

# IRONTON CITY SCHOOLS

"TO TEACH, TO NURTURE, TO SERVE"

## PRESCHOOL REGISTRATION CHECKLIST

### Required Documents:

- ☐ Birth Certificate
- ☐ Immunization Records
- ☐ Physical (Preschool and Kindergarten only)
- ☐ Proof of Residence (Two Current Utility Statements)
- ☐ Parent/Guardian ID ( Driver License or State issued ID)
- ☐ Custody Papers (Copy of Complete Order)
- ☐ Foster/Guardianship Papers (Copy of Complete Order)
- ☐ Grandparent Power of Attorney/Affidavit (Official Form)
- ☐ Income Information (PRESCHOOL ONLY – Recent W-2 or two (2) recent pay stubs)

### Completed Verification Forms:

- ☐ Registration Form (Salmon)
- ☐ Emergency Medical Form (White or Yellow)
- ☐ Transportation Form (White)
- ☐ Open Enrollment Form (If Applicable)
- ☐ 1:1 Initiative Agreement (Blue)
- ☐ Delegated Nursing (White)
- ☐ Routine Trip Permission (White)
- ☐ Child Release Authorization (White)
- ☐ Income Verification Form (Green)
- ☐ Media Release

# IRONTON CITY SCHOOLS

"TO TEACH, TO NURTURE, TO SERVE"

**Ironton Little Tigers Preschool  
Early Childhood Education Program  
Tuition Scale  
2023-2024**

---

**Poverty Level**

0% - 200%

201% and above

**Tuition Rate**

Free \*

\$350.00 a month

- Income must be verified by program staff in order to receive free tuition.
- All families above 200% poverty level will be required to pay tuition on the first school day of each month.
- **Preschool Hours of Operation: 8:00 a.m. to 2:00 p.m. (Monday – Thursday).**

---

**Additional Services**

**After Care:** 2:00 p.m. to 4:00 p.m. (Monday – Friday)

*After Care is one fee for the month regardless of your child's attendance.*

**Additional Fees**

\$100.00 per month

**Friday Care:** 8:00 a.m. to 2:00 p.m.

*Friday Care is one fee for the month regardless of your child's attendance*

\$100.00 per month

---

Tuition and additional fee(s) must be paid monthly on the first school day of the month. It is essential that payments be made promptly in order to ensure the continuity of services. If special circumstances arise, the payment date can be discussed with the teacher. If payments fall more than a week behind, parents may be informed that their child will be withdrawn from the classroom.

If a child misses days during the month, a holiday occurs or a calamity results in school not being in session, the fee remains the same. Due to obligations, there may be occasions when classes will be cancelled or a make-up day scheduled. This will not change the monthly fee. If a parent requests a leave of absence from the classroom, tuition must be paid during the absence to hold the spot in the classroom. If payment is not made on time, another child may be enrolled in that spot.

**Families will be notified by August 1, 2023 if their child has been accepted into the preschool program.**

# **IRONTON CITY SCHOOL DISTRICT 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 an effort to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated.

**PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS DOCUMENT.**

## **STUDENT DATA**

**(EXACTLY AS IT APPEARS ON BIRTH CERTIFICATE)**

Last Name: _____ Last Name Suffix: _____ First Name: _____ Middle Name: _____ Called Name: _____ Street Address: _____ P.O. Box: _____ City: _____ Zip Code: _____ Home Phone: _____ Area Code: _____ Unlisted? YES <input type="checkbox"/> NO <input type="checkbox"/> Date of Birth: Month _____ / Day _____ / Year _____ Birth City: _____ Social Security #: _____ - _____ - _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Grade: _____ Mother's Maiden Name: _____ Email Address: _____ U.S. Citizenship: YES <input type="checkbox"/> NO <input type="checkbox"/>	Indicate country, if child was born outside of the U.S. _____ If child was born outside of the U.S., how many years has he/she been in any U.S. school? _____ Native language spoken in the home if different than English: _____ Is this student Hispanic or Latino? YES <input type="checkbox"/> NO <input type="checkbox"/> What is the student's race? <b>(Circle All That Apply - But At Least One)</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>White</span> <span>Black</span> <span>Asian</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Native Amer./Alaskan Native</span> <span>Native Hawaiian/Pacific Islander</span> </div> Does the student have a parent or legal guardian who is a member of the Armed Forces or National Guard? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, check which applies: <input type="checkbox"/> Active Duty: Student is a dependent of a member of the Active-Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) <input type="checkbox"/> National Guard: Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard) <input type="checkbox"/> Reserves
--	---

