Welcome to the Wooster City Schools

To enroll your 5th - 7th grader, please complete the attached forms and drop off to Lori Niro at EMS. An appointment to meet with a guidance counselor will be made once all necessary enrollment documents are received, including proof of residency and any applicable custody documents. Please call Lori at 330-988-1111, ext. 7167 with any questions or to set up an appointment. Edgewood Middle School is located at 2695 Graustark Path, Wooster, Oh 44691. Edgewood is closed during the summer. To enroll during the summer months, please contact Central Office at 330-988-1111, ext. 1241.

To enroll your 8th - 12th grader, please complete the attached forms and drop off to Randi Raffa at WHS, which is open year-round. An appointment to meet with a guidance counselor will be made once all necessary enrollment documents are received, including proof of residency and any applicable custody documents. Please call Randi at 330-988-1111, ext. 3106 with any questions. Wooster High School is located at 515 Oldman Rd, Wooster, Oh 44691.

New Student Enrollment Forms and Documents

The following documents are required to enroll a student in Wooster City Schools:

* **Driver’s License or photo ID of person enrolling student**

* **Proof of Residence** - Used to verify you are a current resident of Wooster City School district - Deed, building permit, rental agreement, property tax statement, voter’s registration card, or utility bills for two consecutive months (gas, water, electric). If you currently reside with a friend or family member, you will need to complete a Residence Affidavit that we will notarize and the person you are residing with needs to come with you and bring proof of residence and a photo ID.

* **Birth Certificate – Certified copy is required** in order to verify that the child is eligible to attend school (hospital record is not acceptable)

* **Social Security Card for student** (for identification purposes only)

* **Immunization Records or Waiver**

* **Legal Documents** (custody papers, etc.), if applicable
  State regulations require that you provide complete court-stamped documents for us to copy for matters pertaining to custody. **Note:** This must be an original court document. A Notary Public seal/signature is not acceptable.

* **Copy of ETR and IEP** (special education services) or WEP (gifted education services), if applicable

The following forms **MUST** be completed before enrollment:

* Cumulative Record Registration Form
* Emergency Medical Authorization
* Signed Consent for Request of Student Records from previous school
* Health History Form
* Home Language Survey
* Transportation Request, if applicable
* New Directory Information Form (Privacy Act)
* New Acceptable Use and Internet Safety Policy
* Free and Reduced Meal Form, if applicable  **(One completed form per family)**
Cumulative Record Registration Form

**Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way intended to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated. Thank you and Welcome!**

I affirm that the information below is correct and give permission to verify my residence, if necessary.

**Custodial Parent/Legal Guardian** ______________________  Date ______

**Has your student ever attended Wooster City Schools?** □ No  □ Yes  If yes, state grade(s) and school(s): ______________________

**Student Information:** Please print your student’s legal name as it appears on his or her birth certificate:

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
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</table>

**Student lives at:** _____________________________________________

Include Address, City, State and ZIP Code

<table>
<thead>
<tr>
<th>Primary Daytime Phone Number</th>
<th>(One number, please! Other numbers will be collected below)</th>
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</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Gender (M/F)</th>
</tr>
</thead>
</table>

**Student’s Grade** __________  **City of Birth** ____________________________  **Country of Birth** (If not USA)

**Citizenship:** Check one: □ U.S. Citizen  □ Dual  □ Resident Alien  □ Non-Resident Alien  □ Other

**Ethnicity:** Is your student of Hispanic/Latino Heritage (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin. □ Yes  □ No

**Racial Group:** Check all that apply: □ American Indian or Alaskan Native  □ Asian  □ Black or African American  □ Native Hawaiian or Other Pacific Islander  □ White

**Military** □ Not a Military Student

**Student:** □ Active Military (student is a dependent of a member of the active duty forces (Army, Navy, Air Force, Marine Corps or Coast Guard)  □ National Guard (student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)

**Parent/Guardianship Information:**

**Legal Custody** □ Both parents

is with: □ Shared or Joint Parenting  Custody documents must be provided. Notarized custody documents are NOT acceptable

□ Mother only  If parents were unmarried at the time of birth, the mother is the “sole residential parent and legal guardian.” ORC3109.042

□ Father only  If parents were married at the time of birth, custody documents must be provided.

