

Information requested by the State of Ohio/Senate Bill 140 (check all that apply)

Student Citizen Status:

U.S. Citizen Non-U.S. Citizen
 Migrant Exchange Student
 Education Visa Student Other: _____
(provide copy of visa)

Student Disability Condition:

Is there a current IEP in place? Yes No
(if yes, please provide a current copy of IEP).

Multi-disabilities Deaf-blindness
 Hearing Impairment Visual Impairments
 Speech & Language Impairments Orthopedic Impairments
 Specific Learning Disability Developmental Delay
 Cognitive Disability Other Health Impaired
 Autism
 Emotional Disturbance (Severe Behavioral Handicap)

Race/Ethnicity:

Is this student of Hispanic or Latino heritage? Yes___ No___

American Indian or Alaskan Native ___
Asian ___
Native Hawaiian/Other Pacific Islander ___
Black/African American (non-hispanic) ___
Hispanic Latino ___
White (non-hispanic) ___

Please answer the following question:

What language did your son/daughter speak when s/he first learned to talk?

What language does your son/daughter use most frequently at home?

What language do you use most frequently when communicating with your son or daughter?

What language do the adults at home most often speak?

How long has your son/daughter attended school in the United States?

Parent/Guardian: _____

(PRINT)

Parent/Guardian Signature: _____ **Date:** _____

Name of Child:

Date of Birth:

Emergency Contact & Authorized Pick Up

In case of Illness, injury, or other emergency situations involving the above student, the school will attempt to contact the parent(s) or legal guardian. **If unable to reach a parent or guardian**, list three other persons who may be contacted:

Name (Please List Below)	Relationship To Child	Phone # (s)

Unauthorized Pick Up

The Following Person(s) Are NOT AUTHORIZED To Pick Up My Child

Name (Please List Below)	Relationship To Child

Student Medical

My child receives regular care for the following medical conditions:

No, my Child does not have any Medical Conditions.

Yes. My Child has known Medical Conditions

Please list all known Medical Conditions: _____

Allergic to any of the following: *(Check All That Apply)*

Bee Stings/Insect Bites

Foods: _____

Medication(s): _____

Other: _____

List all medications your child has currently been prescribed

Medication Name, Dosage, and time administered: _____

<i>Family Physician:</i>	<i>Phone Number:</i>
<i>Family Dentist:</i>	<i>Phone Number:</i>
<i>Hospital:</i>	<i>Phone Number:</i>

The Heir Force Community School has my permission, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

The Heir Force Community School DOES NOT have permission to transport my child to the hospital.

Parent/Guardian: _____

(PRINT)

Parent/Guardian Signature: _____ **Date:** _____

Previous School Information

Has the student been expelled from the previous school? Yes ___ No ___
Dates: _____ Reason(s): _____

Has your child ever been retained? Yes ___ No ___ If yes, what grade: _____

Is your child **currently** under any expulsion or suspension? Yes ___ No ___ If yes,
number of days _____ Date That It Ends: _____

******(If Yes Parent/Administration Meeting Required Before Enrollment)***

Is your child currently involved in the Juvenile Court System? Yes ___ No ___
(If Yes, please provide name of the probation or Parole Officer): _____

******(If Yes Parent/Administration Meeting Required Before Enrollment)***

Is there a restraining order pertaining to this student? Yes ___ No ___ ***(If yes, a legal document copy is required)***

Name of the school the student previously attended: _____

How did you hear about us? Previously Attended ___ Word of Mouth ___ Other (please explain): _____

Please List his/her siblings and grade who are attending HFCS '17-'18:

Dismissal for Child

(please specify with the office if dismissal varies throughout the week)

Pick up ___ UMADOP (M-Th) ___ ← please pick a Friday dismissal option
Walker ___ (3-8 only) Other: _____

Will your student require bus transportation? Yes ___ No ___

**(Please Note: Bus Transportation Provided by Lima City & Elida ONLY!)
Eligibility will be approved by the transporting school. (Must live 1.5 miles from school for Lima Busing only)**

Parent/Guardian: _____

(PRINT)

Parent/Guardian Signature: _____ Date: _____

Section #1: Camera Surveillance & Photo Release Waiver

Upon my signature, I hereby grant the Heir Force Community School (HFCS) the right to monitor and observe my child via cameras in the classroom for the health, welfare and safety of all HFCS students and staff. I understand that camera monitoring is being recorded for internal school use only for the purposes of discipline and safety. I also grant HFCS all rights to use still photographic, video, and/or motion picture images and sound of my child during school or associated activities for the purpose(s) of student of the month, recruitment and public relations, teacher professional development and social media. The intended use of these images and sound is to feature teachers and/or students engaged in or discussing learning activities in the classroom. I further agree to forfeit any and all financial and other claims to the aforementioned imagery and sound.

