____ Date of Birth: _____

School last attended: _____ Current Grade: _____

Current Home Address: _____
Street Address City State Zip

☐ Bath Elementary School
2450 Bible Road
Lima, Ohio 45801
(P) 419-221-1837
(F) 419-221-3937

☐ Bath Middle School
2700 Bible Road
Lima, Ohio 45801
(P) 419-221-1839
(F) 419-221-2431

☐ Bath High School
2850 Bible Road
Lima, Ohio 45801
(P) 419-221-0366
(F) 419-221-0766

Release the following records/data:

- Birth Certificate
- Social Security Card
- Legal Custody Paperwork
- Date of Entrance/Withdrawal
- Immunization Records
- Health Records
- Current Transcript/Grade Card
- Attendance Record
- Standardized Achievement Test Scores
- Proficiency Scores
- ACT/SAT Scores
- Psychological Data
- IEP and MFE
- ETR

Reason for Request

Enrollment Date _____

- ○ Moved into District
- ○ Open Enrolled into District
- ○ Foster/Court Placed into District

I authorize the release of all school records/data to Bath Schools, as designated above.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Bath Local Schools: Enrollment Questionnaire

Office Use Only: Birth Certificate: _____ S.S. Card: _____ Custody Papers: _____
Proof of Residency: _____ Immunization Records: _____
Date Entered: _____ Grade: _____ Teacher/HRM: _____ ID#: _____ Locker#: _____

Student Name: _____/ _____
Last First Middle Called
Address: _____ City: _____ Zip: _____

Male: ____ Female: ____ Birth Date: _____ City of Birth: _____ Social Security Number: _____

Contact Phone Number with Area Code: _____

Race/Ethnic Category:
_____ American Indian or Alaskan Native _____ Asian _____ Black or African American
_____ Native Hawaiian or other Pacific Islander _____ White _____ Multi- Racial

Is your child of Hispanic/Latino heritage? ____YES ____NO

Please indicate if this child has an Individual Education Plan (IEP):
_____YES—Has been in Special Education Classes
_____NO—Has NOT been in Special Education Classes

If YES was checked, what is the child's identified condition?
_____ 504 Plan
_____ Autism
_____ Cognitive Disability
_____ Deaf-Blindness
_____ Developmental Delay
_____ Emotionally Disturbed
_____ Hearing Impairment
_____ Multi-Handicapped
_____ Orthopedic Impairment
_____ Other Health Impairment- Major
_____ Other Health Impairment- Minor
_____ Specific Learning Disability
_____ Speech Language Impairment
_____ Traumatic Brain Injury
_____ Visual Impairment

Birth Parent(s) are:
_____Married _____Separated _____Single Parent, Never Married
_____Divorced _____ Widowed _____ Living Together, Never Married

Legal Custody of this child is with:
_____ Both Birth Parents _____Mother Only _____Father Only _____A Court Appointed Legal Guardian or Foster Parent

Father's Name: _____ Cell Phone:_____
Natural Father/ Step Father/ Guardian (Please Circle Which Applies)
Email Address:_____ Home Address: _____
Employer: _____ Phone Number:_____

Mother's Name: _____ /_____ Cell Phone: _____
Natural Mother/ Stepmother/ Guardian (Please Circle Which Applies) Maiden Name
Email Address: _____ Home Address: _____
Employer:_____ Phone Number: _____

Bath Schools is required to collect information to identify students with a Parent(s), Stepparent, and/or Guardian, who is an active member of the Armed Forces, National or Air Guard. Please circle which pertains to your household:

Armed Services: Yes / No Reserves: Yes / No National or Air Guard: Yes / No

School Last Attended_____
Other Schools Attended_____
Please List Siblings and their grade:
_____ _____
_____ _____

It is Ohio State Law that each student provide a certified copy of any child custody order or decree, which has been issued with respect to the student. The custodial parent of such a student must also provide the Board of Education with certified copies of any later court orders, which modify the original custody order or decree. [Ohio Revised Code 3313.672(b)]

BATH LOCAL SCHOOLS

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One of the very important documents required by Ohio Law when a student enrolls in school is custody papers. These papers are kept in the student's permanent file. They are very important because they determine who can make educational decisions and legally pick up your child. If we have no custody papers on file, we cannot prevent either parent from picking up your child. We are concerned at all times for the safety of the children.

Please place an (X) next to the statement that describes your custodial situation:

_____ **Natural mother and father are married to each other.**

_____ **Not Married at Birth:** I was not married at the time of the child's birth; therefore, custody documents are not applicable.

