



# Madison Local School District

For Office Use Only	
Date Registered	_____
Date Enrolled	_____
Teacher/Room#	_____
Bus# - AM/PM	_____

Registration for:  NES  SES  MMS  MHS  MPK

The laws of the state of Ohio (Ohio Revised Code Section 3313.64, 3313.08, 3319.04, 3327.06) provide that a school age child under the age of 18 years can attend school only in the district in which his/her parent(s) or other court appointed guardian have established legal residence unless the parent/guardian has applied and been approved for Inter-District Open Enrollment.

Children found to be attending in defiance of the residency conditions set forth above are to be removed from the school district rolls and not be permitted to continue their education in the Madison Local School District. The district reserves the right to charge tuition for student attendance in violation of the residency requirements.

### STUDENT INFORMATION (Please use legal name and PRINT CLEARLY!)

Student's Last Name	First Name	Middle Name	Date of Birth	Gender	Grade Entering

Student's city of birth: \_\_\_\_\_ (Original Birth Certificate to be copied by school personnel)

Student lives with (check one):  Both Parents  Mother  Father  Other (explain) \_\_\_\_\_  
 (Photo ID of registering Parent/Guardian required)

Parent's Marital Status:  Married  Divorced  Separated  Single  Remarried  Never Married  Widowed  
 (Copy of any existing custody documents required)

Does your student have an Individualized Education Plan (IEP)?  Yes  No

Per US Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two part question found below: **Please complete both Part 1 and Part 2.**

**Part 1 - Is 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

**Part 2 - Racial Group** – 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 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)

\*\* If the parent/Guardian refuses to provide this information, the district shall use observer identification.

**Citizen Status: (Check One)**

U.S. Citizen  Exchange Student  Other Non U.S. Citizen (explain) \_\_\_\_\_  
 Immigrant (Not born in U.S. and not in U.S. schools for at least 3 years) \_\_\_\_\_ Date entered U.S. \_\_\_\_\_ Date entered U.S. School \_\_\_\_\_

**PARENT / GUARDIAN Information – Primary Household** (student lives with you) **Proof of Residency required at Registration**

Relationship to Student: \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 e-mail Address \_\_\_\_\_ Have rights to view Parent Portal?  YES  NO

Relationship to Student: \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail Address \_\_\_\_\_  
 Have rights to view Parent Portal?  YES  NO

**NON-CUSTODIAL PARENT/Guardian (if applicable) – Secondary Household** (separated, divorced or never married)

Relationship to Student: \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Receive Student Mailings?  YES  NO e-mail Address \_\_\_\_\_  
 Have rights to view Parent Portal?  YES  NO

**Additional Student Information**

Primary/Native Language: \_\_\_\_\_

Please check the appropriate enrollment description:

- Enrolled in School for the First Time – Not including Preschool
- Preschool Student
- From a Non-Public School in Ohio
- From a Public School in Ohio
- From Out of State / Out of Country
- From Home Schooling
- Court Referral

Name of school previously attended (if applicable) \_\_\_\_\_

Has this student been enrolled in the Madison Local School District previously?  YES  NO  
 If yes, when? \_\_\_\_\_ School Attended? \_\_\_\_\_

Is this student presently under expulsion or suspension from previous school?  YES  NO

Is there anyone that **LEGALLY** should **NOT** have access to student information? (Please list and provide documentation)  
 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Address \_\_\_\_\_

Is there any legal information pertaining to this student that the school district should be aware of?  YES  NO  
 If yes, a copy of the pertinent information must be on file in the school office. (i.e., court ordered restrictions related to student records, supervised contact with student, custodial order, shared parenting agreement, etc.)

**SIBLINGS IN HOUSEHOLD**

List all siblings/step-siblings under the age of 18 who live at home with the student for whom this form is being completed.