STUDENT'S CUSTODIAL FAMILY																	
Biological Parental Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Parents Married <input type="checkbox"/> Parents Separated <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Spouse Deceased																	
<p align="center"><b>MALE</b></p> <input type="checkbox"/> Biological Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other: _____ Last Name: _____ First Name: _____ Address if different than student's: _____	<p align="center"><b>FEMALE</b></p> <input type="checkbox"/> Biological Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other: _____ Last Name: _____ First Name: _____ Address if different than student's: _____																
<p align="center"><b>RESIDENCY</b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Mother Only                         </div> <div style="width: 50%;"> <input type="checkbox"/> Father Only                         </div> <div style="width: 50%;"> <input type="checkbox"/> Mother &amp; Father                         </div> <div style="width: 50%;"> <input type="checkbox"/> Mother &amp; Stepfather                         </div> <div style="width: 50%;"> <input type="checkbox"/> Father &amp; Stepmother                         </div> <div style="width: 50%;"> <input type="checkbox"/> Foster Parent                         </div> <div style="width: 50%;"> <input type="checkbox"/> Court Appointed Guardians                         </div> <div style="width: 50%;"> <input type="checkbox"/> Host Parent                         </div> </div> <input type="checkbox"/> Other (specify): _____	<p align="center"><b>COURT ORDERED PLACEMENT</b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Mother Only                         </div> <div style="width: 50%;"> <input type="checkbox"/> Father Only                         </div> <div style="width: 50%;"> <input type="checkbox"/> Joint Custody                         </div> <div style="width: 50%;"> <input type="checkbox"/> Guardian                         </div> <div style="width: 50%;"> <input type="checkbox"/> Foster Parent (complete form)                         </div> <div style="width: 50%;"> <input type="checkbox"/> Grandparent (under Grandparent Power of Attorney or Caretaker Legislation)                         </div> </div> School District where natural parent resides: _____																
Does your child have an IEP or 504 Plan or has he/she received special education services in the past? YES <input type="checkbox"/> NO <input type="checkbox"/> Will this student ride the bus? YES <input type="checkbox"/> NO <input type="checkbox"/> Has this student ever been expelled/suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> Is this student currently expelled/suspended from another school? YES <input type="checkbox"/> NO <input type="checkbox"/> Has this student previously attended an Ohio School? YES <input type="checkbox"/> NO <input type="checkbox"/> (Including attendance in an Ohio Preschool)	<p align="center"><b>NAMES, BIRTHDATES &amp; AGES OF OTHER SCHOOL AGE CHILDREN</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Name:</td> <td style="width:20%;">Birthdate:</td> <td style="width:15%;">Age:</td> <td style="width:32%;">Grade:</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Name:	Birthdate:	Age:	Grade:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name:	Birthdate:	Age:	Grade:														
_____	_____	_____	_____														
_____	_____	_____	_____														
_____	_____	_____	_____														

Last school attended: \_\_\_\_\_

School address: \_\_\_\_\_

School Phone (including area code): \_\_\_\_\_

**REGISTRATION AUTHORIZATIONS (This section for Preschool only)**

Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster:

- ☐ My Child's Name
- ☐ Family's Name
- ☐ Phone Numbers - home cell work (Circle your choice.)
- ☐ Exempt from immunizations because of religious conviction.
- ☐ Child Immunization records attached.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature indicates authorization for the release of student records from the student's previous school to the Ironton City School District)*

**Office Use Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Admission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Admission Code: \_\_\_\_\_ Admission Reason: \_\_\_\_\_

Date of Birth Verified: YES ☐ NO ☐

Shared Parenting: YES ☐ NO ☐

Proof of Residency: YES ☐ NO ☐

Legal Custody Documents Provided: YES ☐ NO ☐

Court/Foster Placement Form Received: YES ☐ NO ☐

Name \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent(s)/Guardian Name(s) \_\_\_\_\_

\*Home # \_\_\_\_\_ \*Mobile # \_\_\_\_\_ Father's Work \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Email Address: \_\_\_\_\_

(\* Denotes the telephone #s that will be used to contact parents in the event of school delays/cancellations. All numbers listed will be used to contact the parent/guardian in case of an emergency.)