Section #2: Non-discriminatory Policy

The Heir Force Community School admits students of any race, color, nationality and/or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race color, nationality and/or ethnic origin in administration of its educational policies, admission policies, scholarship programs, athletic programs and/or other school-administered programs. Furthermore, HFCS is not intended to be an alternative to court, administrative agency ordered or public school initiated desegregation.

Section #3: HFCS Student and Parent Handbook Agreement

I agree to all the policies, practices and procedures conducted by Heir Force Community School. I will explain these rules to my child and take full responsibility to ensure that my child will abide by the guidelines in the handbook. I agree to work in conjunction with all teachers, aides, administrators and school board members as defined in the handbook.

Section #4: Liability Waiver

I understand that changes to any information on these forms are my responsibility as the parent/guardian and must be reported to the school office immediately. I do not, in any way, hold Heir Force Community School responsible for any decisions made based on information that was not updated by me, the parent/guardian. I also understand that Heir Force Community School does not accept any changes (i.e. dismissal, authorized pick-ups, etc.) from my child or anyone else other than myself, the parent/guardian.

Section #4: Paid Book Fee is NON Refundable.

By signing this document, I _____ agree that I have read, understand and agree to the Policies outlined in Section 1, 2, 3, & 4.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

PARENT COMMUNICATION FORM

ONLY list the name and number that you wish to be contacted for the following:

- Upcoming Events
- School Delay/Cancellations
- School Events
- Other important school information.

You can also visit our website at www.heirforcecs.com

Or

Like us on Facebook

In order to receive text messaging you **MUST** be signed up to receive a phone tree and text the word **ALERT to 22300.**

Phone Tree

1. _____ Number Belongs to: _____
2. _____ Number belongs to: _____

Please notify the office anytime this information should change.

School Academic and Activity Transport Permission

Academic Programs:

Yes, Heir Force Community School has permission to transport my child to the appropriate building (Grand Ave. or Impact Center) to participate in scheduled academic programs (i.e. testing, academic assemblies). I understand that my child will be transported by bus or shuttle and returned to their class building upon completion of the program. I also understand that the Heir Force Community School will not be liable for any injuries or illnesses that may occur to my child or for any lost or damaged items. My signature below signifies that I fully understand, agree to, and give my child consent to participate in the scheduled academic programs.

Parent Signature: _____ Date: _____

Activity Programs:

Yes, Heir Force Community School has permission to transport my child to the appropriate building (Grand Ave. or Impact Center) to participate in scheduled activity programs (i.e. spirit day, field day). I understand that my child will be transported by bus or shuttle and returned to their class building upon completion of the program. I also understand that the Heir Force Community School will not be liable for any injuries or illnesses that may occur to my child or for any lost or damaged items. My signature below signifies that I fully understand, agree to, and give my child consent to participate in the scheduled activity programs.

Parent Signature: _____ Date: _____

Program Rehearsals:

Yes, Heir Force Community School has permission to transport my child to Cornerstone Harvest Church/Impact Center to participate in scheduled rehearsals (i.e. Holiday Program, Spring Program). I understand that my child will be transported by bus or shuttle and returned to their class building upon completion of the rehearsal. I also understand that the Heir Force Community School will not be liable for any injuries or illnesses that may occur to my child or for any lost or damaged items. My signature below signifies that I fully understand, agree to, and give my child consent to participate in the scheduled program rehearsals.

Parent Signature: _____ Date: _____

My signature acknowledges that as the Parent/Guardian, I understand that I am obligated to notify Heir Force Community School immediately if there is a change in any of the above information.