□ Other /Guardian  Please state Name and Relationship Court-stamped custody documents must be provided. Notarized custody documents are NOT acceptable

**Parents are:** □ Married  □ Never Married  □ Separated  □ Divorced  □ Mother deceased  □ Father deceased

<table>
<thead>
<tr>
<th>□ Mother</th>
<th>□ Step Mother</th>
<th>□ Foster Mother</th>
<th>□ Female Guardian</th>
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<table>
<thead>
<tr>
<th>□ Father</th>
<th>□ Step Father</th>
<th>□ Foster Father</th>
<th>□ Male Guardian</th>
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<tr>
<th>Name</th>
<th>Address</th>
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<tr>
<td></td>
<td>If different from student * Include City, State, ZIP Code</td>
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<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Employer</th>
<th>Work Phone</th>
<th>Email Address</th>
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</table>

Please complete the reverse side of the form.
Student lives with: Check all that apply:  
☐ Both parents  ☐ Mother  ☐ Father  ☐ Step Parent  ☐ Other/Guardian  
☐ Alternates between Parents  ☐ Foster Parents

Persons other than those listed on this form who are authorized to pick up student at school:

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<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
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Child Care used:  
☐ Not applicable  ☐ Every day before school  ☐ Every day after school

Who is your childcare provider?
Provider ________________________________

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<th>Name</th>
<th>Address</th>
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Educational Information:
If open-enrolling, district of residence: ________________________________

Last school attended ________________________________

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<th>Address</th>
<th>City/State</th>
<th>Phone</th>
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School District ________________________________
☐ Public School  ☐ Private School  ☐ Charter School  ☐ Online or Community School  ☐ Home School

Was your child receiving Special Education / Intervention Services? If yes, please explain:
__________________________________________________________________________________________

☐ Remedial Reading  ☐ Remedial Math  ☐ Speech  ☐ IEP  ☐ 504 Plan  ☐ Occupational Therapy  ☐ Physical Therapy
☐ Other, please specify ________________________________

Has your child ever repeated a grade?  ☐ No  ☐ Yes  If yes, which grade?  

Has your child ever been identified as Gifted and Talented?  ☐ No  ☐ Yes

Has your child ever participated in a Gifted and Talented Program?  ☐ No  ☐ Yes

Has your child attended Preschool?  ☐ No  ☐ Yes  As a:  ☐ 3-year-old  ☐ 4-year-old

If so, name and city of Preschool ________________________________

Please list the names of all other children in the home (attach sheet if more than four):

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School</th>
<th>Grade</th>
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Revised 12-17
Wooster City Schools
McKinney-Vento Intake Affidavit

Student's Name: ___________________________ Date of Birth: ________________

Age: _______________ Grade: _______________

Parent/Guardian Name(s): ______________________________________________________

Address: ___________________________________________________________________

Siblings of Student: ____________________________________________________________

Please answer the following questions:

1. Is this student’s home address a temporary living arrangement? □ Yes □ No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? □ Yes □ No
3. Is this student in temporary or emergency foster care placement? □ Yes □ No
4. As a student, are you living with someone other than your parents or legal guardian? □ Yes □ No

If you answered YES to any of the above questions, please complete the remainder of this form.
If you answered NO to all of the above questions, you may stop here. Proof of residency is required!

1. Where is this student currently living? (Check box)
   □ In a motel/hotel- Name of motel/hotel: _______________________________
   □ In a shelter- Name of shelter: _______________________________
   □ Temporary/emergency foster care: _______________________________
   □ With another family in a house or apartment _______________________________
   □ Moving from place to place ___________________________________________
   □ In a location not designed for sleeping accommodations such as a car, park or campsite

2. With whom does the student currently live? (Check box)
   □ Both parents
   □ One parent (mark which parent) □ Mother □ Father
   □ One parent and another adult (mark which parent) □ Mother □ Father
   □ A relative (specify which e.g. grandparent) _______________________________
   □ Friend or other adult (please identify) _______________________________

3. At this time, what is the greatest need for your child? (check all that apply)
   □ School supplies
   □ Referral for food assistance
   □ Medical referral/immunizations
   □ Other- Please describe ___________________________________________
   □ Help for academic improvement
   □ Help for behavior improvement
   □ Mental health/counseling referral

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with the community and governmental agencies pursuant to an interagency collaboration between this school district and (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other WCS staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow WCS staff to conduct screenings as part of the district’s McKinney-Vento program.