Last Name	First Name	Middle Name	Date of Birth	Gender	Legal Guardian

**LOCAL EMERGENCY CONTACT INFORMATION**

If the parent/guardian cannot be contacted in the event of illness/emergency the persons listed in this section will be contacted. If the non-custodial /non-residential parent is to be contacted enter that information here.

Please list persons living in or near Madison other than the parent/guardian listed in section(s) 2 & 3.

Last Name	First Name	Relationship	Day Phone#	Cell Phone#

I agree to immediately inform the Madison Local School District Central Office (440-428-2166 ext. 336) of any changes in my residence and/or standing as legal custodian/guardian of the child(ren) which are being registered, and to provide a certified copy of any court order which affects the custody or residency of said child(ren), which may be issued in the future.

\_\_\_\_\_  
 Signature of Parent / Guardian Enrolling Child

\_\_\_\_\_  
 Relationship to Child

\_\_\_\_\_  
 Date

Office Use Only:  SPED  EMIS  OE Student/Assistant Superintendent's Office



MADISON LOCAL SCHOOL DISTRICT

1956 Red Bird Road Madison, Ohio 44057 Telephone (440)428-2166 Fax (440)946-6472

Building Attended (check one)

\_\_\_ MHS \_\_\_ MMS \_\_\_ NES \_\_\_ SES \_\_\_ MPK

EMERGENCY MEDICAL AUTHORIZATION

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ (Area Code) Home Phone \_\_\_\_\_

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

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN:

Mother's Name \_\_\_\_\_ (Area Code) Day Phone # \_\_\_\_\_ (Area Code) Cell Phone # \_\_\_\_\_

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

Father's Name \_\_\_\_\_ (Area Code) Day Phone # \_\_\_\_\_ (Area Code) Cell Phone # \_\_\_\_\_

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

Other's Name (Specify Relationship) \_\_\_\_\_ (Area Code) Day Phone # \_\_\_\_\_ (Area Code) Cell Phone # \_\_\_\_\_

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

NAME OF RELATIVE OR CHILDCARE PROVIDER:

Name (Specify Relationship) \_\_\_\_\_ (Area Code) Day Phone # \_\_\_\_\_ (Area Code) Cell Phone # \_\_\_\_\_

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

PART I OR PART II ON REVERSE SIDE OF THIS EMERGENCY MEDICAL AUTHORIZATION MUST BE COMPLETED AND RETURNED PRIOR TO OCTOBER 1 OF THE CURRENT SCHOOL YEAR ACCORDING TO OHIO REVISED CODE § 3313.71.2

(OVER)

**PART I (TO GRANT CONSENT)**

**I HEREBY GIVE CONSENT FOR THE FOLLOWING MEDICAL CARE PROVIDERS AND LOCAL HOSPITAL TO BE CALLED:**

\_\_\_\_\_  
**Doctor** (Area Code) Phone Number

\_\_\_\_\_  
**Address** City State Zip

\_\_\_\_\_  
**Dentist** (Area Code) Phone Number

\_\_\_\_\_  
**Address** City State Zip

\_\_\_\_\_  
**Medical Specialist** (Area Code) Phone Number

\_\_\_\_\_  
**Hospital** (Area Code) Phone Number

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 concur in the necessity for such surgery are obtained prior to the performance of such surgery.

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

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

\_\_\_\_\_  
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



## Madison Local School District Acceptable Technology Use Policy

Technology is playing an increasingly important role in education, and when used appropriately, can significantly enhance educational opportunities for students, staff and the community. Unrestricted Internet access is now available to students and teachers of Madison Local Schools. The internet offers vast, diverse and unique resources to both students and teachers and proper use of the Internet is encouraged. This Acceptable Technology Use Policy applies to situations where any person or persons utilize the technology resources at Madison Local Schools.