Is this student Hispanic or Latino? (Circle One) Yes No

What is the student's race? (Circle All That Apply – But At Least One)

White

Black

Asian

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

List in order the person to contact and/or person to pick up student when parents/guardians cannot be reached.  
(Students will not be released to anyone whose name is not on the emergency card, and ID must be shown if asked.)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Physician \_\_\_\_\_ Hospital Name \_\_\_\_\_

Name/Telephone # \_\_\_\_\_

Dentist \_\_\_\_\_

Name/Telephone # \_\_\_\_\_

**HEALTH HISTORY**Has your child had or currently have any of these problems listed? If yes, please give details and list medications below

✓	CHECK or CIRCLE EACH ITEM
<input type="checkbox"/>	List Allergies: Meds or Food
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	Benedryl???
<input type="checkbox"/>	Epi-pen???

<input type="checkbox"/>	Asthma - Inhaler???
<input type="checkbox"/>	Diabetes -- Insulin/Glucagon
<input type="checkbox"/>	Seizures - Meds.???
<input type="checkbox"/>	ADD (Attention Deficit) Meds.???
<input type="checkbox"/>	ADHD (Hyperactive Disorder)
<input type="checkbox"/>	Bowel Problems?? - List
<input type="checkbox"/>	Headaches - Meds.???

<input type="checkbox"/>	Hearing Problems/Ear Tubes
<input type="checkbox"/>	Vision Problems-Glasses/Contacts
<input type="checkbox"/>	Urinary problems?? - List
<input type="checkbox"/>	Other Problems - Surgeries
<input type="checkbox"/>	
<input type="checkbox"/>	

**MEDICATION:** (List each medication and reason for taking including any over-the-counter medication – Please specify)

Medication - Dose -Times Taken	Reason for Taking	At School???

DO YOU NEED TO TALK TO A SCHOOL NURSE FOR ANY SPECIAL NURSING NEEDS FOR THIS STUDENT? YES NO  
COMMENTS \_\_\_\_\_

**PART I: CONSENT**

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; 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 of such surgery, are obtained prior to the performance of such surgery.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**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 \_\_\_\_\_

# PHYSICAL EXAMINATION – IRONTON LITTLE TIGERS PRESCHOOL

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_  
 Parents Name: \_\_\_\_\_ Address: \_\_\_\_\_

## Section 1 – Physical Assessment

Did the examination Reveal any abnormalities in the following areas?

General appearance: Yes [ ] No [ ]  
 Skin: Yes [ ] No [ ]  
 Lymph Nodes: Yes [ ] No [ ]  
 Eyes: Yes [ ] No [ ]  
 Ears: Yes [ ] No [ ]  
 Nose/Throat: Yes [ ] No [ ]  
 Teeth, Gums: Yes [ ] No [ ]  
 Tongue and Palate: Yes [ ] No [ ]  
 Heart: Yes [ ] No [ ]  
 Lungs: Yes [ ] No [ ]  
 Abdomen: Yes [ ] No [ ]  
 Genitalia: Yes [ ] No [ ]  
 Skeletal System: Yes [ ] No [ ]  
 Neuro Muscular: Yes [ ] No [ ]

Abnormal/Handicapping  
Conditions

## Section 2 - Screenings

Please indicate screening results:

	DATE	RESULTS	FOLLOW-UP
Dental			
Visual Acuity			
Lead Level			
Hemoglobin			
Height			
Weight			
Sickle Cell Anemia			
Blood Pressure			
Audiogram			
Speech			

Specify Asthma/Allergies \_\_\_\_\_

Medications Prescribed \_\_\_\_\_

## Section 3 - IMMUNIZATION

Please review documentation provided by parent or guardian and complete this record.

IMMUNIZATION	DATE #1	DATE #2	DATE #3	DATE #4	DATE #5	COMMENTS
DTP/DTaP/DT						
OPV/IPV						
MMR						
Hib						
HEPATITIS B						
VARICELLA						
PNUEMOCOCCAL						

Impression: \_\_\_\_\_

Plan: \_\_\_\_\_

### CHILD'S MEDICAL STATEMENT

This is to certify that I have examined the above named child on (date) \_\_\_\_\_ found that this child:

- Has had immunization required by Section 3313.671 of the Revised Code for admission to school, or has had the immunizations required by the state Department of Health for infants and toddlers, or is to be exempted from these requirements for medical reasons ☐, religious ☐, other \_\_\_\_\_
- And based upon his/her medical history and physical condition at the time of this examination, is free from apparent communicable disease and is in suitable condition for enrollment in an early childhood classroom.