Parent/Guardian Signature: ___________________________ Date __________________

WCS Witness Signature: ___________________________ Date __________________
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.

<table>
<thead>
<tr>
<th><strong>Student Name:</strong> (First Name and Last Name)</th>
<th><strong>Student Date of Birth:</strong> (mm/dd/yyyy)</th>
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</thead>
</table>

**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 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 State?

   If yes, how many years/months?

   If yes, what was the language of instruction?

7. Has your child attended school in the United States?

   If yes, when did your child first attend 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.

<table>
<thead>
<tr>
<th><strong>Parent/Guardian First Name:</strong></th>
<th><strong>Parent/Guardian Last Name:</strong></th>
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<tr>
<th><strong>Parent/Guardian Signature:</strong></th>
<th><strong>Today’s Date:</strong> (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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](https://www2.ed.gov/about/offices/list/ocr/ellresources.html)
**EMERGENCY MEDICAL AUTHORIZATION FORM**

School (circle one): Littlest Generals  Cornerstone  Kean  Melrose  Parkview  Edgewood  Wooster High School

Student's Name: __________________________  __________________________
First Name  Last Name

Date of Birth: __________________________

Student's Home Address:_______________________________________________________________________________________
Street Address  City  State  ZIP Code

**Student resides with** (circle all that apply)
Mother  Father  Stepparent  Guardian/Other: __________________________

**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 or guardians cannot be reached.

Residential Parent or Guardian:

<table>
<thead>
<tr>
<th>Order to Call</th>
<th>Name</th>
<th>Relationship</th>
<th>Mobile/Cell Phone</th>
<th>Home Phone (Landline Only)</th>
<th>Daytime Work Phone</th>
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Relative or School Hours Childcare Provider:

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<th>Name</th>
<th>Address</th>
<th>Relationship</th>
<th>Mobile/Cell Phone</th>
<th>Home Phone (Landline Only)</th>
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Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

**Known Allergies** ____________________________________________________________________________________

**Current Medications** __________________________________________________________________________________________

**Health Concerns (diabetes, seizures, asthma, etc.)** _________________________________________________________________

__________________________________________________________

**Physical Impairment** (braces, limited mobility, prosthesis)

**PART I OR II MUST BE COMPLETED**

**PART I – TO GRANT CONSENT FOR TREATMENT:**
I hereby give consent for the following medical care providers and local hospital to be called:

**Preferred Physician:** _______________________________________________ Office #: __________________________

**Preferred Dentist:** _______________________________________________ Office #: __________________________

**Medical Specialist:** _______________________________________________ Office #: __________________________

**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.

**Parent/Guardian Signature:** ___________________________________________ Date: __________________________

**OR**

**PART II – REFUSAL TO CONSENT**  DO NOT COMPLETE PART II IF YOU COMPLETED PART I
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:

__________________________________________________________

**Parent/Guardian Signature:** ___________________________________________ Date: __________________________
Student Name: ____________________________ Male _____ Female _____

Date of birth: __________________________ Grade: _______

Developmental History: Please give the approximate age when your child:
- Walked alone ______
- Spoke in sentences ______
- Was toilet trained ______
- Dressed self ______

How does this child’s development compare to other children, such as brothers/sisters or playmates?
- About the same ______
- Delayed ______
- Advanced ______

Health Conditions: Please check any that your child has or did have:
- Allergies
- Anaphylactic reaction
- Asthma or wheezing
- ADD/ADHD
- Autism
- Behavior/Emotional concerns
- Birth/Congenital malformations
- Blood problems
- Bone/muscle/joint problems
- Bowel/bladder problems
- Cancer
- Chickenpox
- Cystic fibrosis
- Diabetes
- Depression
- Ear problem/hearing difficulty
- Eczema/skin conditions
- Headaches (frequent)
- Heart Disease
- Hepatitis
- Juvenile arthritis
- Lead poisoning
- Meningitis/Encephalitis
- Neuromuscular disorder
- Seizures/Epilepsy
- Sickle cell anemia
- Sore throat (frequent)
- Speech difficulties
- Toothaches/dental problems
- Urinary tract infections
- Vision problems (glasses, contacts)
- Wetting during day or night
- Other__________________________