Authorized uses of the technology resources include:

1. Learning activities to facilitate Madison Local Schools' instructional objectives.
2. Research conducted in support of educational or research programs authorized by Madison Schools.
3. Utilization by specifically authorized persons for the administration of Madison Local Schools and its programs.
4. Communications between faculty, staff and students containing messages or information, the content of which is not in conflict with this policy.

Unauthorized uses include:

1. Any utilization infringing on the rights or liberties of another.
2. Illegal or criminal use of any kind.
3. Utilization involving communications, materials, information, data or images prohibited by legal authority as obscene, pornographic, threatening, abusive, harassing, discriminatory anti-social or in violation of any other Madison Local Schools' policies.
4. Accessing, viewing, printing, storing, transmitting, disseminating or selling any information protected by law or subject to privilege or an expectation of privacy.
5. Utilization that causes or permits materials protected by copyright, trademark, service mark, trade name, trade secret, confidential or proprietary data and information statutes, or communications of another, to be uploaded to a computer or information system, published, broadcasted or in any way disseminated without authorization of the owner.
6. Any attempts to access any resources, features, contents or controls of the technology resources that are restricted, confidential or privileged.
7. Utilization of resources causing damage to or altering the operation, functions or design of the technology resources or content.
8. Granting access to persons not authorized to use the technology resources of Madison Local Schools, either by intentional action such as disclosure of account information or unintentional action as failure to log off.
9. Commercial, profit-motivated or partisan political use.
10. Utilization requiring privacy of any kind for any purpose.

The internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. With access to the Internet comes the availability of material that may not be of educational value and is clearly not appropriate or authorized by this policy. To monitor compliance with this policy, communications and information accessed by the authorized user is subject to random monitoring by Madison Local Schools. Consequently, as an authorized user, it is understood that any expectation or right of privacy in communications, data, programs or other personal information stored, displayed, accessed, communicated, published or transmitted is waived.

It is further understood that violation of this policy may result in revocation of utilization privileges and/or administrative discipline and could lead to criminal prosecution.

### STUDENT ACKNOWLEDGMENT:

I have carefully read, understand and agree to comply with the Madison Local Schools' Acceptable Technology Use Policy. I understand that I am personally responsible for acts or omissions in connection with utilization and derogation of this policy. I further understand that violation of this policy may result in loss of user privileges, administrative discipline and may constitute a criminal offense.

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### PARENT / GUARDIAN CONSENT:

As the parent or guardian of this student, I have read Madison Local Schools' Acceptable Technology Use Policy and understand that, with my consent, my child will be given access to the Internet by Madison Schools. I understand that permitted access to the Internet is for educational purposes. I recognize that while every reasonable attempt will be made to monitor and insure that my child complies with the Acceptable Technology Use Policy, it is impossible for the school to restrict access to all controversial material. I understand that the faculty and administrators of Madison Local Schools are available to provide information and answer questions regarding the Internet and acceptable use so that I may make an informed decision to provide my consent.

I hereby consent and give Madison Local Schools permission to grant my child unrestricted Internet access and agree that Madison Local Schools is not responsible or liable for materials, some of which may be objectionable, that my child may access while using the Internet.

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

\_\_\_\_\_  
Date



# Madison Local School District

## English/Home Language Survey

School      NES      SES      MMS      MHS      MPK

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

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

Date of Birth: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Please answer the following questions:

1. What language did your child speak when he/she first learned to talk? \_\_\_\_\_
2. What is the language most often spoken by the child? \_\_\_\_\_
3. If English is not the native/primary language spoken, at what level of proficiency do you think your child speaks and understands the English language?  

Not Proficient	Limited Ability	Fluent
----------------	-----------------	--------
4. What year and what grade did your child start school in the United States?  
Year \_\_\_\_\_ Grade \_\_\_\_\_
5. How long has your child attended school in the United States? \_\_\_\_\_
6. What is the language most often spoken at home? \_\_\_\_\_
7. Does any adult in your home read English?      Yes      No
8. If the answer to question #7 was "NO", what language(s) is read? \_\_\_\_\_

Thank you for your assistance.