_____ **Separation:** My spouse and I are currently not living together and there is no legal action pending.

_____ **Divorce Pending**: Divorce or dissolution proceedings are pending, but a final decree has not been rendered. I will secure a letter from my attorney to allow my child to be enrolled, and I will submit a copy of the final decree upon completion.

_____ **Divorced:** There is court involvement in the custody of this child. I have provided complete documentation showing proof of custody.

_____ **Parent is Deceased.**

_____ **Guardianship:** Your relationship to child: _____

Student Name_____

Parent or Guardian Signature_____

Date_____

I attest that the information above is correct and I understand that if circumstances change, it is my responsibility to provide new documents to the school.

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(419) 221-0807

VERIFICATION OF RESIDENCE

In order to verify residence in our district, parents or custodial parents must provide any three of the documents listed below. All documents presented, as proof of residence must be less than 30 days old. The parent or custodial parent must also present **any and all custody papers and the student's birth certificate with mother's maiden name** prior to the student being enrolled. *Note: Guardianship of child is not considered custody of a child.*

____ 1. Electric bill or deposit receipt for start of services
____ 2. Gas bill or deposit receipt for start of services.
____ 3. Water bill or deposit receipt for start of services.
____ 4. Phone bill or deposit receipt for start of services.
____ 5. Purchase agreement for home or deed to home.
____ 6. Payroll stub with address in our district.
____ 7. Government assistance check stub, with address in our district.
____ 8. Lot deed and builder agreement
____ 9. Lease agreement**
____ 10. Voter Registration
_____11. Renters, Homeowners, or Vehicle Insurance Policies
_____12. Vehicle Registration

**RENTER/LEASOR STATEMENT

I understand that Falsification of documents carries a first-degree misdemeanor; fine up to $1,000 and imprisonment up to six months. (R.C. 2921.13 "Falsification").

I further understand that civil action can be taken to recover unpaid tuition. (R.C. 2921.13(G) authorizes a civil action against the culprit for loss of property (i.e., tuition and attorneys' fees, court costs and other costs of bring the civil action.)

Signature of Renter/Leasor_____ Date_____

Signature of Rentee/Lessee_____ Date_____

PARENT/CUSTODIAL PARENT STATEMENT

I,_____, the parent or custodial parent of
(Print Name)
_____, certify that all information provided with this document
(Student's Name)
is accurate. I also certify that the above named student and parent or custodial parent actually live at:

_____
(Address) (Phone #)

_____ _____
(Parent/Custodial Parent Signature) (Date)

Falsification of any information or documents required for this verification will result in revocation of registration for the student(s).

To appeal Resident Verification: contact the Superintendent of Bath Local Schools for an appointment.
Contact information: Superintendent's Office, 2650 Bible Rd., Lima, OH 45801, 419-221-0807, Option 21

BATH LOCAL SCHOOLS: EMERGENCY MEDICAL AUTHORIZATION

In case of a threat or emergency event, Bath Local Schools will notify WLIO Television

Inform School of any change in this Medical Authorization as they occur and prior to each field trip

Section 1 and 2: COMPLETE IF YOU ARE GIVING CONSENT TO EMERGENCY TREATMENT
Section 1 and 3: COMPLETE IF YOU ARE **NOT GIVING CONSENT** TO EMERGENCY TREATMENT

Section 1: Emergency Medical Information

Student Name:_____ Homeroom & Grade:_____
Student Address:_____ City:_____ Zip:_____
List Siblings and their Grade:

_____ _____
_____ _____

Mother's Name: _____/_____ Cell Phone: _____
Natural Mother/ Stepmother/ Guardian (Please Circle Which Applies) Maiden Name
Email Address: _____ Home Address: _____
Employer: _____ Phone Number: _____

Father's Name: _____ Cell Phone: _____
Natural Father/ Stepfather/ Guardian (Please Circle Which Applies)
Email Address: _____ Home Address: _____
Employer: _____ Phone Number: _____

OTHER EMERGENCY CONTACTS (will be contacted in order):

1. Name_____ Relationship: _____ Phone: _____
2. Name_____ Relationship: _____ Phone: _____
3. Name_____ Relationship: _____ Phone: _____
4. Name_____ Relationship: _____ Phone: _____

Health Concerns (Diabetes, Asthma, etc.)/Physical Limitations:

_____
_____

Medicine Allergies: _____
Insect Allergies: _____ Other Allergies (Food, etc.): _____ Is EPI-PEN required? Yes No
Current Medications- Name: _____ Dose: _____ Frequency: _____
Name: _____ Dose: _____ Frequency: _____

Section 2: CONSENT TO EMERGENCY TREATMENT:

