



BETHEL HIGH SCHOOL

Craig Vasil, High School Principal
Shannon Montgomery, H.S. Secretary

Mara Lance, Guidance Counselor

Virginia Potter, Superintendent
Randy Bryant, Treasurer

Welcome to Bethel High School, home of the Bees.

In order to expedite the enrollment process I suggest the following:

- Print out a copy of the enrollment documentation from our Bethel High School website.
- Complete the pages of the enrollment packet. Drop off or email your information to the High School Office, prior to your student's appointment with our Guidance Counselor.
- Gather mandatory paperwork: Proof of Residency, Custody Documents, Immunization Records, Birth Certificate and Social Security Card.
- If possible bring the latest copy of a grade card or interim report. If applicable bring a copy of the current ETR and IEP.

After completing the steps listed above you can give us a call, (937) 845-9487, to arrange an appointment that will be convenient for you and our Guidance Counselor. The forms can be completed, scanned and emailed back prior to an enrollment meeting.

If you have a question about this process please feel free to call me at the number above or you can email me at MontgomeryS@bethelk12.org

We look forward to seeing you soon.

Shannon Montgomery

High School Secretary

MontgomeryS@bethelk12.org



BETHEL LOCAL SCHOOLS

Mara Lance, Guidance Counselor *Virginia Potter,*

Superintendent Randy

Bryant, Treasurer

7490 South State Route 201, Tipp City, Ohio 45371-9754

(937) 845-9487 • (937) 845-0592 Fax

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NEW STUDENT ENROLLMENT CHECKLIST

NEW STUDENT _____

GRADE _____

WHEN THE FOLLOWING ITEMS ARE COLLECTED THE **LEGAL PARENT/GUARDIAN** SHOULD CALL BETHEL HIGH SCHOOL (845-9487) TO MAKE AN APPOINTMENT TO ENROLL THE STUDENT.

STUDENT MUST ENROLL WITH PARENT OR LEGAL GUARDIAN

BY APPOINTMENT _____

ENROLLMENT DATE _____

STUDENT MUST BE WITHDRAWN FROM PREVIOUS _____

STUDENT CURRENTLY UNDER SUSPENSION? _____

BRING TO YOUR APPOINTMENT: (*documents are mandatory to continue the registration process)

- | | |
|--|--|
| <input type="checkbox"/> BIRTH CERTIFICATE COMPLETED | <input type="checkbox"/> REGISTRATION PACKET |
| <input type="checkbox"/> SOCIAL SECURITY CARD | <input type="checkbox"/> PROOF OF RESIDENCY – Deed, Mortgage, or Lease/Rental Contract |
| <input type="checkbox"/> CUSTODY PAPERS (original) IMMUNIZATION | <input type="checkbox"/> RECORD |
| <input type="checkbox"/> HOME SCHOOL: Documentation from Certified Teacher or Standardized Testing | <input type="checkbox"/> TRANSCRIPT/GRADES/CURRENT SCHEDULE |

IEP/MFE/504 (if applicable) OTELA or ESL INFORMATION

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COUNSELOR CHECKLIST

STUDENT NAME: _____ PARENT NAME: _____

- BUS CARD – MRS. RHOADES/TRANSPORATION
- COURSE CHECKLIST
- DASL – STUDENT NUMBER
- CLASSES SCHEDULED
- SCHEDULE W/FEEES COPIED FOR TEACHERS/OFFICES/COUNSELOR
- LOCKER/COMBINATION
- FEES PAID
- OFFICIAL TRANSCRIPT OF GRADES FROM ACCREDITED SCHOOL (MAY BE OBTAINED AFTER INITIAL APPOINTMENT)
- ICP – (CAREER) FOLDER (OHIO HIGH SCHOOL STUDENTS)
- OGT/OAA – WRITING READING MATHEMATICS CITIZENSHIP SCIENCE
- CREDIT EQUIVALENTS COURSE RE-TAKES
- COMMUNICATION: PROGRESS BOOK/TEACHER’S WEBSITES/SCHOOL WEBSITE/GRADE REPORTS/NEWSLETTER
- INTERVENTION TIME (2:35 – 3:15 MONDAY-THURSDAY)

LUNCH PRICES: \$2.75/REGULAR LUNCH A LA CARTE FROM \$.25 – \$2.50 STUDENT ACTIVITIES:
MIDDLE SCHOOL HIGH SCHOOL

Chess club	Basketball	Academic Team	Green Team
Green Team (EC)	Football	HS Musical	Muse Machine
(Environmental Club)	Cheerleading	National Honor Society	Model UN
Muse Machine	Track	School Newspaper	Student Council
Student Council	Volleyball	JETS:	(Junior Engineering Tech)
		Baseball, Basketball, Cheerleading, Cross Country, Football, Golf, Soccer, Softball, Track, and Volleyball	

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I (Parent or Guardian) _____ give permission for
All cumulative and (or) Special Education records for my son/daughter.

