

**AUGLAIZE COUNTY EDUCATIONAL
SERVICE CENTER
SPECIAL EDUCATION PROGRAM**

2021-2022

Auglaize County ESC
1045 Dearbaugh Ave., Suite 2
Wapakoneta, OH 45895
(419) 738-3422

www.auglaizeesc.org



Student Enrollment Packet



1045 Dearbaugh Ave., Suite 2 Wapakoneta, OH 45895
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Special Education Program 2021-22 Registration Packet

Emergency Contact Form

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority; when parents cannot be reached. It is the **parent's responsibility to notify the school of any change in information.** The school does not provide accident/injury insurance. Financial obligations for medical expenses are a parent/student responsibility.

Student Name: _____ **Date of Birth:** _____ Male Female
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Residential Parent/Guardian

Mother/Legal Guardian _____ Contact Number(s) _____
 Father/Legal Guardian _____ Contact Number(s) _____

List (3) Emergency Contacts if parents cannot be reached:

1. Name/Relationship/Phone Number: _____
2. Name/Relationship/Phone Number: _____
3. Name/Relationship/Phone Number: _____

Part I *or* Part II must be completed

Part I – Consent of Medical Care

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor's Name _____
Address and Phone Number

Dentist's Name _____
Address and Phone Number

Local Hospital _____
Address and Phone Number

In the event reasonable attempt 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 designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the student's medical history including allergies, medications being taken, and any physical impairments to which a physician alert:

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

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 actions:

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



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Emergency Medical Form

Child's Name: _____ **Birthdate:** _____

Diagnosis/Physical Handicap/Disability _____

Medical Issues: (check issues which apply to your child)

- | | | | | |
|---------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Heart | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Speech | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Behavior | <input type="checkbox"/> Other |

Please explain: _____

Medical Supports:

Does your child carry any medical supports with (epi-pen, inhaler, food medical reasons, etc.) **YES** or **NO**
If so, how/when does your child transport them?

Medications: Please list all medications routinely given whether at home or school.

Medication _____ Medication _____ Medication _____

Medication _____ Medication _____ Medication _____

Allergies: Please List all allergies to medications, foods, pets, etc.

Allergies _____ Allergies _____ Allergies _____

Allergies _____ Allergies _____ Allergies _____

Special Transportation Needs (as listed on IEP): Harness, Music, Book(s) preferential seating

Special Equipment: Glasses, Braces, Hearing Aids, etc... _____

Any Physical Limitations? (Explain) _____

Special Concerns: (Please explain any concerns)

Can your child get on and off a bus independently? _____

Does your child have difficulty sitting still? _____

Does your child understand most everything told to him? _____

Can your child express his needs and wants? _____

Does your child have any fears or issues riding a bus? _____

Is there anything we need to know to transport your child safely? _____



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Emergency Medical Form

Emergency Contacts *(Required of ALL Students)*

Parents: This form is **extremely** important, as we will use this to make contact if your child becomes ill, has been injured, or if we need to contact you immediately. Please **notify** us if contact names/phone numbers change during school year.

A. Please complete the following:

Students Name: _____

Street Address:
City/State/Zip:
City of Birth Place:
Date of Birth:

Mother/Legal Guardian Name:	Employer
Street Address:	Address
City/State/Zip:	City/State/Zip
Phone Number:	Phone Number
Cell Phone:	Department

Father/Legal Guardian Name:	Employer
Street Address:	Address
City/State/Zip:	City/State/Zip
Phone Number:	Phone Number
Cell Phone:	Department

B. List the names and relationships of person who have permission to pick your child up from school or meet the child at the bus stop. *(No one else will be permitted to pick up your child without written permission from you.)*

Name	Relationship to Student	Telephone Number
1.		
2.		
3.		

C. The following people DO NOT have permission to pick up or meet my child:

Name	Relationship to Student	Telephone Number
1.		
2.		
3.		

*** We must have a copy of a court order to prohibit a parent from interaction with their child.***



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Preferred Contact/Permissions Form

Dear Parents: In order to maximize the school learning experience, it is important that the school and the parents/guardians communicate regularly. In case of an emergency, we will use your emergency contact information, but we also need a convenient method of communication for non-emergency situations and information sharing conversations. Email addresses will only be used for the purpose of communication with parents from the teacher and will be kept confidential. We hope to use email more often to share information with parents during the school year.

Student's Name: _____

Preferred method of contacting during school hours (no emergency)

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Home Phone Number:
<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone Number:
<input type="checkbox"/>	<input type="checkbox"/>	Work Phone Number:

PERMISSION FOR PHOTOGRAPHS/VIDEOTAPING

Photographs or videotapes may be taken of your child with his/her class to use for professional training or for public awareness. Please indicate if we have your permission to use your child's photograph or videotape.

