

Filling out the 2022-23 Online Registration forms

Tips

Important Information to Remember

- ❑ Once you enter the site, your student's information should be pre-populated into the forms.
- ❑ NOTE: Choose Yes or No at the end of that section BEFORE trying to update any information.
- ❑ Double check that the pre-populated information is correct, fix any wrong information, complete some new information, and then submit.
- ❑ NOTE: Use the Save and Return button, frequently. This can be found at the top and bottom of the form.
- ❑ NOTE: Please completely fill out Part(s) Two, Five (especially Health History), and Seven.
- ❑ Check each Section.
- ❑ Once you have completed all seven parts,
 - ❑ select Save and Return THEN
 - ❑ Save and Submit to District.



Save & Return Later **Save & Submit to District** **Go Back**

MY ACCOUNT AND PROFILE

Submit & View Online Forms

Enroll New Student(s)

Start here for the 2022-23 Registration forms

Student name

Graham Elementary and Middle School

Grade

Manage My Students

Parent Links

- [PowerSchool Parent Sign-In](#)
- [TCSS School Store](#)
- [Free/Reduced Lunch Application](#)
- [Free/Reduced FAQ's](#)

School Building Information

Student Schedule

You must complete your student's online forms to view schedule information.
Schedule information displayed online is UNOFFICIAL and SUBJECT TO CHANGE AT ANY TIME by the school district.
No schedule found.

Recent News

Upcoming Events

eSchool Dashboard

From here you can

- ❑ submit the 2022-23 Registration forms,
- ❑ link to PowerSchool,
- ❑ pay your student's school fees and
- ❑ fill out the Free and Reduced lunch application.

[Enrolled Student Dashboard](#)[View Online Forms](#)[Enroll New Student\(s\)](#)

PARENT ACCOUNT

Parent name

Email address

Last Access: 6/2/2021 at 11:21 AM

[Update My Account](#)

My Online Forms Available To Submit:

For each of the forms listed below, you may review the form, fill out the information requested, and submit your responses to the district for approval electronically.

Form Name/Title
[Student Contact Form](#)

2022-23 Back To School Form

Status
Saved

Select Student Contact Form.

STUDENT ACCOUNTS

My Student(s):

Student name
Graham Elementary and Middle School

Grade
[Manage My Students](#)

Printable Forms Library

- [Medical Authorization Form](#)
- [Self-Medication for Asthma Inhalers](#)
- [Epinephrine Autoinjector Authorization](#)

STUDENT CONTACT FORM

Instructions:

Please review the information contained below. The information displayed corresponds to the data we have for your student at this time. Please make any changes necessary and click the 'Save & Submit To District' button at the bottom of the form.

Part One: Student Demographic Information

Student Name:

Gender:

Building & Grade Level:

Graham Elementary and Middle School - Grade

Date of Birth:

Residential Address:

I have changes to make to this residential address

County of Residence:

Franklin

Telephone Number:

000 000 0001

Phone Number Type:

Home Phone

Has any information in Part One changed?

Yes

Your student's name, gender, grade, and date of birth should already be in the form.

If you've moved since last year check the box to make changes.

Please proceed to make any necessary changes.

You MUST select Yes or No for each part; regardless if there are changes or NOT.

Part Two: Additional Information About Student

Racial/ethnic group that best describes your child:

Is your student Hispanic or Latino:

I understand that State and Federal regulations require the school district to report each child's ethnicity and race.
I further understand that if I choose not to indicate my child's race, TCS is required to use observer identification to designate the race.

Indicate your acceptance here:

Is the address above temporary or permanent:

Student currently resides in:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other

If living in shared housing, please check all that apply:

Student under 18 years old and living apart from parents/guardians:

Custody/Guardianship Information

If you are NOT the biological or adoptive parent, but have legal custody of the student, please enter

I am the legal guardian of the student:

Relationship to student:

Has any information in Part Two changed?

Please complete ALL of the questions.

Remember, select Yes to edit

or No if there are not changes in the dropdown box at the bottom of each section.

Part Three: Parent Contact Information

Review/Update Your Contact Details

Up-to-date contact information is essential for district messaging and communication purposes.

Parent/Guardian #1

*** Parent/Guardian #1 Always Required***

* Prefix:

Mr.

* First Name:

* Last Name:

* Suffix:

* Relation To Student:

Father

Place of Work:

Family Primary Phone:

Cell/Other Phone:

Work Phone:

Best reached at:

Home Phone

Email Address:

Legal guardian of the student?