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

\_\_\_\_\_  
Date



# Madison Local School District Custody and Residence Affidavit

I, \_\_\_\_\_, certify that I am \_\_\_\_\_ the owner \_\_\_\_\_ renting the dwelling/apartment located at:

Street Number & Name: \_\_\_\_\_ Apt # \_\_\_\_\_  
City & Zip Code: \_\_\_\_\_  
Date of Occupancy: \_\_\_\_\_  
Does student ride a bus?      Yes      No      Drives

I, \_\_\_\_\_, certify that I am a full-time resident of the above address located within the Madison Local School District, and **do not** maintain a separate primary residence elsewhere. I also certify that I am the parent/legal guardian of \_\_\_\_\_  
And have provided school officials with a certified birth certificate and/or a signed (most current) certified court order granting legal custody with no changes thereafter. If you have not provided the school with a certified copy of these documents, then you must do so immediately according to Ohio Revised Code 3313.64. If there are any changes in your address or phone number, you must notify the school district immediately.

## Check either Part A or B and complete Part C:

### Part A: Owner      Yes

If you are the Owner of the dwelling, you must submit one (1) of the following items listed below:

- Tax bill
- Gas bill
- Electric bill
- Insurance policy on dwelling
- Home Mortgage coupon
- Telephone bill (landline phone)
- Paycheck stub with address
- Water/Sewer bill
- Purchase/Construction contract

### Part B: Renting      Yes

If you are the Tenant/Renter of the dwelling, a copy of your current signed lease agreement must be presented.

OR

### Part C: Affidavit of Residence

If you are residing with a resident of Madison (friend/relative), they will need to complete an Affidavit of Residence. Please ask Registration personnel for this form.

I have read this entire document and the information provided by me on this form is true and accurate. If at any time this information becomes void or changes in content, I will immediately notify the Madison Local School District.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone







## Madison Local School District

Dear Parent/Guardian:

Each year the Madison Local Schools receive requests for information regarding our students. The School denies many of these requests because they infringe upon students' right to privacy.

There is certain information called "directory information" that is considered public record and must be released pursuant to law when it is requested for not-for-profit purposes. Board of Education policy requires that, annually parents/guardians be granted the opportunity to deny the release of such "directory information" by the school district.

"Directory information" is designated as: a student's name, address, telephone number, date and place of birth, photograph, major field of study, participation in officially recognized activities and sports, height and weight, if a member of an athletic team, dates of attendance, date of graduation, awards received, or any other information which would not generally be considered harmful or an invasion of privacy, if disclosed.

Please complete the following and check the appropriate lines.

Please do not hesitate to contact the building principal or myself if you have any questions regarding this matter.

Sincerely,

Angela M. Smith  
Superintendent

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ YES, I give my authorization to release directory information.

\_\_\_\_\_ NO, I do not give my authorization to release directory information.

\_\_\_\_\_ YES, I authorize my child's picture to be published in any of the school publications listed below:

\_\_\_\_\_ NO, I do not authorize my child's picture to be published in any of the school publications listed below:

School Publications (including, but not limited to, the ones listed below).

- Calendar
- Yearbook
- Annual Report
- District Web Site
- Student Newspaper
- Local Newspaper
- Press releases and/or other District publications (examples: athletic programs/media guides, music or play programs, school newsletters etc.).

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Custodial Parent/Guardian



# MADISON LOCAL SCHOOL DISTRICT

## ELEMENTARY FIELD TRIP PERMISSION SLIP

Dear Parent/Guardian:

Field trips are a valuable part of your child’s educational experience. You may be assured that the children will be well supervised and every precaution will be taken so each trip will be a safe, enjoyable and educational occasion.

Since we have very limited field trips, each class normally goes regardless of weather conditions, so please dress your children accordingly.