Illness, Injuries & Hospitalizations (please explain):
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________

Medical Home: Please provide us with your child’s current health care provider’s name and contact information

Physician Name: ____________________________
Address: __________________________________________
Phone: __________________________________________

- Please continue on the back -
**Current Health:**  *Tell us about any current health conditions or concerns:*

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

**Student Name:** ____________________________________________________________

**Allergies:** If your child has any food or environmental allergies, please obtain the Allergy Action Plan form from the school clinic for your child’s health record.

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Reaction</th>
<th>Treatment</th>
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<tbody>
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</table>

**Medications:** Describe medicine your child takes regularly. If your child must take medication at school, please obtain the Medication Administration Authorization form from the school clinic to be completed by you and your child’s doctor.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason</th>
<th>How often?</th>
<th>What time?</th>
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</table>

Explain any special assistance your child may need during the school day:

_____________________________________________________________________________________________________________________________

Please add any comments or concerns you have about your child’s health, development, behavior, family or home life that you would like the school to be aware of:

_____________________________________________________________________________________________________________________________

If you have questions or concerns about your child's health or would like information about a medical home for your child or community services that may be available, please contact your school clinic.

_________________________________________  ____________________________________  _______________________
Signature of person completing form  Relationship to child  Date

1/14
WOOSTER CITY SCHOOLS
Request for Release of Student Records

To: __________________________________________________________

Previous School

Date: ______________________

Address

School Phone Number

School Fax Number

Student: ________________

Student’s Full Name

Current Grade

Date of Birth

Student’s Complete Address

Student’s Home Telephone Number

Please send ALL that apply including:

☐ Grades/Transcripts
☐ Birth Record/Certified Certificate
☐ Custody Documents, if applicable
☐ EOC Scores
☐ Standardized Achievement Test Results
☐ Most Recent Report Card
☐ Intelligence and Aptitude Results
☐ Medical / Immunization Records
☐ Attendance Records
☐ IEP / ETR
☐ Other ____________________________

Reason for enrollment in Wooster City Schools:
Please check the appropriate box:
☐ ☐ Parent/guardian now resides in our district
☐ ☐ Open-enrollment approval on file
☐ ☐ Foster/court-placed in our district
☐ ☐ Board-approved grandparent clause
☐ ☐ Board-approved superintendent’s agreement
☐ ☐ 18-year-old Student

* PLEASE NOTE: If you do not release special education records from your office, please make a copy of this release form and send to the appropriate office.

Please release and forward via fax, scan or mail:

Edgewood Middle School
2695 Graustark Path
Wooster, OH 44691
Phone: 330-345-6475
Fax: 330-345-8237
Scan: wstr Lniro@woostercityschools.org

Wooster High School
515 Oldman Road
Wooster, OH 44691
Phone: 330-345-4000
Fax: 330-345-3501
Scan: wstr traffa@woostercityschools.org

Wooster City Schools IRN # 045120

Wooster City Schools Registrar

---------------------------------------------------------------

PARENT/GUARDIAN AUTHORIZATION FOR RELEASE
I hereby authorize the school, institution or individual indicated above to release and/or provide access to the records requested above.

__________________________________________________________

Signature of Parent or Legal Guardian

(Note: 99.31 Prior consent for disclosure not required)
Date:

Date Busing To Begin:

Student's Last Name: First Name & Middle Initial:

Student's Home Address:

Parent’s Names (First & Last):

Mom's Cell: Emg. Contact Name:

Home Phone #: Dad's Cell: Emg. Contact Ph #:

School Of Attendance: Grade: Date of Birth:

Medical Alert/Concerns:

Morning Transportation

☐ I will be providing my own transportation to school
☐ My child will attend the before school program - needs no busing
☐ My child will need busing to school from our home address
☐ My child will need busing **EVERYDAY** to school from an alternate address

