



Parents and Student(s),

Congratulations on your decision to make Garaway Virtual Academy (GVA) your educational choice. We welcome you to our Garaway family and aim to serve in an individualized, customized, and relational fashion.

To begin this new journey, there are certain forms to fill out. You will notice that most forms have directions at the top to know whether it will apply to your specific situation. Please contact us at any time with any question that make arise when filling out the forms at 330-852-4699.

The first step in the process is informing your former school of your intention to enroll elsewhere to avoid any confusion. Please do this immediately.

The next step is filling out the school forms. Only certain forms apply to certain situations, so please read the notes carefully at the top of certain forms. Items to be filled out are as follows:

1. Registration Form
2. Custody Form
3. Racial/Ethnic Data Form
4. Interdistrict Open Enrollment Form
5. Emergency Medical Form
6. Computer Care Form
7. Acceptable Use Policy Form
8. GVA Honor Certification
9. GVA Handbook Certification
10. Optional – Immunization Opt Out Form
11. Seniors Only – Community Service Hour Form (turned in by May 1st prior to graduation)

When enrolling in the Garaway system, our offices must have the following information along with the required forms:

12. Copy of social security card
13. Copy of birth certificate
14. Copy of shot records
15. Copy of custody papers if divorced
16. Copy of most recent IEP if applicable
17. Copy of most recent report card from previous school
18. Copy of parent driver license (to obtain the provided computer)

Thank you for enrolling! We look forward to working with you in GVA!

GARAWAY LOCAL SCHOOLS REGISTRATION FORM

DATE _____

PLEASE PRINT

STUDENT NAME _____ GRADE _____

Last First Middle

 STUDENT ATTENDED GARAWAY SCHOOL DISTRICT BEFORE? Yes No IF YES, BUILDING ATTENDED _____

 OPEN ENROLLMENT: Yes No GENDER: Male Female

SOCIAL SECURITY NUMBER: _____ - _____ - _____

BIRTHDATE _____ / _____ / _____ BIRTH CITY _____ MOTHER'S MAIDEN NAME _____

ADDRESS _____

Street Address
PO Box if applicable

CITY, STATE, ZIP _____

TELEPHONE _____ CELL PHONE _____

Parent Email Address: _____

PREVIOUS DISTRICT: _____ PREVIOUS SCHOOL PHONE: _____

PREVIOUS SCHOOL CITY, STATE, ZIP: _____

HANDICAPPED
CITIZENSHIP
HEALTH

- Not Applicable
- Multi-Handicapped (Not deaf or blind)
- Deaf-Blind
- Hearing Handicapped
- Visually Handicapped
- Speech Handicapped
- Orthopedically Handicapped
- Severe Behavior Handicapped
- Developmentally Handicapped
- Specific Learning Disability
- I.E.P

- U.S. Citizen
- Other/Non U.S. Citizen
- Exchange Student

- Cardiac
- Diabetic
- Epileptic
- Hearing Loss
- Orthopedic
- Speech Defect
- Vision Loss
- Allergies (Severe)

 Other (Please State) _____

FAMILY INFORMATION

 PARENTS: MARRIED DIVORCED SEPERATED NEVER MARRIED DECEASED _____

IF DIVORCED/SEPERATED, WHO HAS LEGAL CUSTODY? _____ RESIDENTIAL PARENT _____

 IS STUDENT COURT PLACED? Yes No IF YES, DISTRICT OF PARENTS' RESIDENCE _____

NAME OF MEMBERS IN THE HOUSEHOLD:

- FATHER'S NAME _____
- STEP FATHER _____
- GUARDIAN _____

- MOTHER'S NAME _____
- STEP MOTHER _____
- GUARDIAN _____

WORK PHONE _____

WORK PHONE _____

NAME AND AGE OF OTHER CHILDREN IN HOUSEHOLD:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

SEE BACK- PARENTS COMPLETE TOP SECTION

Student Name _____

 Custody is not an issue because the parents are still married. Mother was not married at the time of the child's birth, so custody is not an issue Parents are separated but there has been no legal action started that could result in custody being awarded to the other parent. Parents are separated. Action (divorce, dissolution, etc.) has been started but no final decree has been rendered. I will bring in a copy of the papers once they are complete. Parents are divorced. A document verifying custody will be provided at the time of enrollment. Other (please explain or provide documentation) _____

The child named above is in my legal custody, and if necessary, I can and will produce legal documents to verify this custody. I understand that if I cannot produce such verification of custody or other records required of all new enrollees, the student cannot be admitted to school.