Student’s full legal name _____



BETHEL LOCAL SCHOOLS

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*Superintendent Randy
Bryant, Treasurer*

Student's Date of Birth: _____ Date: _____

Parent/Guardian Signature _____

Please include the following information:

___ Health Immunization Records

___ State Identification Number/SSID #

___ Official Transcript/Withdrawal Grades/Recent Grade Report

___ Social Security #

___ EOC/End of Course Testing

___ Current IEP or 504/ETR (Special Education Records)

___ OTELA Results/English Language

___ Standardized Test Results

Learner(ELL)Information/ Test Data

NAME OF LAST SCHOOL ATTENDED

_____ Street
Address of Last School Attended

_____ City, State, Zip Code

_____ School Phone Number

_____ School Fax Number

Please Email Records to MontgomeryS@bethelk12.org

Shannon Montgomery, High School Secretary

Phone: 937.845.9487

Fax: 937.845.0592

For Office Use Only – Requested Date: _____ 2nd Attempt: _____

BETHEL LOCAL SCHOOL DISTRICT STUDENT REGISTRATION FORM

OFFICE USE		
Enrollment Date _____	ID# _____	Grade _____

Are you a resident of the Bethel Local School District? Yes No
Has your child ever been enrolled in Bethel Schools? Yes No

PLEASE PRINT - (Please use student's legal name)

Student First Name _____ Middle Name _____ Last Name _____

Called Name _____ Student's Social Security # _____ - _____ - _____

Student's Date of Birth _____ Grade: _____ M F Birthplace City _____

Mother's Maiden Name _____

RACIAL/ETHNIC GROUP: Is the student of Hispanic/Latino heritage? Yes No

What race is the student? (Choose one or more)

- White** (Persons having origins in any of the original peoples of Europe, North Africa or the Middle East)
- Black or African American** (Persons having origins in any of the Black racial groups of Africa)
- Asian** (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or Indian sub continent)
- American Indian/Alaskan Native** (People who maintain tribal affiliations or community attachment to the original peoples of North, South, and Central America)
- Native Hawaiian/Other Pacific Islander** (Persons having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands)

ADDRESS OF RESIDENCE

Street Address _____ POBox# _____ Apt.# _____ Lot # _____

City _____ State _____ Zip _____ Home Phone () _____

PARENT INFORMATION – Custodial Information: It is Ohio state law [Ohio Revised Code 3313.672(b)] that each student provide a certified copy of any child custody order or decree which has been issued with respect to the student. The custodial parent of such a student must also provide the Board of Education with certified copies of any later court orders which modify the original custody order or decree.

Please check one of the following statements that apply to your child:

___ Child lives with natural parent(s) or with legally adoptive parents.

___ Parents are divorced or legally separated; child resides with parent that has legal custody by court order.
(If this is your situation, you must provide the school with a copy of the court order within 30 days.)

___ Parents are divorce or legally separated: child resides with parent that DOES NOT have legal custody.
(If this is your situation, you will be asked to obtain legal custody within 60 days.)

___ Child lives with a GUARDIAN who has been granted legal custody by court order.
(If this is your situation, you must provide the school with an original court order.)

___ Child lives with FOSTER PARENTS.
(If this is your situation, you must have a representative from the custodial agency with you; all necessary court orders, proof of district responsibility for educational costs and previous school records at the time of enrollment.) **YOUR CHILD WILL NOT BE ENROLLED WITHOUT MEETING ALL OF THESE REQUIREMENTS.**

___ Child is 18 years of age or older and lives apart from his/her parent or guardian.

___ Tuition Student (Please obtain a tuition agreement with current rates and payment schedule from the Board Office.)

Is this child receiving SPECIAL EDUCATION services? No Yes If yes, does this student have a current IEP? No Yes

Is this child receiving GIFTED EDUCATION services? No Yes If yes, does this student have a current education plan? Yes
No

MOTHER/GUARDIAN:

FATHER/FATHER/GUARDIAN:

Name	Name
Address	Address
City/State/Zip	City/State/Zip
Home Phone	Home Phone
Cell/Pager	Cell/Pager
Email	Email
Place of Employment/Occupation	Place of Employment/Occupation
Work Phone	Work Phone
Stepfather (if applicable)	Stepmother (if applicable)
Work Phone	Cell
Work Phone	Cell

EMERGENCY CONTACT NUMBERS (MINIMUM OF 2 CONTACTS)

Please fill in the necessary information below to authorize the provision of emergency treatment for children who become ill or injured while under school authority. By listing the people below you are giving permission for them to pick up your child from school.