Dress Code Policy

Daily Attire - Students are **required** to wear specific uniform apparel as selected by Heir Force Community School. Acceptable uniform items are listed below. Uniforms can be purchased at:

Ward Apparel
2100 Harding Hwy.
Lima, OH
(567)-940-9965

OR

Lions Clothing
206 N. Main Street,
Delphos, OH
(419) 692-9981

Dress Code Policy

Daily Attire - Students are required to wear specific uniform apparel as selected by HFCS. Students will be expected to be in the appropriate uniform on a daily basis. Acceptable uniform items are listed below.

Girls (required): **Plaid # 41** skirt (no shorter than two inches above the knee) and long sleeve yellow blouse.

Optional Items: **Plaid # 41** skort or jumper (no shorter than two inches above the knee), short sleeve yellow blouse, long sleeve navy blue sweater, hair accessories (scrunchies and headbands).

Boys (required): Navy blue pants (worn at waist, “sagging” is not permitted), brown or black belt, long sleeve light blue oxford shirt and **Plaid # 41**; neck tie.

Optional Items: Navy blue shorts, short sleeve light blue oxford shirt, navy blue sleeveless sweater vest, navy blue long sleeve sweater.

Shirts and blouses are to be tucked in at all times with all buttons buttoned properly. Only plain, white undershirts may be worn with uniform shirts and blouses. The sleeves of any undershirt must be as short as or shorter than the uniform shirt or blouse it is worn under. A student’s undershirt should not include wording or color that can be seen through their uniform shirt or blouse. **Sweatshirts and hoodies will not be allowed to be worn as substitutes for sweaters.**

Shoes & Socks - Black or dark brown school shoes are to be worn. No sandals (flip flops, athletic sandals, slip-ons) open toe, or tennis shoes are permitted to be worn to school. Boots may be worn from Thanksgiving until March. Socks must be worn at school and should be black or navy for boys and white, black or navy for girls. Girls may wear white, black or navy tights as an alternative to socks. Girls may wear white, black or navy full length leggings from Thanksgiving to March.

Jewelry - Girls may wear stud or hoop earrings 1/4 inch in diameter or smaller. Boys are not permitted to wear earrings. All students may wear watches without alarms. Silly bands and other elastic wristbands are not permitted (with the exception of *Character Counts* bands).

General Appearance- Face artistry, visible tattoos and body piercings are prohibited. Hair may not be dyed unnatural colors (pink, blue, etc). Girls may wear modest make-up.

Dress Code Violations

Disciplinary steps will progress as outlined in the Student Conduct and Discipline Policy section of Handbook for any student that violates the dress code. HFCS is not responsible for lost or damaged clothing items.

All students enrolled in the Heir Force Community School are expected to adhere to the following dress code regulations. **In all cases of questionable dress, the school administrators reserve the right to make judgments and decisions regarding “appropriateness and acceptability” of uniform clothing and shoes.**

“Shaping Tomorrow’s Leaders, One Child at a Time”

CONSENT FOR STUDENT RECORD RELEASE

FOR REVIEW ONLY

3/17

Send To:
ADMINISTRATION OFFICE
Dr. Willie Heggins, Director of Education
HEIR FORCE COMMUNITY SCHOOL
150 W. Grand Avenue
LIMA, OH 45801

STUDENT: _____

HOME ADDRESS: _____

AGE: _____ BIRTHDATE: _____ TODAY’S DATE: _____

- LAST SCHOOL ATTENDED: _____ Grade Level Going Into _____
Address of above school attended _____
Ph #. _____ FAX # _____

Specific Data to be released:

- All personally identifiable data on file
- Test Scores/Prof./Standardized
- Current Grades/Copy of grade card
- Attendance Record
- Health/Immunization Record
- Multi-factored Evaluations/Psychological Evaluation
- IEP/ETR if applicable
- Discipline report(s)

Reason for request: (Please check)

_____ To aid in present and future educational decisions.

_____ Other: (specify) _____

Signature of parent/guardian: _____ Date: _____

HFCS Office Use Only

1st Request Dates Records Requested ___/___/___ By: ___ Date Records Received ___/___/___
By: _____
2nd Request Dates Records Requested ___/___/___ By: ___
3rd Request Dates Records Requested ___/___/___ By: ___