PLEASE SIGN THIS “FIELD TRIP PERMISSION SLIP” and have your child return it to his/her classroom teacher immediately. We need your signature in order to include your child on the trip roster. This will be the only “Field Trip Permission Slip” sent home this year. By returning this slip, your child will be eligible for all trips this year.

Prior to each field trip, information regarding specific times, costs and lunch will be sent home by the teacher.

You may choose to keep your child from participating in any field trip, either by not signing this form or specifying in advance of any field trip for which you are notified. Thank you for your cooperation.

-----Please cut here and return bottom portion to school-----

### FIELD TRIP PERMISSION SLIP

Please check appropriate school your child attends:

\_\_\_\_\_ North Elementary

\_\_\_\_\_ South Elementary

I hereby give permission for my child \_\_\_\_\_ to accompany his/her class on all field trips during the school year. I understand that prior to each field trip I will receive a notice giving information about the trip.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Room #

Madison Local Schools 1956 Red Bird Rd Madison OH (440)428-2166



**Madison Local School District**  
**Student Medical Record**  
 (To be completed by a licensed physician)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**EXAMINATION**

Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_ Vision – Right 20/ \_\_\_\_\_ Vision – Left 20/ \_\_\_\_\_

Ears: \_\_\_\_\_ Type of Hearing Test: \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_  
 Referred to ear or eye specialist? No Yes

Nose: \_\_\_\_\_ Throat: \_\_\_\_\_ Mouth: \_\_\_\_\_  
 Teeth: \_\_\_\_\_ Is dental work indicated? No Yes

Posture: _____	Orthopedic: _____
Skin: _____	Nervous System: _____
Neck: _____	Lungs: _____
Heart: _____	Hernia: _____
Abdomen: _____	Urinalysis: _____
Genitalia: _____	General Condition: _____

Remarks & Recommendations: \_\_\_\_\_

**IMMUNIZATIONS**  
 (include Month, Day & Year for each)

DPT 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Polio 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

MMR (Measles Mumps, Rubella) 1. \_\_\_\_\_ 2. \_\_\_\_\_ MMR Booster \_\_\_\_\_

Hepatitis B 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

HIB 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ (Pre School only)

Tuberculin Test \_\_\_\_\_ Results \_\_\_\_\_

Varicella Vaccine (Chicken Pox) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 (Specify Vaccine and/or Disease Date)

Other Immunizations: \_\_\_\_\_  
 (Specify Dates and Types)

**SCREENING TESTS – PRESCHOOL ONLY**

These screenings are required by ODE Licensing Guidelines for Preschool Students.  
 Enter dates if done previously. Record results to assist with follow-up.

Hemoglobin	Date: _____	Results: _____
Lead	Date: _____	Results: _____

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Physician's Name (Please Type or Print)

\_\_\_\_\_  
 Physician's Phone Number

\_\_\_\_\_  
 Physician's Address

## Immunization Summary for School Attendance Ohio

VACCINES	FALL 2018 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	<p><b>K</b> Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4<sup>th</sup> birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4<sup>th</sup> birthday, a fifth (5) dose is not required. *</p> <p><b>1-12</b> Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</p> <p><b>Grades 7-12</b> One (1) dose of Tdap vaccine must be administered prior to entry. **</p>
POLIO	<p><b>K-8</b> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4<sup>th</sup> birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. ***</p> <p><b>Grades 9-12</b> Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; if a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</p>
MMR Measles, Mumps, Rubella	<p><b>K-12</b> Two (2) doses of MMR. Dose one (1) must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose one (1).</p>
HEP B Hepatitis B	<p><b>K-12</b> Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.</p>
Varicella (Chickenpox)	<p><b>K-8</b> Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after the first dose, it is considered valid.</p> <p><b>Grades 9-12</b> One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>
MCV4 Meningococcal	<p><b>Grade 7-9</b> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.</p> <p><b>Grade 12</b> Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****</p>

**NOTES:**

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <https://www.cdc.gov/vaccines/schedules/index.html>.
- Vaccine doses administered  $\leq 4$  days before the minimum interval or age are valid (grace period). Doses administered  $\geq 5$  days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at <http://www.odh.ohio.gov>, Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

\* Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4<sup>th</sup> birthday, a sixth dose is recommended but not required.