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

Source of Payment \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

# IRONTON CITY SCHOOLS

"TO TEACH, TO NURTURE, TO SERVE"

## TRANSPORTATION REQUEST

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Busing to school

YES ☐

NO ☐

Pick Up Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Busing from school

YES ☐

NO ☐

Drop Off Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Siblings:

---

---

---

---

---

---

School Attending:

---

---

---

---

---

---

# IRONTON CITY SCHOOLS

"TO TEACH, TO NURTURE, TO SERVE"

## DELEGATED NURSING FORM

We are required by state law to annually receive permission for any nursing related tasks such as feeding, changing, and toileting which may be delegated to non-nursing personnel, such as your child's teacher or teacher assistant.

I hereby give my permission for trained staff, under the supervision of a Registered Nurse, to perform tasks for the care of \_\_\_\_\_.

(Child's Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

---

## CREAM/OINTMENT MEDICATION FORM

Child's Name: \_\_\_\_\_

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

Name of Cream/Ointment: OTC ointments, creams, lotions, sunscreens

Amount to be Dispensed: As Directed

Instructions for Dispensing: As Needed

Duration of Use: School Year 20 /20.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Nurse Signature)

\_\_\_\_\_  
(Date)



# ROXTON CITY SCHOOLS

"TO TEACH, TO NURTURE, TO SERVE"

## ROUTINE TRIP PERMISSION

Routine trips are defined as frequent, regularly scheduled excursions from the center or program; routine walking trips in the vicinity of the center or program that are part of the curriculum.

### ROUTINE TRIP INFORMATION

Routine Trip Destination(s): \_\_\_\_\_

Date of Permission (valid for one year): \_\_\_\_\_

During this trip children will have access to water that is 18 inches or more in depth:

Yes \_\_\_\_ No \_\_\_\_ (If yes, a swimming permission slip is required.)

Water activities are planned:

Yes \_\_\_\_ No \_\_\_\_ (If yes, a swimming permission slip is required.)

### CHILD INFORMATION

Child's Name: \_\_\_\_\_

My child is: \_\_\_\_ not over 4 years old and/or 40 pounds

\_\_\_\_ over 4 years old and over 40 pounds

### SIGNATURE

I grant permission for my child to participate in routine trips as described above:

Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

# IRON TON CITY SCHOOLS

"TO TEACH, TO NURTURE, TO SERVE"

## CHILD RELEASE AUTHORIZATION

---

Listing of adult persons (at least 18 years of age) authorized to pick up my child at school:

1.	_____	_____
	(Authorized Person's Name)	(Relationship to Child)
2.	_____	_____
	(Authorized Person's Name)	(Relationship to Child)
3.	_____	_____
	(Authorized Person's Name)	(Relationship to Child)
4.	_____	_____
	(Authorized Person's Name)	(Relationship to Child)
5.	_____	_____
	(Authorized Person's Name)	(Relationship to Child)
6.	_____	_____
	(Authorized Person's Name)	(Relationship to Child)
7.	_____	_____
	(Authorized Person's Name)	(Relationship to Child)
8.	_____	_____
	(Authorized Person's Name)	(Relationship to Child)

\_\_\_\_\_  
Date

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

# IRONTON CITY SCHOOLS

"TO TEACH, TO NURTURE, TO SERVE"

## EARLY CHILDHOOD EDUCATION PROGRAM INCOME GUIDELINES AND VERIFICATION SHEET

### Section 1: To Be Completed by the Parent/Guardian

Student's Legal Name, as it appears on the birth certificate:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street) (City, State, Zip Code)

Name of Persons With Whom Student Now Lives: \_\_\_\_\_

Number of Persons Living in Household: \_\_\_\_\_

### Section 2: To Be Completed by School Officials

Student will attend: ☐ A.M. ☐ P.M. ☐ Full Day

Preschool Poverty Level (Check One):

- ☐ A 0-100%  
☐ B 101-125%  
☐ C 126-150%  
☐ D 151-175%  
☐ E 176-185%  
☐ F 186-200%  
☐ G > 200%  
☐ P Parent Refused

Attendance Pattern (Check One):

- ☐ AS Alternative Schedule  
☐ FE Full Day, Every Day  
☐ FO Full Day, Every Other Day  
☐ HE Half Day, Every Day  
☐ HO Half Day, Every Other Day