Please Select...

Does student live with this person?

Please Select...

Does this person share custody of this student?

Please Select...

Same Address As Child?

Yes

NOTES: Please notify your child's school if there is a change in custody status, if you need to update parent names or information, or if there is a change of residential address. Those changes cannot be made through the use of this form.

Has any information in Part Three changed?

Please Select...

Parent/Guardian #2

The fields below will be blank if there is no 2nd Parent/Guardian for this student.

Prefix:

Mr.

First Name:

Last Name:

Suffix:

Relation To Student:

Mother

Place of Work:

Family Primary Phone:

Cell/Other Phone:

Work Phone:

Best reached at:

Home Phone

Email Address:

Legal guardian of the student?

Please Select...

Does student live with this person?

Please Select...

Does this person share custody of this student?

Please Select...

Same Address As Child?

Yes

Remember, select Yes to edit

or No if there are not changes in the dropdown box at the bottom of each section.

NOTES: Please notify your child's school if there is a change in custody status, if you need to update parent names or information, or if there is a change of residential address. Those changes cannot be made through the use of this form.

Part Four: Emergency Contacts

List only the names (first and last) of those who have the authority to make decisions in an emergency situation involving this student if we cannot reach the parent(s) or guardian(s).

****At least one (1) emergency contact is required, but providing multiple contacts are recommended by the district****

#	First Name	Last Name	Phone	Phone Type	Relationship To Student	Can Pick Up?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Choose <input type="button" value="▼"/>	<input type="text"/>	<input type="checkbox"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Choose <input type="button" value="▼"/>	<input type="text"/>	<input type="checkbox"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Choose <input type="button" value="▼"/>	<input type="text"/>	<input type="checkbox"/>

Has any information in Part Four changed?

Please Select...

Yes, this box again. Please select Yes to edit or No.

Please provide at least one Emergency Contact other than a parent or guardian.

Part Five: Emergency Medical Authorization & Information

Is your student eligible to receive Medicaid? If yes, what is your number?

* Please Select EMA Choice:

Consent To Give Over The Counter Medication

I hereby request and give my permission to the school designee to assist in administering over the counter medication to my child. Over the counter medications available are Tylenol, Advil, Pepto-Bismol, Tums and cough drops.

Student Health Information

Height (in inches, numbers only):

Weight (in pounds, numbers only):

Medication History:

If your child is going to need medications at school, please fill out and return a [Physician Statement to Authorize Dispensing Medication](#)

Present medications given daily:

Reason:

Past medications given daily:

Reason:

Additional Information:

Allergies:

Please describe known allergies below. Indicate severity: **mild, moderate, or severe**

Drugs Food Bees/Wasps Animals Plants Pollen Dust Smoke Latex Molds Mildew Other

Additional allergy information: (Severity, specific allergens, other allergies, etc.)

Allergy Treatment:

Please describe allergy treatment this child currently receives, or has received in the past

Antihistamines

Inhalers

Desensitizing shots

Epi-pen required

Other Allergy Treatment

Injuries, Illnesses and Surgeries

Please list significant history below:

1. Injuries/Illnesses/Surgeries

Age of Child

Hospitalization Date

2.

Part Five: Emergency Medical Authorization

Injuries, Illnesses and Surgeries

Please list significant history below:

Injuries/Illnesses/Surgeries

1.

2.