Parent Signature _____ Date _____

RACIAL AND ETHNIC DATA

1. Is the respondent **Hispanic/Latino**? YES NO (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

2. Which of the following five racial groups applies to the respondent. Check all that apply:

 American Indian or Alaska 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.

 Asian – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

 Black or African American – Persons having origins in any of the black racial groups in Africa.

 Native Hawaiian or Other Pacific Islander

 White – People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

SPECIFIC DIRECTIONS FOR BUS DRIVER:

Completed by Office: _____

New Student Enrollment Checklist

Student Info Provided by Parent

Copy of Social Security Card*	
Copy of Birth Certificate*	
Copy of Shot Records*	
Copy of Custody Papers if divorced*	
Copy of IEP if Special Education (Forward copy to EMIS Coordinator)	
Copy of Most Recent Report Card (if available)	

*Must obtain from parents before enrolling.

School Info

Completed Registration Form	
Completed Records Request with Signature	
Bus Transportation Arranged	

This form is only to be used by students wishing to enroll into the Garaway system and living outside of the district limits.



**GARAWAY LOCAL SCHOOLS
Interdistrict Open Enrollment
Policies/Procedures/Applications**

School Year:



GARAWAY LOCAL SCHOOLS
Interdistrict Open Enrollment Policy

The Superintendent shall prepare guidelines for the implementation of this policy in ways that comply with relevant State laws and guidelines and establish procedures that provide for the following:

- A. Non-discrimination on the basis of grade level, including pre-school disabled, academic ability; English language proficiency; or any level of artistic, athletic, or extra-curricular skills. A student's application cannot be denied because of disciplinary action in his/her home school, except for a suspension or expulsion for ten (10) days or more that occurs in the current semester or the semester immediately preceding the application. If the District does not currently provide services required for a disabled adjacent-district student, his/her Application may be denied.
- B. Communications with applicants and their parents concerning this policy and the District's guidelines, including the timelines for application and notification.
- C. Athletic eligibility complies with State regulations and the provisions set forth by the Ohio High School Athletic Association.
- D. Any transportation provided by the District for an adjacent-district student takes place within established bus routes within the District.
- E. The administration will determine building assignment, and there is no guarantee that the building assignment (elementary) will prevail in subsequent years.
- F. Applicants shall be considered on a first come, first served basis. Participants in previous projects will be given preference.

The Board reserves the right to object to the transfer of a District student to an adjacent district if that student is included in the 10% funding determination of 64 Stat. 1100 (1950) 20 U.S.C.A. 236 et seq. and 20 U.S.C.A. 238. If the Board of Education of an adjacent district objects to a transfer of one of its students to this District for the same reason, this Board will deny the transfer unless the tuition fee is paid for the student.

This policy shall be reviewed annually by the Board to determine whether to adopt a resolution to continue the policy or to rescind Inter-District Open Enrollment. The Board reserves the right to modify the conditions under which Inter-District Open Enrollment would continue for any particular program, classroom, or school.



GARAWAY LOCAL SCHOOLS
Interdistrict Open Enrollment
Administrative Procedures

1. Any application for an interdistrict transfer must be submitted to the Superintendent's office of the Garaway School District. Parents must indicate acceptance of transfer within seven (7) calendar days after receipt of the interdistrict transfer letter of notification. One application must be submitted for each student who requests an interdistrict transfer.
2. No interdistrict transfer will be permitted if the enrollment of the grade level being requested at the receiving building exceeds the following (virtual school enrollments do not apply):

<u>Grade</u>	<u>Enrollment Limit</u>
KINDERGARTEN	25
GRADE ONE	25
GRADE TWO	25
GRADE THREE	25
GRADE FOUR	25
GRADE FIVE	25
GRADE SIX	25
GRADES 7-8	25*
GRADES 9-12	Shall be established on a course by course basis and/or 100 per grade level maximum.
 SPECIAL EDUCATION	 K – 3 (4 per grade) 4 – 12 (8 per grade)