### Office of Early Learning and School Readiness

#### United States Department of Health and Human Services 2023 FEDERAL POVERTY GUIDELINES

Size of Family Unit	100% Poverty Level	125% Poverty Level	150% Poverty Level	175% Poverty Level	185% Poverty Level	200% Poverty Level
1	\$14,580	\$18,225	\$21,870	\$25,515	\$26,973	\$29,160
2	\$19,720	\$24,650	\$29,580	\$34,510	\$36,482	\$39,440
3	\$24,860	\$31,075	\$37,290	\$43,505	\$45,991	\$49,720
4	\$30,000	\$37,500	\$45,000	\$52,500	\$55,500	\$60,000
5	\$35,140	\$43,925	\$52,710	\$61,495	\$65,009	\$70,280
6	\$40,280	\$50,350	\$60,420	\$70,490	\$74,518	\$80,560
7	\$45,420	\$56,775	\$68,130	\$79,485	\$84,027	\$90,840
8	\$50,560	\$63,200	\$75,840	\$88,480	\$93,536	\$101,120
Family units with more than 8 members	Add \$5,140 for each additional	Add \$6,425 for each additional	Add \$7,710 for each additional	Add \$8,995 for each additional	Add \$9,509 for each additional	Add \$10,280 for each additional

#### 200% of Federal Poverty Level Income Chart

Early Childhood Education funds are required to be used to provide preschool services to economically disadvantaged children whose family income falls at or below 200 percent of the federal poverty level.

Household Size	Annual Income
1	(Income less than) \$29,160
2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120

For each additional family member, add \$10,280 at the 200% level.

**Note:** Programs must use the current year's poverty guidelines for any student enrolled on or after February 1.

# IRONTON CITY SCHOOLS

"TO TEACH, TO NURTURE, TO SERVE"

## 1:1 Initiative Agreement

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agreement between the Ironton City School District and:

\_\_\_\_\_  
Parent/Guardian Name      Student Name      Student ID Number

\_\_\_\_\_  
Street Address      City      State      Zip Code

\_\_\_\_\_  
Home Phone      Work Phone      Mobile Phone

Parent and Student, Initial each line:

\_\_\_\_/\_\_\_\_ I accept responsibility for using the Chrome Device at school and/or outside of school hours.

\_\_\_\_/\_\_\_\_ I have read, understand, and will follow the Student Handbook.

\_\_\_\_/\_\_\_\_ I agree to keep this Chrome Device in my possession at all times. I will not give or lend it.

\_\_\_\_/\_\_\_\_ I will return the Chrome Device to the school whenever I am asked to do so by my teacher(s) or administrator(s).

\_\_\_\_/\_\_\_\_ I will carry the Chrome Device in the provided case to minimize the chances of damage.

\_\_\_\_/\_\_\_\_ I will not use the Chrome Device, in or out of school, for inappropriate or unlawful purposes.

\_\_\_\_/\_\_\_\_ I understand that if this Chrome Device is lost or stolen, I will immediately notify the building principal.

\_\_\_\_/\_\_\_\_ I agree to bring the Chrome Device charged to class every day.

\_\_\_\_/\_\_\_\_ I understand that my parent(s)/guardian(s) and I are responsible for costs associated with loss, damages, or theft of the Chrome Device as outlined in the Student Handbook and any associated addendums.

\_\_\_\_/\_\_\_\_ I agree to return the Chrome Device, charger, and bag/case in good working condition to the school at the conclusion of the school year or directed otherwise.

\_\_\_\_/\_\_\_\_ I understand that failure to comply with any of the guidelines and policies may result in suspension of my Chrome Device usage.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



# IRONTON CITY SCHOOLS

## Media Release

As part of our district plan, the Ironton City School District has adopted measures to more effectively communicate with students and parents. These measures include the use of websites and social media as a means of communication. Information regarding happenings that take place during the school day and extracurricular activities may be found on the district's website as well as other social media forms, including Facebook. On occasion, the district would like to share information that may include a student's name, photos, quotes, sound recordings, videos, projects or class work.

Please complete the form below to grant or deny permission for Ironton City Schools to use your child's name, statements, photos, videos, sound recordings, projects or class work. By giving consent, you are acknowledging that the aforementioned media will be viewed by the general public.

Student's Name (print): \_\_\_\_\_

School:    ☐ IES    ☐ IMS    ☐ IHS

### CONSENT:

*The Ironton City School District, its agents or assigns, have*

*my permission to use my child's name, statement(s), photos, quotes, sound recordings, videos, projects or class work of my child, electric or otherwise, as currently exists or which becomes available in the future) for communication, advertising and publicity. I release the Ironton City School District, its agents or assigns, from any and all claims, damage, injury, arising out of the use of said name, statement, photos, quotes, sound recordings, videos, projects or class work.*

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

### NONCONSENT:

*The Ironton City School District, its agents or assigns, do NOT have my permission to use my child's name, statement(s), photos, quotes, sound recordings, videos, projects or class work of my child, electric or otherwise, as currently exists or which becomes available in the future for communication, advertising and publicity.*

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)