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	I give my permission for photographs or videotapes to be used for professional training.
<input type="checkbox"/>	<input type="checkbox"/>	I give my permission for photographs or videotapes to be used for community publication including sharing with other families.
<input type="checkbox"/>	<input type="checkbox"/>	I give my permission for photographs or videotapes to be posted on Facebook.

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



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Acceptable Use and Internet Safety

Page 1 of 2

COMPUTER/ONLINE SERVICES (Acceptable Use and Internet Safety)

Technology can greatly enhance the instructional program, as well as the efficiency of the Educational Service Center. The Governing Board recognizes that careful planning is essential to ensure the successful, equitable and cost-effective implementation of technology-based materials, equipment, systems, and networks. Computers and use of Educational Service Center network or on-line services support learning and enhance with many computers are to be used in a responsible, efficient, ethical and legal manner. Failure to adhere to this policy and the guidelines below will result in the revocation of the user's access privilege. Unacceptable uses of the computer/network include but are not limited to:

1. Violating the conditions of State and Federal law dealing with students' and employees' rights to privacy, including unauthorized disclosure, use and dissemination of personal information;
2. Using profanity, obscenity, or other language which may be offensive to another user; or intended to harass, intimidate or bully other users;
3. Accessing personal social networking websites for non-educational purposes;
4. Reposting (forwarding) personal communication without the author's prior consent;
5. Copying commercial software and/or other material in violation of copyright law;
6. Using the network for financial gain, for commercial activity or for any illegal activity;
7. "hacking" or gaining unauthorized access to other computers or other computer systems, or attempting to gain such unauthorized access;
8. Accessing and/or viewing inappropriate material and;
9. Downloading of freeware or shapeware programs.

The Superintendent/designee shall develop a plan to address the short-and long-term technology needs and provide for compatibility of resources among school sites, offices and other operations. As a basis for this plan, he/she shall examine and compare the costs and benefits of various resources and shall identify the blend of technologies and level of service necessary to support the instructional program.

Because access to on-line services provides connections to other computer, systems located all over the world, users (and parents of users who are under 18 years old) must understand that neither the school nor the Educational Service Center can control the content of the information available on these systems. Some of the information available is controversial and sometimes offensive.

The Governing Board does not condone the use of such materials. Employees, students and parents of students must be aware that the privileges to access on-line services are withdrawn from users who do not respect the rights of others or who do not follow the rules and regulations established. A user's agreement is signed to indicate the user's acknowledgment of the rules and regulations for computer/online services use. The Educational Service Center has also contracted service for monitoring a running log of Internet activity, recording which sites a particular user has visited through ACESC.

"Harmful to minors" is defined as any picture, image, graphic image file or other visual depiction that:

1. Taken as a whole and with respect to minors, appeals to an offensive interest in nudity, sex or excretion;
2. 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 lewd exhibition or genitals or;
3. Taken as a whole, lacks serious literary, artistic, political or scientific value as to minors.

Annually, a student who wishes to have computer network and Internet access during the school year must read the acceptable use and Internet safety policy and submit a properly signed agreement form. Students and staff are asked to sign a new agreement each year after reviewing the policies and regulations of the Educational Service Center



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COMPUTER NETWORK AGREEMENT FORM

I hereby apply for a student/employee account on the Auglaize County Educational Service Center computer network:

Circle One: Student Employee

Name: _____
 School: _____
 Home address: _____
 City/State/Zip: _____
 Phone Number: _____

I have read and I understand this computer policy and its guidelines and regulations and agree to abide by all of the rules and standards for acceptable use stated therein. I further state that all information provided for the creation of this account is truthful and accurate.

Signature: _____ Date: _____

**Parental Release Form
 (for students under 18 years of age)**

I/We, _____, the parent(s) of _____
 Have read and understand the computer policy and its guidelines and regulations and we agree to its terms and conditions. We confirm our child's use of computer network from home or outsider of the classroom.

Signature: _____ Date: _____



AUGLAIZE COUNTY ESC
EDUCATE SERVE CONNECT

Auglaize County Educational Service Center

Districts are required to identify students whose parents or legal guardians have been an active member of the Armed Forces or National Guard at any time throughout the current school year.

Students Name _____

_____ - Active Duty – Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corp or Coast Guard)

_____ - National Guard – Student is a dependent of a member of the National Guard (Army or Air Force)

_____ - Student is not a dependent of an active member of the Armed Forces or National Guard

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____