Alternate Address: ____________________________

Child Care Provider: ____________________________

Provider’s Name ____________________________ Phone # ____________ Relationship ____________

Afternoon Transportation

☐ I will be providing my own transportation home from school
☐ My child will attend after school program - needs no busing
☐ My child will need busing after school to our home address
☐ My child will need busing **EVERYDAY** after school to an alternate address

Alternate Address: ____________________________

Child Care Provider: ____________________________

Provider’s Name ____________________________ Phone # ____________ Relationship ____________

Transportation Office Use Only

Bus # and Time for: Pick-Up: Drop-Off: 

Stop Location: ____________________________
Wooster City Schools
Student Technology Use Agreement
(Acceptable Use Policy–5900)

Complete one form for each student in your family. Please print information when appropriate.

Student's Last Name (please print)          First Name

School          Teacher          Grade

My parent/guardian and I have read and talked about the District's Acceptable Use Policy for Instructional Technology (Policy 5900). I understand the rules about what I may and may not do when using computers and other technology in school. If I break these rules, I understand that I will not be allowed to use school computers and I may be disciplined.

Students Signature

For the Parent or Guardian

I have read and reviewed with my child the District’s Acceptable Use Policy for Instructional Technology and understand its rules and regulations. I understand my child’s responsibilities under these rules and regulations and have discussed them with my child. I approve my child’s use of District technology including access to the Internet.

I hereby release the District, its personnel, and any institution with which it is affiliated, from any and all claims and damages of any nature arising from my student’s use of, or inability to use, the District’s system. This includes, but is not limited to, claims that may arise from the unauthorized use of the system including purchase of products and services. I will instruct my child regarding any family restrictions against accessing materials that are in addition to the restrictions set forth in the Acceptable Use Policy for Instructional Technology. I understand the school is not responsible for monitoring my child’s personal restrictions above those restrictions enforced by the school. I will emphasize to my child the importance of following the Policy’s rules and regulations for his/her own personal safety. I give permission for my child to use instructional technology under the supervision of his/her teachers or other supervising staff members of his/her school.

I certify that the information we (child & parent/guardian) have provided on this form is correct (signature required).

Parent/Guardian’s Signature

Parent/Guardian's Name (please print)

Home Address

Phone(s)

Parent/Guardian’s Email

Please complete this form and return it to your child's school office.

Revised 6/5/07
Wooster City Schools
Acceptable Use Policy
(Student Technology Use Agreement)

The Wooster City School District is pleased to make available to students, access to interconnected computer systems with 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 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 Acceptable Use and Internet Safety Policy (“Policy”) of the School District and the Data Acquisition Site that provides Internet access to the School District. Upon reviewing, signing, and returning this Policy as the students have been directed, each student will be given the opportunity to enjoy District 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 as directed with the signatures of the student and with the signatures of the student’s 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 you School has designated as the one to whom you can direct your questions. If any user violates this Policy, the student’s access will be denied, if not already provided, or withdrawn and he or she may be subject to additional disciplinary action.

Acceptable Use and Internet Safety Policy

I. Personal Responsibility

By signing this Policy, you are agreeing not only to follow the rules in this Policy, but 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. Terms of the Permitted Use

A student who submits to the School, as directed, a properly signed Policy and follows the Policy to which she or he 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 each year during which they are students in the School District before they are given an access account.

III. Acceptable Uses

A. Educational Purposes Only

The 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. Unacceptable Uses of Network

Among the uses that are considered unacceptable and which constitute a violation of this Policy are as follows:

1. Uses that violate the law or encourage others to violate the laws. Don’t transmit offensive or harassing messages; offer for sale or use any substance the possession of which is prohibited by the School District’s Student Discipline Policy; 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 network 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.

2. 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 use 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, “Trojan horse,” “time bomb,” or other harmful forms of programming or vandalism; participate in “hacking” activities or any form of unauthorized access to other computers, networks, or information systems.

3. 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; don’t impersonate another user.

4. Uses that are commercial transactions. Students and other users 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.

C. Netiquette. All Users must abide by rules of network etiquette, which include the following:

1. Be polite. Use appropriate language. No swearing, vulgarities, suggestive, obscene, belligerent, or threatening language.