- Limits for grades 7 and 8 shall be based upon a 25-pupil average per section or 100 per grade level maximum.
3. No student, once accepted, will be displaced should enrollment exceed the limits stated above. The administration will determine building assignment, and there is no guarantee that the building assignment (elementary) will prevail in subsequent years.
 4. Enrollment in a special program, i.e., gifted, LD, DH, etc. will dictate which building a student must attend as units are placed in buildings according to space availability. The class size limits in #2 above will apply for consideration.
 5. Kindergarten students should register at Garaway. Screening dates will be set at the time of registration or soon after. It is suggested that you register your Kindergarten student at your home school in the event Garaway is full. If your Kindergarten student is accepted at Garaway, please notify your District of residence. Completed registration and screening at Garaway does not signify acceptance. Letters will be sent notifying parents of acceptance or denial.
 6. Districts are not required to institute any special education programs to serve transfer students. If a student is evaluated for placement in a special education program, representatives of the district of residence must be invited to participate in the placement meeting.

Interdistrict Open Enrollment Administrative Procedures (continued)

7. All approved transfers are in effect for the current school year only and may be discontinued at the discretion of the administration in subsequent years.
8. Applicants shall be considered on a first-come, first-served basis. Participants in previous projects will be given preference.
9. The Garaway district will accept no responsibility for the transportation of students to other districts or from other districts unless it is deemed practical by the administration.
10. The Garaway district may deny enrollment to students who have been expelled or suspended for ten consecutive days in the current term or the immediately preceding term.
11. Open enrolled students accepted as GVA students initially who may decide to transfer to a brick and mortar setting will have to reapply for open enrollment status into the district. An open-enrolled GVA student status is not transferable to a brick and mortar setting.
12. GVA students only: upon acceptance as an open enrolled student in the GVA program and upon entering the student into the program, it is understood:
 - a. Withdrawing the student prior to the end of the school year will require the family to reimburse the Garaway Local School for costs of enrolling the student into the GVA program. These costs will be billed to the family upon withdrawal.
 - b. Any record transfers to the new school will not occur until the costs are paid in full.



School Year:



GARAWAY LOCAL SCHOOLS
Interdistrict Open Enrollment Application

Application Date _____

School Requested _____

Name of Student _____

Parent/Guardian _____

Residence Address _____

Mailing Address (if different than above) _____

Cell Phone _____ Work Phone _____

Grade level for upcoming school year _____ Date of Birth _____

School District of Residence _____

School district student currently attends _____

Is the student receiving special education services? Yes _____ No _____

If yes, list services _____

Interested in:

- 100% Virtual Learning Blended Learning (Virtual Learning and Classroom) Traditional Classroom

If enrolling for special high school courses, list desired classes.

Parent/Guardian Signature _____

(For Office Use Only)
Interdistrict Enrollment Application

Received: Time _____ Date _____

Approved by _____

Rejected by _____

Reason(s) _____

No student shall be denied admission to the Garaway School District or to a particular course or instructional program or otherwise discriminated against for reasons of race color, national origin, sex, handicap, or any other basis of unlawful discrimination.



Emergency Medical Authorization
Part I-to grant consent

Grade _____

Student's Name _____

Date of Birth _____

Address _____

Telephone _____

City _____ Zip _____

Residential Parent or Guardian*****

Mother _____ Phone _____ Phone _____

Work

Father _____ Phone _____ Phone _____

Work

Relative/Child Care Provider*****

Name _____ Relationship _____

Address _____ Phone _____

City _____ Zip _____

Consent Section*****

In the event reasonable attempts to contact the above persons have been unsuccessful. I hereby give my consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Hospital _____ Phone _____

Emergency Surgery*****

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 BEFORE THE SURGERY IS PERFORMED.