To enable parents or guardians to authorize emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. In the event reasonable attempts to contact the above mentioned have been unsuccessful, I hereby give my consent for the following medical care providers and/or local hospital to be called; and/or the transfer of the child to the hospital listed or any hospital reasonably accessible. This authorization DOES NOT cover major surgery unless the medical opinions of two (2) licensed physicians or dentists concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Physician _____ Phone_____ Dentist _____ Phone_____
M.D. Specialist _____ Phone_____ Hospital_____ Phone_____

Signature of Parent or Legal Guardian _____ Date_____

Section 3: REFUSAL TO CONSENT TO EMERGENCY TREATMENT:

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 school authorities to **TAKE NO ACTION OR TO**

_____
_____

Signature of Parent or Legal Guardian_____ Date_____

TB QUESTIONNAIRE FOR STUDENTS
Allen County Combined Health District, Lima, Ohio

1. Has your child ever lived in or visited a foreign country? Yes or No

   If yes, which country?_____

2. Without dieting, has your child lost ten pounds or more in the past month? Yes or No

3. Does your child have a persistent cough (greater than two weeks)? Yes or No

4. If your child does have a cough, are they coughing up blood? Yes or No

5. Has your child had an increased shortness of breath? Yes or No

6. Does your child have night sweats (greater than two weeks)? Yes or No

7. Does your child have a fever (greater than two weeks)? Yes or No

8. Is your child experiencing a loss of appetite (greater than two weeks)? Yes or No

9. Does your child have unexplained weakness or do they feel tired all the time (greater than two weeks)? Yes or No

Student's Printed Name: _____

Parent/Guardian Signature: _____

Student's Date of Birth: _____

Date: _____

IMMUNIZATION REQUIREMENTS FOR SCHOOL ADMITTANCE

- **DTaP, DPT or DT (5 doses or any combination if the fourth dose was administered prior to the fourth birthday)**

  Additional booster required for 7th grade students beginning 2010/2011 school year

- **OPV or IPV (4 doses of a combination**)**
  or
  OPV (4 doses)**
  or
  IPV (4 doses)**

  **The 4th dose must be administered on or after the fourth birthday beginning 2010/2011 school year

- **MMR (2 doses)**

  Dose 1 administered on or after the first birthday
  Dose 2 had to be given at least 28 days after dose 1

- **Hepatitis B (3 doses)**

- **Varicella (2 doses)**

  Prior to 2008/2009 school year only 1 dose required

Pupils who do not meet or exceed the above requirements are inadequately immunized.

Bath Local Schools

Health Record

For Kindergarten Enrollment Only

All health related information must be completed by physician

Child's Name_____

Male___ Female___ Age_____ Birth Date_____

Health Conditions: Please check any medical conditions that the child currently has or has had in the past.

__ Allergies - hay fever
__ Anemia
__ Anaphylactic reaction
__ Asthma or wheezing
__ Attention Deficit Disorder
__ Behavior problems
__ Birth or Congenital Defect
__ Cancer - Type_____
__ Chickenpox - When_____
__ Chronic ear infections
__ Cystic Fibrosis
__ Diabetes
__ Eczema/chronic skin condition
__ Emotional problems
__ Eye problems, poor vision
__ Frequent headaches
__ Frequent sore throats
__ Heart Disease - Type_____
__ Hemophilia
__ Hepatitis
__ HIV positive
__ Hyperactivity
__ Juvenile Arthritis
__ Kidney Disease - Type_____
__ Meningitis or Encephalitis
__ Near-drowning
__ Near-suffocation
__ Nervous twitches or tics
__ Rheumatic Fever
__ Scoliosis
__ Seizure Disorder/Epilepsy
__ Sickle Cell Disease
__ Speech difficulties
__ Toileting issues
__ Toothaches or dental problems
__ Tourette Syndrome
__ Urinary tract infections

Physical Exam:

Date: _____ Height: _____ Weight: _____

Daily Medication Prescribed_____

(Description, limitation, follow-up of any handicap)

_____ _____

Physician Signature Date

Ohio | Department of Education

Bath Local Schools
Home Language Survey

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: *(First Name and Last Name)*	**Student Date of Birth:** *(mm/dd/yyyy)*

Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.	1. In what language(s) would your family prefer to communicate with the school? _____
Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____
Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.	5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? Yes No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? Yes No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year
Additional Information Please share additional information to help us understand your child's language experiences and educational background.	

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Parent/Guardian Signature: _____ Today's Date: *(mm/dd/yyyy)* _____

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: https://www2.ed.gov/about/offices/list/ocr/ellresources.html

Ohio | Department of Education

COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

   ☐ The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.

   ☐ The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.

   ☐ The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.

   ☐ For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.