\*\* Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheria- toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

\*\*\* The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

\*\*\*\* Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1<sup>st</sup>) dose of MCV4 was administered on or after the 16<sup>th</sup> birthday, a second (2<sup>nd</sup>) dose is not required. If a pupil is in 12<sup>th</sup> grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.



# Madison Local School District Request for Release of Student Records

**North Elementary School**  
Mrs. Sally Rogus, Principal  
Mr. Bill Mayer, Assistant Principal  
1941 Red Bird Road  
Madison, Ohio 44057  
440-428-2151 – Telephone  
440-428-9384 – Fax

**South Elementary School**  
Mrs. Shannon Kriegmont, Principal  
Mr. Seth Hartmann , Assistant Principal  
92 East Main Street  
Madison, Ohio 44057  
440-428-5121 – Telephone  
440-428-8438 – Fax

**Madison Middle School**  
Mr. Tom Brady, Principal  
Mr. Eric Thomas, Assistant Principal  
6079 Middle Ridge Road  
Madison, Ohio 44057  
440-428-1196 – Telephone  
440-428-9389 – Fax

**Madison High School**  
Mr. Bill Fisher, Principal  
Mr. Jack Whaley, Assistant Principal  
Ms. Jennifer Catanese-Grimes, Assistant  
Principal  
3100 Burns Road  
Madison, Ohio 44057  
440-428-2161 – Telephone  
440-428-2165 – Fax

**Madison Pre-K**  
Mrs. Jovette Hiltunen, Director  
1956 Red Bird Road  
Madison, Ohio 44057  
440-428-5111 – Telephone  
440-428-9311 – Fax

**Madison Board of Education**  
1956 Red Bird Road  
Madison, Ohio 44057  
440-428-2166 – Telephone  
440-428-9313 - Fax

To: \_\_\_\_\_  
(Previous School Name)  
\_\_\_\_\_  
(Previous School Address)  
\_\_\_\_\_  
(City, State & Zip)

It is requested that an official copy of the records of:

\_\_\_\_\_  
Student's Name  
\_\_\_\_\_  
Date of Birth      Last Grade Attended

**Be released to:**

\_\_\_\_\_  
School Name – address, telephone and fax numbers to the left

**Please include the following information:**

- Academic Grades
- Grades to Withdrawal Date
- Grades for previously completed grading period (for athletic eligibility)
- Standardized Test Scores (achievement, competency, etc.)
- OGT Test Scores / Proficiency Test Scores
- Attendance Records
- Health / Immunization Records
- Psychological Reports (if applicable)
- Individual Education Plan – IEP (if applicable) *Release form also required*
- Multifactorial Evaluation – MFE (if applicable) *Release form also required*
- Speech / Hearing / Language Evaluations (if applicable)
- School Profile (explain credits & grading systems)
- ALL OF THE ABOVE
- Other (please specify) \_\_\_\_\_

Has this student been expelled from your school district?    No      Yes  
If yes, please provide dates and copy of the expulsion letter. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Legal Guardian or Student (if legal age) \*\*

\_\_\_\_\_  
Signature of School Official      Title

\_\_\_\_\_  
Date

\*\* According to the Family Educational Rights and Privacy Act, FERPA, school officials of a school district in which the student intends to enroll may receive a student's records without written parental consent. CFR§99.31



## Madison Local School District

### Infinite Campus Portal User Guide

Welcome to the Madison Local Schools Parent/Student Portal. With this connection to the district, you will be able to monitor your student's educational progress and pay school fees and school lunches online. The portal will provide you with access to current information on attendance, student schedules and your student's grades. This guide was developed to assist you with creating the parent login. We highly recommend that all parents use a "Parent" ID and not their child's.