2. Avoid language and uses which may be offensive to other users. Don’t use access to make, distribute, or redistribute jokes, stories, or other materials which is based upon slurs or stereotypes relating to race, gender, ethnicity, nationality, religion, or sexual orientation.

3. Don’t assume that a sender of e-mail is giving his or her permission for you to forward or redistribute the message to third parties or to give his/her e-mail address to third parties. This should only be done with permission or when you know that the individual would have no objection.

4. Be considerate when sending attachments with e-mail (where this is permitted). Be sure that the file is not too large to be accommodated by the recipient’s system and is in a format which the recipient can open.

IV. Internet Safety


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

B. Personal Safety.

Be safe. In using the computer network and Internet, do not reveal personal information such as your home address or telephone numbers. Do not use your real last name or any other information which might allow a person to locate you without first obtaining permission of a supervising teacher. Do not arrange a face-to-face meeting with someone you “meet” on the computer network or Internet without your parent’s permission (if you are under 18). Regardless of your age, you should never agree to meet a person you have only communicated with on the Internet in a secluded place or private setting.

C. “Hacking” and Other Illegal Activities.

It is a violation of this Policy to use the School’s computer network or the Internet to gain unauthorized access to other computer or computer systems, or to attempt to gain such unauthorized access. Any use which violates state or federal law relating to copyright, trade secrets, the distribution of obscene or pornographic materials, or which violates any other applicable law or municipal ordinance is strictly prohibited.
D. Confidentiality of Student Information.

Personally identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian or, if the student is 18 or over, the permission of the student himself/herself. Users should never give out private or confidential information about themselves or others on the Internet, particularly credit card numbers and Social Security numbers. A supervising teacher or administrator may authorize the release of directory information, as defined by Ohio law, for internal administrative purposes or approved educational projects and activities.

E. Active Restriction Measures.

The School, either by itself or in combination with the Date Acquisition Site providing Internet access, will utilize filtering software or other technologies to prevent students from accessing visual depictions that are (1) obscene, (2) child pornography, or (3) harmful to minors. The School will also monitor the online activities of students, through direct observation and/or technological means, to ensure that students are not accessing such depictions or any other material which is inappropriate for minors.

Internet filtering software or other technology-based protection systems may be disabled by a supervising teacher or school administrator, as necessary, for the purposes of bona fide research or other educational projects being conducted by students age 17 or older.

The term "harmful to minors" is defined by the Communications Act of 1934 (47 USC Section 254(h)(7), as meaning any picture, image, graphic image file, or other visual depiction that:

- taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion;
- depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals;
- taken as a whole, lacks serious literary, artistic, political, or scientific value as to minors.

V. Privacy

Network and Internet access is provided as a tool for your education. The 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 School District and no user shall have any expectations of privacy regarding such materials.

VI. Failure to Follow Policy

The user’s use of the computer network and Internet is a privilege, not a right. A user who violates this Policy, shall at a minimum, have his or her access to the computer network and Internet terminated, which the School District may refuse to reinstate for the remainder of the student’s enrollment in the School District. A user violates this Policy by his or her own action or by failing to report any violations by other users that come to the attention of the user. Further, a user will violate this Policy if he or 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 School District may also take other disciplinary action in such circumstances.

VII. Warranties/Indemnification

The 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. 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. By signing this Policy, users are taking full responsibility for his or 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 School District, the Data Acquisition Site that provides the computer and Internet access opportunity to the School District and all of their administrators, teachers, and staff harmless from any and all loss, costs, claims or damages resulting from the user’s 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 computer out the School District’s network.

VIII. 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, for example, to reflect developments in the law or technology. Such information must be provided by the user (or his/her parents or guardian) or such new Policy 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.


Revised 8/2/2007
Dear parent or legal custodian/guardian:

Re: The annual “Universal Consent Form Regarding Release of Student Information”

Publications, publicity materials, Internet sites, and other media are often developed by or about the Wooster City Schools to portray examples of educational experiences. Personal information about a student may also be used or revealed during educational experiences. The Wooster City School District seeks the consent of a parent or legal custodian/guardian before using, displaying, or releasing:

1. a student’s name, photograph, picture, image, or likeness
2. a student’s quotation, and/or
3. a student’s performance, written material, or artwork

Technology in all forms is a constantly changing and ever-evolving phenomenon. With that in mind, the Board of Education requires that the consent granted or denied by a parent or legal custodian/guardian must be done annually.