Previous School Notified that Student Enrolled in to Heir Force Community School
Dated _____ By: _____

DARWIN O. LOFTON, EXECUTIVE DIRECTOR

K-2ND – C/O 150 W. GRAND AVE., LIMA, OH 45801 PH.#419-228-9241 OPT.#1; FAX #567-712-6694

3RD-8TH-150 W. GRAND AVE., LIMA, OH 45801; PH#419-228-9241OPT #2; FAX#419-228-1555

Student Name _____

Grade _____

(Please note: Testing for 1st – 8th Grade Only)! (revised 3/17)

I understand that my child will be required to participate in a screening assessment as part of the enrollment process. This assessment will be used to determine the instructional level of my child in both Reading and Math. The results of these assessments will be explained to me and will be used to assist H.F.C.S. in the decision of the proper instructional grade level placement for my child. This assessment does NOT determine the acceptance of my child, but rather is only used as guidance for proper grade level placement. I understand that the H.F.C.S placement of my child may not be the recommended placement from my child's previous school.

Please check one of the available screening assessment dates **AND** circle the best available time:

- Mon., June 5th 9:30 am or 11 am
- Tues., June 6th 9:30 am or 11 am
- Wed., June 7th 9:30 am or 11 am
- Thurs., June 8th 9:30 am or 11 am
- Friday, June 9th 9:30 am or 11am
- Mon., July 29th - 10am or 5pm
- Tues., August 1st - 10am or 5pm
- None of these work for me, please call to schedule an alternate date.

Parent's Signature: _____ Date: _____

New Student Questionnaire (Revised: 4/30/2015)

Personal

1. What was your primary reason for bringing your child to Heir Force Community School? Check all that apply.

- ___ Problem(s) at previous schools
- ___ Better education
- ___ Smaller school
- ___ Other _____

2. Please rate in order what you feel is most important for your child? (1 highest, 4 least)

- ___ Safety (security & stability)
- ___ Sense of belonging & relationships
- ___ Self Esteem
- ___ Achievement and academic success

3. Which best describes your child's personality?

- ___ Outgoing and sociable
- ___ Likes to plan things out before doing
- ___ Takes charge and takes the lead
- ___ Goes with the flow

4. What are some hobbies and interests your child has away from school? Please list as many as you would like:

Academic

5. How would you rate your child's ability when it comes to academics? Please choose one.

My child excels in the following subjects -*Circle* all that apply (reading, math, science, social studies)

My child requires some extra help to be successful in the following subjects-*Circle* all that apply (reading, math, science, social studies)

My child needs assistance based on their IEP

6. What school district(s) has your child attended? Check all that apply:

Lima City Shawnee Bath
 Elida Perry Other

Behavior/Character

7. How often does your child have conflicts with teachers? Please check one.

Never
 Occasionally
 Frequently
 Most of the time

8. How would you describe your child's relationships with other students?

Makes friends easily
 Prefers to be alone
 Sometimes can't get along
 Relates better with adults

Family

9. What are your child's study habits at home?

My child completes homework alone
 We often study and do homework together
 My child does their homework and studying away from home
 My child doesn't usually have homework

10. Select which best describes the type of relationship you want to have with our school?

- I prefer to only be involved when there is a concern
- I prefer to communicate with teachers and administrators through email, text messages and phone calls
- I prefer to communicate with teachers and administrators in face to face meetings
- I prefer to be actively involved at school when it relates to parent events, school events, volunteering, academic programs

11. What does your child like most about being at school?

- Learning new things
- Being with friends
- Interacting with teachers

March 17th, 2017

Dear Parent/Guardian,

This letter is to inform you that according to Ohio Revised Code 3314.041, your child(ren) will be taking proficiency tests and other examinations prescribed by law in the State of Ohio while he/she is here at Heir Force Community School.

This is also to inform you that according to Ohio Revised Code 3314.03(A)(11)(d), your child(ren) will be screened for the following tests: hearing, vision, speech, communications, medical problems, and developmental disorders sometime between the first day of school but before November 1 st .

If you have any questions regarding the above information, please call the school office at (419) 228-9241.

Thank you,



Darwin Lofton
Execor Director