Special Medical History

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

Date _____

Signature of Parent _____

Do not complete Part II if you completed Part I

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 _____



Garaway Virtual Academy
Charles Zobel, Coordinator

Garaway 7-12
Ryan Taggart, Principal

GARAWAY VIRTUAL ACADEMY/ GARAWAY 7-12

146 Dover Road
Sugarcreek, OH 44681

Phone: 330-852-4699
Fax: 330-852-2991

**This form is only for students entering 7th - 12th grades.
Ignore if the student is not entering this grade range.**

REQUEST FOR RELEASE OF STUDENT RECORDS

To: _____ (Student's Previous School)

Phone: _____
Fax: _____

I hereby give my permission for the records of

Name of Student

Birthdate

to be sent to the address indicated below:

To the Attention: Guidance Secretary
Garaway Virtual Academy/Garaway 7-12
146 Dover Road
Sugarcreek, Ohio 44681

Please send the following:

Birth Certificate verification, Social Security # verification, Transcript/Grades Achievement/
Attendance, Name & Address of Parent/Guardian, Grades to date of withdrawal, Test Scores,
Title 1 Reports, Health Records, School/Community Activities, Health/Physical Fitness Data,
Individualized Educational Program (IEP), Legal/Psychological/Medical/Social Reports,
Graduation Requirements

Date

Parent/Guardian Signature



Garaway Virtual Academy
Charles Zobel, Coordinator

Miller Avenue
Curtis Fisher, Principal

**GARAWAY VIRTUAL ACADEMY/
MILLER AVENUE**

840 Miller Avenue
Sugarcreek, Ohio 44681

Phone: 330-852-2441
Fax: 330-852-7702

**This form is only for students entering K-6 and meeting the following criteria:
The student is an K-6 student living outside of the Garaway District**

REQUEST FOR RELEASE OF STUDENT RECORDS

To: _____ (Student's Previous School)

Phone: _____
Fax: _____

I hereby give my permission for the records of

Name of Student Birthdate

to be sent to the address indicated below:

To the Attention: Secretary
Garaway Viirtual Academy/Miller Avenue Elementary School
840 Miller Avenue
Sugarcreek, Ohio 44681

Please send the following:

**Birth Certificate verification, Social Security # verification, Transcript/Grades Achievement/
Attendance, Name & Address of Parent/Guardian, Grades to date of withdrawal, Test Scores,
Title 1 Reports, Health Records, School/Community Activities, Health/Physical Fitness Data,
Individualized Educational Program (IEP), Legal/Psychological/Medical/Social Reports,
Graduation Requirements**

Date Parent/Guardian Signature



Computer Care Policy

Regarding the computer that has been borrowed from Garaway Local Schools, we agree to the following terms:

1. The parent agrees to provide a copy of a current driver's license to Garaway Schools.
2. The student agrees to take good care of the computer and further agrees to return the item in the same physical shape as it was provided. The student further agrees to never leave the computer unsupervised or in an unsecure location, and to never loan the computer to anybody. It is understood that the student must keep food and beverage away from the computer.
3. The student/family agrees to follow the policies outlined in the GVA policy handbook and acceptable use policy at all times.
4. The student/family agrees to bring the computer in to the school when it requires maintenance. It is unacceptable for a student to take the computer apart to perform maintenance.
5. The student agrees to use the computer for educational uses only. It is understood that if a student uses the computer in a fashion inconsistent with educational use that the item may be taken away from the student permanently. Students are not permitted to decorate the computer in anyway with stickers, labels, markers, etc.
6. The family understands that while the school provides a computer for the student(s), the school does not provide Internet service outside of the walls of Garaway.
7. The family understands that if the computer is damaged or destroyed that they are responsible for paying for the items (computer, charger/power cord, case). In the case of theft or fire, it is understood that the family must file a police report.
8. The family understands that this item is under GPS tracking and monitoring while away from Garaway schools.
9. The family understands that the item is under network filtering while away from Garaway Schools. It is further understood that the computer is subject to inspection at any time since it is the property of Garaway Schools.
10. The family understands that the computer, power cord/charger, and case is required to be turned in at the end of each school year in good working condition. Failure to do so will require the family to pay for the item.
11. Students are expected to charge the computer to full capacity each night.
12. It is understood that the student will receive the same computer each year
13. It is understood that other stipulations may be added to this policy at the discretion of the program director if necessary.

Student Signature _____ Student Printed Name _____

Parent Signature _____ Parent Printed Name _____

Date Signed _____



Garaway Local Schools
Technology Acceptable Use Policy Response Form

I have read the “Technology Acceptable Use Policy (AUP) for Students” relating to student use of technology, computer networks, electronic messaging systems, and other technologies of Garaway Schools.

I agree to comply with the “Technology Acceptable Use Policy (AUP) for Students” and understand that access to all technologies may be withdrawn in the event of noncompliance with this policy.