#### Access

Due to the variety of browsers and versions available, Infinite Campus does not guarantee all will work. Please review section on the portal login page – see Site Address below – click on Help then Tell Me More for details on support for hardware and software as well as a few Frequently Asked Questions regarding the Campus Portal.

#### Site Address

To access the portal, start your internet browser software and enter the following address:

<https://ic.lgca.org/campus/portal/madison.jsp>

**Note:** The address must be entered exactly as shown. There is no www at the beginning of the address. *Security of your child's information is of a paramount importance to Madison Local Schools.* The District reserves the right to change passwords to protect student data.

#### Creating Your User Account

In order to use the portal you must have a user name and password. The first time you access the portal, you will need to create your user name and password. You will also need to have received your Activation Key from your child's school.

To begin creating your account, you will click on the "Help" link located to the right of the User Name and Password Sign In area. Then you will click on the "click here" link that is at the end of the "If you have been assigned a Campus Portal Activation Key" statement.

You will need to enter in the Activation Key sent to you by the district. This must be entered EXACTLY as it is on the letter or email that was sent to you. When you have finished, click on the "submit" button.

Create a user name and password. We would like everyone to use their first name followed by their last name with no commas or spaces to be the user name. This will help us locate you more easily if there is ever a problem. Passwords must be a minimum of 8 characters and contain at least one letter, one number and one symbol (#, \$, %).

Once you have entered this information you will click the "create Account" button to complete the registration. Please be sure to keep a copy for your records.

From this point forward, you will use the name and password you have created for access to the portal.

**Note:** The portal keeps track of login attempts and times. If you forget your password or enter it incorrectly 3 times, your account will be disabled. If this happens, please contact the administrator at 440-428-9324 to have your account reset.



**Madison Local School District**  
 Electronic Web Access Agreement for Viewing Student Information  
 Via Madison Public Schools Infinite Campus Parent/Student Portal

**Parent Agreement**

I am requesting to review my family's student information on the Madison Public Schools Parent Portal website. By signing this agreement, I, as parent/guardian, release Madison Public Schools from any and all liability for damages arising out of the unauthorized access to the Parent Portal account. I am giving consent to Madison Public Schools to view my family's personal information on an SSL encrypted password protected website. I agree to abide by the Infinite Campus Parent/Guardian Portal Acceptance Use Policy and understand that, for the interest of security, the District reserves the right to change user passwords or deny access at any time.

Parents/Guardians are required to adhere to the following guidelines:

1. Parents *will not* share their passwords.
2. Parents *will not* attempt to harm or destroy data of their own children, or another user, school, or school district network, or the Internet.
3. Parents *will not* use the portal for any illegal activity, including violation of privacy laws.
4. Parents *will not* access data or any account owned by another parent.
5. Parents who are identified as a security risk will be denied access to the Parent Portal.

I understand that *three* unsuccessful logins will disable my account. If my account becomes locked, I will contact a school building that one of my children attends and request the account to be unlocked. **I will provide the "Campus Portal Activation Key" given to me at the time the account was created and answer any questions to verify my identity.** At the sole discretion of the District, the account may be unlocked, but I understand that it may take up to 10 school days to have my account unlocked.

List the names of all your children currently enrolled in Madison Public Schools and the residing address(es).

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

Your email address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**Please Print:**

Child's First and Last Name must be written as they appear on the birth verification.

Child's First Name	Child's Last Name	Date of Birth	School Attending

The parent may be asked to provide a photo ID prior to signing. You will receive your instructions and password from your school once they receive this signed form. Please contact your student's school to find out dates and times for parents to sign up or to set up an individual appointment.

*I have read the parent portal acceptance use policy and agree to abide by the user expectations.*

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

\_\_\_\_\_  
 Date