**Also, please pay particular attention to the first consent box regarding the release of directory information; it is the only box with three options. The reason is as follows: “Directory Information” is a legal phrase (it is defined on the form), and it is often confused with the student directories that individual buildings print and make available each year. If you are comfortable with giving your child’s information to groups such as a PTO that prepares a student directory or a booster group that publishes an athletic program, then you will want to check that third box. If, on the other hand, you are — or are not — at ease with releasing any of your child’s information to any individual or group who requests it, then check the appropriate of the first two boxes.**

Furthermore, all work completed by students as a part of the regular instructional program is owned by that student as soon as it is created, unless such work is created while the student is acting as an employee of the school system or unless such work has been paid for under a written agreement with the school system. Such work shall be considered a work made for hire and shall be the property of the Wooster Board of Education.

Additionally, the Wooster City School District shall be the exclusive owner of all rights, title, and interests, including copyright, of any image or likeness created or set forth in a photograph, image, or publication created by the Wooster City School District or its employees, including print, video, audio, or other electronic media, such as Internet, television, CD-ROM, or DVD.

With the foregoing in mind, please complete the attached form and return it to your child’s school.

Revised 6/5/2007
Wooster City Schools

Universal Consent Form Regarding Release of Student Information

I. Permission for Release of Directory Information:
I give consent (or do not give consent) for my student’s school and/or for the District to release Directory Information (child’s name, address, parent’s/guardian’s name, telephone number, date and place of birth, participation in officially recognized activities and sports, weights and heights of members of athletic teams, dates of attendance, and degrees and awards received) according to the restrictions of Board of Education policy 8330, “Student Records.”

☐ I give my consent  ☐ I do not give my consent

☐ I give my consent to release only to parent-teacher organizations and booster groups supporting school sponsored activities and programs.

II. Permission to Display Photograph, Audio, Video or Electronic Images:
I give consent (or do not give consent) for photographs, audio, video or electronic images of my student, to be used by the Wooster City School District for exhibition, public display, publication, publicity materials, advertising, a news media story, video, audio, or other electronic media, such as the Internet, television, CD-ROM, or DVD. I understand that my child’s full name may also be used with such display except that only my child’s first name will be used on the District and/or school building websites (Internet).

☐ I give my consent  ☐ I do not give my consent

☐ I give my consent for picture to be used in yearbook only

III. Permission to Display Student Work:
I give consent (or do not give consent) for original written materials, artwork or other work created by my child during the course of instruction to be used by the Wooster City School District for exhibition, public display, publication, publicity material, advertising, a news media story, video, audio, or other electronic media, such as the Internet, television, CD-ROM, or DVD. I understand that my child’s full name may also be used with such display except that only my child’s first name will be used on the District website (Internet). If consent is denied, such denial shall not apply where the child’s material is incorporated into a greater or larger body of work (such as a child’s voice in a choral recording).

☐ I give my consent  ☐ I do not give my consent

IV. Permission for News Stories:
I give consent (or do not give consent) for quoted statements given by my child, or photographs, audio, video or electronic images of my child, with possible identification by full name, to be used for the purpose of news stories or interviews about Wooster City Schools or educational experiences by our area news media.

☐ I give my consent  ☐ I do not give my consent

V. Permission for Educational Correspondence:
I give consent (or do not give consent) for my child to participate in letter writing as part of the educational experience to people outside the school district (e.g.: pen pals, thank-you letters, letters to authors, or letters to public officials), and I understand these letters may include the student’s full name and may include other personally identifiable information about the student.

☐ I give my consent  ☐ I do not give my consent

Please complete this form and return it to your child’s school office.

Signature of Parent or Responsible Custodian/Guardian ___________________________ Date ___________________________

Printed Name of Parent or Responsible Custodian/Guardian ___________________________ Revised 6/5/2007