Age of Child

Hospitalization Date

* Health History

Please check each condition this child has experienced. If your child has experienced none of these, please select "None Applicable" at the bottom:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Rubella (list date below) |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Eczema | <input type="checkbox"/> Kyphosis | <input type="checkbox"/> Seizure disorder (list type below) |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emotional Problems (describe below) | <input type="checkbox"/> Measles (list date below) | <input type="checkbox"/> Sickle cell disease |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Encephalitis (list date below) | <input type="checkbox"/> Meningitis (list type and date below) | <input type="checkbox"/> Substance abuse (list type below) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Exposed to cigarette smoke regularly | <input type="checkbox"/> Multiple ear infections (list last episode, ear tubes and date inserted below) | <input type="checkbox"/> Spinal curvature |
| <input type="checkbox"/> Congenital Abnormalities (Describe below) | <input type="checkbox"/> Frequent respiratory infections | <input type="checkbox"/> Mumps (list date below) | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Cancer (list type below) | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Near drowning or suffocation (list date below) | <input type="checkbox"/> Suicide risk |
| <input type="checkbox"/> Chickenpox (list date below) | <input type="checkbox"/> Headaches (list type below) | <input type="checkbox"/> Nervous tic (list type below) | <input type="checkbox"/> Urinary tract problems |
| <input type="checkbox"/> Chronic bowel problems | <input type="checkbox"/> Heart Disease (list type below) | <input type="checkbox"/> Physical handicap (describe below) | <input type="checkbox"/> Visual problems |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Poisoning (list date below) | <input type="checkbox"/> Wears glass or contacts (list last exam date below) |
| <input type="checkbox"/> Diabetes (list type below) | <input type="checkbox"/> Hearing aids | <input type="checkbox"/> Pregnancy (list date below) | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hepatitis (list type and date below) | <input type="checkbox"/> Rheumatic fever (list date below) | <input type="checkbox"/> None applicable |

Additional health history information (Please describe any details relevant to the items checked above)

Has any information in Part Five changed?

Please Select... 

Yes, this box again. Please select Yes to edit or No.

Part Five: Health Information

Please be as complete
as possible.

Part Six: Building Information & Agreements

Field Trip Consent

<input type="checkbox"/> I give consent	<input checked="" type="checkbox"/> Consent for my student to participate in The Charles School at Ohio Dominican University (TCS) field trips on or off TCS@ODU premises for the 2021-22 school year.
<input type="checkbox"/> I give consent	<input checked="" type="checkbox"/> Permission for my student to ride on a school bus or COTA bus, or to ride with TCS staff, volunteers, or Crew Mentors.

Photographs, Audio, Video, Or Electronic Images

<input type="checkbox"/> I give consent	<input checked="" type="checkbox"/> This applies to photographs, audio, video, or electronic images of my student to be used by TCS 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.
	<input checked="" type="checkbox"/> I understand that my student's full name may also be used on the school website, or by entities outside the school.

Original Works of Art and Written Materials

<input type="checkbox"/> I give consent	<input checked="" type="checkbox"/> This applies to original written materials, artwork, or other work created by my student for external 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.
	<input checked="" type="checkbox"/> I understand that my student's full name may also be used on the school website, or by entities outside the school.

Quoted Statements

<input type="checkbox"/> I give consent	<input checked="" type="checkbox"/> This applies to prepared statements given by student with possible identification by full name, to be used for the purposes of publications, news stories, or interviews about TCS.
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Liability

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> By selecting "Yes" on the dropdown to the left, you are signing the following statement: On behalf of myself and my son/daughter, I hereby release TCS, and their divisions, subsidiaries and affiliates, trustees, officers, employees, agents, staff, students, mentors, instructors or any transportation providers from and against liability for damages of whatever kind and description including loss of life, personal injury, and property damage which may result, directly or indirectly, from the participation of student named above in organized school activities. I further agree to be responsible for property damage caused by the above-mentioned student in connection with his/her participation in activities on and off our school campus.
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TGFS Information and Communication Technologies Acceptable Use Agreement

Please read the [Acceptable Use Agreement](#) document for more information. Please select **yes** or **no** on the below drop-down item to indicate your decision regarding the acceptable use agreement.

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Student Agreement I have read, understand, and agree to abide by the terms of the Acceptable Use Policy , and release the district, its operators, and administration from any and all claims arising from my use or inability to use district ICT resources. Should I commit any violation or in any way misuse my access to the school district's information and communication technologies resources, I understand that my access privilege may be revoked and disciplinary action may be taken.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Parent Agreement I have read, understand, and agree to abide by the terms of the Acceptable Use Policy , and release the district, its operators, and administration from any and all claims arising from my use or inability to use district ICT resources. Should I commit any violation or in any way misuse my access to the school district's information and communication technologies resources, I understand that my access privilege may be revoked and disciplinary action may be taken.

Parent/Guardian Permission for Counseling Services

The purpose of this question is to secure permission from parent(s)/guardian(s) so that their child/children may receive counseling services. Please read the [Parent/Guardian Permission for Counseling Services](#) document for more information. Please select **yes** or **no** on the below drop-down item to indicate your decision regarding counseling services.