<u>Name</u>	<u>Home #</u>	<u>Cell #</u>	<u>Work #</u>	<u>Relationship to Child</u>
1) _____	()	()	()	Mother/Father/Guardian
2) _____	()	()	()	Mother/Father/Guardian
3) _____	()	()	()	
4) _____	()	()	()	
5) _____	()	()	()	
6) _____	()	()	()	

It is extremely important to provide ANY pertinent medical history or information about existing conditions that may affect your child at school.

Medication(s) _____ **Allergies** _____

Doctor: _____ **Phone ()** _____ **Dentist** _____ **Phone ()** _____

PART I – TO GRANT CONSENT FOR TREATMENT

I give my consent form emergency medical of my child in the event of illness or injury requiring emergency treatment. I wish the school authorities to seek emergency medical assistance in the event that reasonable attempts to contact me have been unsuccessful.

Date: _____ Signature of Parent/Guardian _____

PART II – REFUSAL TO GRANT 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 do not wish the school authorities to seek emergency medical assistance.

Date: _____ Signature of Parent/Guardian _____

File: JO-E

Request that Directory Information not be Released without Prior Written Consent

Dear Parent:

Under state and federal law the District may release directory information to any individual or organization, other than for-profit organizations, such as colleges or the Armed Forces, as well as publish such information on school websites, video and Internet presentations, honor rolls, and in programs for the athletic, music and theater departments..

Please note that accolades for your child such as Student of the Month, Honor Roll, etc. cannot be listed in Bethel Connection or area newspapers if student name, student picture, or student achievement awards or honors sections are checked below. Please give this consideration before marking the sections listed below.

Directory information includes the following kinds of information:

1. student's name
2. student's address
3. student's picture/image
 - a. Photos identified by first name only may be used to illustrate news items, programs or projects on school or District web pages. School and District displays, bulletin boards, slide shows and videos, newsletters and newspapers, yearbooks, brochures, miscellaneous projects, and others as determined by the District will be exempt from withholding permission, as well as photos with six or more children.
4. telephone number(s)
5. student's date and place of birth
6. participation in officially recognized activities and sports
7. student's achievement awards or honors
8. student's weight and height, if a member of an athletic team
9. major field of study
10. dates of attendance ("from and to" dates of enrollment)
11. date of graduation

Please check mark the specific categories of information, if any, listed above that you do not wish to be released without your specific prior written permission.

_____ The release of all Directory Information is denied.

This form must be completed and returned to the principal within 10 days after publication of the notice on "Directory Information" if the release of specific Directory Information is denied. By not signing below, you understand that the Board of Education may release, without prior written consent, the abovelisted directory information in accordance with state and federal law.

Student: _____ School: _____ Grade: _____

Address: _____ Date of Signature: _____

Signature of parent/guardian/student* (*18 years or older) _____

THIS FORM SHALL REMAIN IN EFFECT FOR THE 2017 – 2018 SCHOOL YEAR

Bethel Local School District, Tipp City, OH

Student Acceptable Network and Computer Use Agreement

The purpose of this agreement is to provide Network and Internet access for educational purposes to the student. With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. Bethel Local Schools has taken precautions to restrict access to controversial materials to comply with Children's Internet Privacy Protection Act, known as CIPA.

Educational Purposes Only: The School District is providing access to its computer networks and the Internet for only educational purposes. All other use is expressly forbidden.

More specifically, uses that violate the law or encourage others to violate the law are strictly forbidden. For example, sending offensive or harassing messages; offering for sale or use any illegal substance; viewing, transmitting or downloading pornographic materials; intrude into the networks or computers of others; and downloading or transmitting copyrighted materials including games, music files, or graphic files.

Uses that cause harm to others or damage to their property are forbidden. It is a violation of this Policy to use the School's computer network or the Internet to gain unauthorized access to other computers or computer Systems (**Hacking**), or to attempt to gain such unauthorized access. It is never acceptable to use another person's password or username/screen name.

Uses that do not contribute to the educational process are forbidden.

