

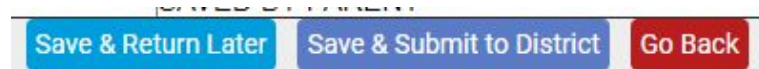
Filling out the 2022-23 Online Registration forms

Tips

A dark blue diagonal gradient bar that starts from the bottom left and extends towards the top right, covering the lower half of the slide.

What we've learned so far:

- ❑ 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.



Welcome

[UPDATE MY ACCOUNT](#)

[LOG OUT](#)

MY ACCOUNT AND PROFILE

[Submit & View Online Forms](#)

[Enroll New Student\(s\)](#)

Start here for the 2022-23 Registration forms

Student name

The Graham 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

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.

2021-22 Back To School Form

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

Saved



Select Student Contact Form.

STUDENT ACCOUNTS

My Student(s):

Student name
The Graham SchoolGrade [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:

Building & Grade Level: **The Graham School -**

Your student's name and grade should already be in the form.

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

Residential Address:

☐ I have changes to make to this residential address

Tick this box if there are changes to your address.

County of Residence:

Franklin

Telephone Number:

Phone Number Type:

Home Phone ▾

Has any information in Part One changed?

Please Select... ▾

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

Part Two: Additional Information About Student

Is the address above temporary or permanent:

Please Select... ▼

Student currently resides in:

Please Select...

- ☐ 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:

Please Select... ▼

Custody/Guardianship Information

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

I am the legal guardian of the student:

Relationship to student:

Has any information in Part Two changed?

Please Select... ▼

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: Mother ▾

Employer:

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: Father ▾

Employer:

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.

Remember, select Yes to edit or No if there are not changes in the dropdown box at the bottom of each section.

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, providing multiple contacts is 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"/>	<input type="text" value="Choose"/>	<input type="text"/>	<input type="checkbox"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="Choose"/>	<input type="text"/>	<input type="checkbox"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="Choose"/>	<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?

Please Select... ▾

If yes, what is your number?

* Please Select EMA Choice:

Please Select... ▾

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.

Please Select... ▾

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:

Part Five:
Emergency Medical
Authorization

Please be as thorough as possible
through this section.

If anything has changed in this section, you will need to go to the
bottom of it to select that information has changed before editing.

Part 5 continued. Again, please be as thorough as possible in this section

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

If anything has changed in this section, you will need to go to the bottom of it to select that information has changed before editing.

Injuries, Illnesses and Surgeries

Please list significant history below:

	Injuries/Illnesses/Surgeries	Age of Child	Hospitalization Date
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 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 |

Part Five continued -
Please be as complete
as possible.

If none of these tick
boxes apply to your
student, please select
the "None applicable"
box.

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 Six: Building Information & Agreements

Field Trip/Field Work Consent

Please read the [Consent for Release Field Trip](#)

I give consent

Consent for my student to participate in The Graham School(TGS) field trips on or off TGS premises for the 2022 school year.

I give consent

Permission for my student to ride on a school bus or COTA bus, or to ride with TGS staff, volunteers, or Crew Mentors

Photographs, Audio, Video, Or Electronic Images

I give consent

This applies to photographs, audio, video, or electronic images of my student to be used by TGS for exhibition, publication, publicity materials, advertising, a news media story, video, audio, or other electronic media, such as television, CD-ROM or DVD.
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

I give consent

This applies to original written materials, artwork, or other work created by my student for external exhibition, publication, publicity materials, advertising, a news media story, video, audio, or other electronic media, such as television, CD-ROM or DVD.
I understand that my student's full name may also be used on the school website, or by entities outside the school.

Quoted Statements

I give consent

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 TGS.

Liability

Yes

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 TGS, 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 any property damage caused by the above-mentioned student in connection with his/her participation in activities on and off our school campus.

TGS 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 dropdown for the acceptable use agreement.

Yes

[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.

Yes

[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.

Please complete ALL of the questions.

Make sure all dropdowns have a response.

If there are changes that need made in the section, you will again have to go to the bottom of the section first and select that information has changed so that the answers can be edited

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.

Yes ▾

[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.

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.

Yes ▾

[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 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.

Yes ▾

[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 TGS.

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.

Yes ▾

[Parent Agreement](#)

I have read, understand and agree to abide by the above statements.

School Device Loan Policy

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

Yes ▾

[Student Agreement](#)

I (student) have read the policy and accept the policy and listed student.

Yes ▾

[Parent Agreement](#)

I (parent/guardian) have read the policy and accept the policy and listed student.

Has any information in Part Six changed?

Please Select... ▾

Please complete
ALL of the
questions.

Make sure all
dropdowns have a
response.

For the full text of any of these agreements, you can click on the blue text in each section and it will take you to a new tab/window with the full agreement. Please note that the School Device Loan Policy is new this year.

Part Seven: 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

Date

3/21/2022

"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."

Save & Return Later

Save & Submit to District

Go Back

Please sign using the same name in the parent information section above. Once all of this is completed, you can click "Save & Submit to District." If there are any errors, the website will let you know and ask you to go back and complete sections that may have been left blank.

Alternatively, you can click "Save & Return Later" if you need to come back to this at a later date/time.

Once you have "Saved and Submitted to District" and no errors come back, you're all set! We will review it on our end and if anything needs corrected, you will receive communication about that from us, so be sure to watch your emails after this has been submitted. Thanks!

If you are having questions or problems after reading through this and watching the tutorial videos, please contact bkossmann.1@thegrahamschool.org or call 614.262.1111.