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Permission for Counseling Services If 'yes' is indicated, I grant permission for my child to receive counseling services as described in the Parent/Guardian Permission for Counseling Services document.
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Restorative Practices as Disciplinary Alternative

Please read the [Restorative Practices as Disciplinary Alternative](#) document for more information. Please select **yes** or **no** on the below drop-down item to indicate your decision regarding this policy.

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Student Agreement I have read this description of Restorative Practices at The Graham Family of Schools. I (student) am aware and understand that I will be asked to reflect on my behavior if a conflict arises between me and a staff member or another student--especially when it affects my own or another's academic learning or sense of emotional/physical safety. I agree to try to participate in a Restorative Circle Conversation if that is requested of me.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Parent Agreement I (parent/guardian) understand that my student may be asked to participate in a Restorative Circle. I also understand that, if considered necessary, I could be asked to come to school in order to participate in a Restorative Conference with my student and other staff in order to support a productive/safe learning community at TCS.

Exemplary Attendance

Please read the [Exemplary Attendance](#) document for more information. Please select **yes** or **no** on the below drop-down item to indicate your decision regarding this policy.

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Parent Agreement I have read, understand and agree to abide by the above statements.
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Has any information in Part Six changed?

Please Select...

Yes, this box again. Please select Yes to edit or No.



Part Seven: Survey

We are asking you to complete this survey so that we might provide your student with additional supplemental services that they are eligible for here at school.

In order to provide students with appropriate instruction and educational services, it is necessary for us to maintain extensive educational and personal information. It is essential that pertinent information be readily available to appropriate school personnel, and will be guarded as confidential information.

Please complete this form to determine if your student(s) qualify for additional supplemental services.

Section 1

Have you, your family, or a household family member moved within the last 3 years?

Please Select... 

Please select yes or no. Use the click boxes to select answers if yes.

If yes, describe the type of move: (Check All that apply)

- From one **school district** to another
- From one **city/town** to another
- From one **state** to another
- From one **country** to another

Section 2

Has anyone in your immediate family been involved in one of the following occupations, whether full or part-time or temporarily during the last 36 months? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Architecture & Engineering | <input type="checkbox"/> Farming, Fishing, and Forestry | <input type="checkbox"/> Media & Communication |
| <input type="checkbox"/> Arts & Design | <input type="checkbox"/> Food Preparation & Serving | <input type="checkbox"/> Military |
| <input type="checkbox"/> Building & Grounds Cleaning | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Office & Administrative Support |
| <input type="checkbox"/> Business & Financial | <input type="checkbox"/> Installation, Maintenance, & Repair | <input type="checkbox"/> Production |
| <input type="checkbox"/> Community & Social Service | <input type="checkbox"/> Legal | <input type="checkbox"/> Protective Service |
| <input type="checkbox"/> Computer & Information Technology | <input type="checkbox"/> Life, Physical, & Social Science | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Construction & Extraction | <input type="checkbox"/> Management | <input type="checkbox"/> Transportation & Material Moving |
| <input type="checkbox"/> Education, Training, and Library | <input type="checkbox"/> Math | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Entertainment & Sports | | |

Please select all answers that apply and use the drop downs to complete this section.

Section 3

What is the highest level of education completed by parent/guardian 1?

Unknown 

What is the highest level of education completed by parent/guardian 2?

Unknown 

Section 4

Does your student have internet access at home?

Please Select... 

What device(s) will your student use to complete schoolwork at home?

- School issued computer
- Personal computer
- Personal tablet
- Mobile device
- Other

Has any information in Part Seven changed?

Yes 

Yes, this box again. Please select Yes to edit or No.

Part Eight: Electronic Signature & Authorization

"I agree to complete and submit through electronic means this Student Contact Form and such other forms, documents and questionnaires as the school district may require."

Digital Signature of Parent/Guardian

1) Please sign Part 8.

Date

"Pursuant to R.C. 1306.01 to 1306.23 of the Ohio Revised Code, the parties have agreed to receipt and transmission of this Student Contact Form in an electronic format. Under Ohio law, an electronic record and signature satisfies applicable legal requirements and may not be denied full and unconditional legal effect or enforceability solely because it is in electronic form."

(2) Save & Return Later

(3) Save & Submit to District.

If your forms are rejected, please look at the Error message(s), listed in **red**, or look for the **turquoise boxes**.

If you're still having problems contact us at:
614-253-4000 OR
frontdesk@gemsschool.org

Thank You
for completing the required
2022-23 online Registration forms.