Garaway Institution Attended: Garaway Virtual Academy (GVA)

Signed,

Graduation Year Student Signature

Student Printed Name _____

Parent/Guardian Agreement

In consideration of the privileges and opportunities afforded by the use of the Garaway School technology and computer resources, I hereby release Garaway Schools and its agents from any and all claims of any nature arising from my student’s use or inability to use the Garaway School technology and computer resources.

Parent Signature

Parent Printed Name

Date Signed



GVA HONOR CERTIFICATION FOR TESTING

My signature on this document certifies that I am a student of the Garaway Virtual Academy (GVA) at Garaway Local Schools. My signature also certifies that I will adhere to the following Honor Certification for Testing concerning my work in the online curriculum within the GVA system:

“I will not knowingly engage in any dishonorable behavior, cheat, steal, lie or commit any act of plagiarism during any academic work, course or endeavor.

(Student)

(Parent)

(Date)

Please return this document to Charles Zobel - Virtual Coordinator at czobel@garaway.org or fax to (330) 852-2991 with attn: Charles Zobel or mail to Charles Zobel 146 Dover Road Sugarcreek, OH 44681



GVA HANDBOOK CERTIFICATION

I have read the GVA student handbook as well as the Garaway Local Schools student handbook. I understand all policies contained in these documents and will abide by all policies as set forth in the documents. I understand that failure to abide by the policies may cause removal from the GVA program.

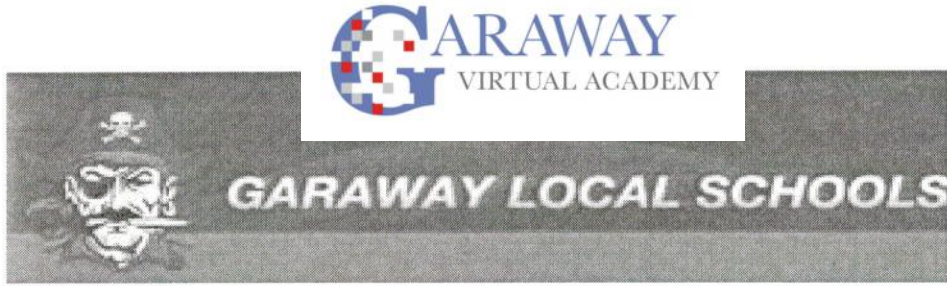
Signed,

(Parent)

(Student)

(Date)

Completion of this form is optional.



School Year: _____

IMMUNIZATION

Amended Substitute Senate Bill #282, Ohio Revised Code, Sections 3313.671, Part (3) and (4)

Section 3313.671, Part (3):

A pupil who presents a written statement of his parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

Section 3313.671, Part (4):

A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against that disease. This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunizations against poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus of the pupils under its jurisdiction.

I, the parent or guardian of the below named child, hereby object to the immunization(s) listed for the following reasons:

CHILD'S NAME: _____

- | | |
|--|--|
| <input type="checkbox"/> Hepatitis B Vaccine (HBV) | <input type="checkbox"/> Rubeola |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Diphtheria/Tetanus/Pertussis (DPT/Tdap) | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Meningococcal |

- Religious Cause:** Please attach a **detailed written statement** explaining the reason the above noted immunizations are being objected to.
- Good Cause:** Please attach a **detailed written statement** explaining the reason the above noted immunizations are being objected to.
- Medical Reason:** You **MUST** have a signed statement from your physician stating the condition and attach it to this form.

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases that the student named here is subject to exclusion from school for the duration of the outbreak. This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

Parent/Guardian's signature _____

Address _____ **Date** _____

Garaway High School
Senior Community Service Form



Name _____

Project #1 Description

Hours _____

Principal Approval _____ Date _____

Signature upon COMPLETION _____ Date _____

Project #2 Description

Hours _____

Principal Approval _____ Date _____

Signature upon COMPLETION _____ Date _____

Project #3 Description

Hours _____

Principal Approval _____ Date _____

Signature upon COMPLETION _____ Date _____

(Office Use Only)

Total Hours Completed _____

Diploma Issued (Date) _____

Principal's Signature _____

**This form is to be approved by the building principal prior to performing the service.
This form is to be turned in no later than May 1st of the current school year.
All senior students are required to complete ten (10) hours of community service in order to graduate.**