   ☐ Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

Student's native language See Language Usage Survey Question 2. Report for all students in EMIS.	_____
Student's home language See Language Usage Survey Question 3. Report only for English learners in EMIS.	_____
Potential English learner See Language Usage Survey Questions 2-4.	☐ Yes. Assess the student's English proficiency. ☐ No. Do not assess the student's English proficiency.
Immigrant student status See Language Usage Survey Questions 5-7. Report for all students in EMIS.	☐ Yes, the student is an immigrant child. ☐ No, the child is not an immigrant child.

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

_____ _____

Signature of validating school employee | Date (mm/dd/yyyy)

_____ _____

Printed name of validating school employee | Name of school or school district

Student's Last Name:_____ Student's First Name:_____ Homeroom:_____

Bath Local Schools
2650 Bible Road
Lima, Ohio 45801
419-221-0807

Acceptable Use Policy for Internet/Network/Electronic Communications and Computer usage by Students

Access to Internet/Network/Electronic Communications/Computers, both local and global, is a privilege, not a right, at Bath Local Schools and is provided to students who act in a considerate and responsible manner, and may be denied to those students who do not. Our goal in providing these services to students is to promote educational excellence at Bath Local Schools by facilitating resource sharing, innovation, and communication in a global society. Bath Local Schools in coordination with Northwest Ohio Area Computer Services Cooperative (NOACSC), utilizes content filtering technology (8e6 R3000 Enterprise Filter) that meets the requirements of the Children's Internet Protection Act of 2000.

Students while using Internet/Network/Electronic Communications/Computers will not:

- Send/use or display offensive/illegal messages or pictures.
- Use obscene language.
- Harass, insult, bully or attack others.
- Damage computers, computer systems, or computer networks, including the uploading or creation of computer viruses, install or use 'hacking/keylogger' tools.
- Violate copyright laws and/or licensed software laws.
- Use someone else's password and/or account.
- Trespass or use others' accounts, files, directories, or work, and/or harm or destroy data of another user.
- Intentionally waste resources and bandwidth (such as but not limited to: non-academic activities, gaming and social networking tools).
- Use electronic services for commercial and/or illegal purposes.
- Post/use personal information of yourself or other students.
- Participate in activities deemed to be a security risk to the network.

Any infraction of the above rules may/will result in a loss of use of electronic services and possible further disciplinary and/or legal action.

Bath Local Schools strives to provide error-free access to Internet/Network/Electronic Communications/Computer content, but Bath Local Schools is not liable for any lost, damaged, or unavailable information due to technical or other difficulties.

Privacy

Internet/Network/Electronic Communications/Computer usage is provided as a tool for your education. The Bath 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 Internet/Network/Electronic Communications/Computer and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of Bath School District and no user shall have any expectation of privacy regarding such materials of these services provided by the Bath School District.

Parent/Guardian

I understand the Bath Board of Education's policy regarding use of Internet/Network/Computer and other Electronic Communications and give my child permission to use these services.

1. Parent/Guardian **Printed Name** _____

2. Parent/Guardian Signature: _____ Date _____

I also give permission to the Bath School District to have my child's image (photograph) to be published online, provided only his/her full name is not used. (Ex. Action photos of sporting events, school play, awards, school web page) and/or to transmit "live" images of my child (as part of a group) over the Internet via a web cam. (Ex. a broadcast of a school play/musical or assembly). Also, Bath Local School District may use my child's class assignments/work/projects on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work. (Ex. online newspaper, yearbook, web page, class projects). The Bath Local School District is proud of its student's work, activities and accomplishments and its intentions are to positively and publicly promote the school and the students that it serves.

3. Parent/Guardian Signature: _____ Date _____

BUS TRANSPORTATION INFORMATION

The information on the form below is required for every student attending Bath Elementary and all 6th graders.

Students will be assigned only *one pickup and one take home location*. The only exception to this rule will be documented court ordered shared custody.

In order for the Bath Local Schools to provide a safe/quality transportation program for our students, these guidelines must be followed:

- **Pickup and Take Home may be different locations, *but must be the same everyday of the week.***
- **The information provided on this form *must* be current and accurate**.
- **If any changes occur during the school year a new form is required *48 hours prior* to the effective date of the change.**

- -

BUS TRANSPORTATION INFORMATION

________ SCHOOL YEAR

Student Name____Grade_______

Student Home Address ____________________________________Home Phone___________

Parent Daytime Phone ___________________Emergency Contact Phone___________________

(other than parent) ___________________

Pick Up Information:

____
Address

____
Name of resident at this address

____
Phone Number at this residence

Take Home Information:

____
Address

____
Name of resident at this address

____
Phone Number at this residence

Effective Date ___________Parent Signature____

(If a change is needed during the school year you must fill out another form)

Please return this form to your school office.
Change forms are required 48 hours prior to the effective date.