- Intentionally obtaining copies of, or modifying files, other data, or passwords belonging to other users
- Disrupting the operation of the Network through abuse of the hardware or software
- Installation of software
- Intentionally circumventing filtering or monitoring software.
- Students understand that use of individual **e-mail** accounts will not be permitted. Students shall not use any **Chat Rooms** housed on the Internet or locally.

No personal computers, handhelds, ipods, mp3 players or phones will be allowed access on the District network.

This includes wireless as well as wired devices. As personal electronic equipment increases, the possibility of Network infection by viruses, worms, and malware also increases.

School computers and the district network cannot be used to purchase or sell online.

The School District will monitor and enforce Active Restriction Measures. Network and Internet access is provided as a tool for your education, The School District reserves the right to monitor all usage of the computer network and Internet access. All files shall be and remain the property of The School District and no user shall have any expectation of privacy regarding such materials.

The School, either by itself or in combination with the Data Acquisition Site providing Internet access, will utilize filtering software or other technologies to prevent students from accessing inappropriate material that is harmful to the educational process. The School will also monitor the online and offline activities of students, through direct observation and/or technological means, to ensure that students are not accessing inappropriate material or damaging computers or networks.

The use of the Network is a privilege, which may be revoked by the District at any time and for any reason. The District reserves the right to remove files, limit or deny access, and refer the student for other disciplinary actions. If an infraction of this policy causes damage to a computer or the Network, the student will be liable for any and all repair costs to make the computer or Network once again fully operational and may be subject to other disciplinary measures as determined by the District. This may include having his or her access to the computer network and Internet terminated, which the School District may refuse to reinstate for the remainder of the student's enrollment in the School District. A user violates this Policy by his or her own action, failing to report any violations by other users, or permitting another to use his or her account or password to access the computer network and Internet.

If you wish to view the entire Student Acceptable Use and Network Access Policy Agreement, you may visit the School District or access it on the Internet at <http://neola.com/bethel-oh/search/policies/po7540.htm>.

I have read and agree to abide by the Student Network and Internet Acceptable Use and Safety Policy and Guidelines. I understand that nay violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense. As a user of the Board's computers/network and the Internet, I agree to communicate over the Internet and the Network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature _____ Date _____
Parent/Guardian's Signature _____ Date _____

BETHEL LOCAL SCHOOL DISTRICT HOME LANGUAGE SURVEY (Title VI Compliance Issues 9/91)

School: _____ Grade: _____ Date: _____

Student Name: _____ Home Phone: _____
Last First Middle

Address: _____

Number Street City Zip Code
Date of Birth: ____/____/____ Sex: M ____ F ____ Place of Birth _____

City/State/Country Names of Parents/Guardians:

Mother/Guardian Family Name First Name

Father/Guardian Family Name First Name

Home Phone: _____ Work Phone: _____ Cell Phone: _____

For Parents/Guardians: Please answer the following questions:

1. What language did your child speak when first learning to talk? _____
2. List languages the child speaks most often at home? _____
3. List all languages spoken in the home. _____ Circle language used most often when speaking to your child
4. List languages the child responds to in the home. _____
5. Circle people in your home who speak a language other than English.
Father Mother Grandmother Grandfather Aunt Uncle Cousins Caregiver None

(If English is the only language in the home – go to question #11)

6. What language do the adults speak most often in the home? _____
7. What is the parents' native language? Mother _____ Father _____

8. Which parent speaks English? Mother _____ Father _____ Both _____
9. Which parent reads English? Mother _____ Father _____ Both _____
10. Is an interpreter needed? Yes _____ No _____
11. Circle your child's dietary needs: No restrictions _____ Vegetarian _____ No Pork Products _____
12. List food allergies _____

(Please Print the Following)

13. Father's Name _____ Mother's Name _____

14. List Brothers (Step) 15. List Sisters (Step)

Name	Birth Date	School	Name	Birth Date	School

16. List all schools student attended in U.S. Use back of page if necessary

Name of School	Year	Grade	Location/City	Days Enrolled

Signature of Person Completing Form: _____ Date: _____

BETHEL LOCAL SCHOOL DISTRICT – ETHNIC/RACIAL FORM

Due to mandated data collection and reporting changes from the Ohio Department of Education we are required to collect the following information on each student in our district. We are requesting for each of our participants to self identify and provide this information, however it is optional to self identify. If you choose not to self identify, then please be aware that the provider and sponsoring agency will need to make a judgment of your child's race and ethnicity because Civil Rights law require them to do so.

To self identify, please answer the following questions.

Child's name _____

Ethnic Category: **Check one**

_____ HISPANIC OR LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".

_____ NON-HISPANIC OR LATINO

RACIAL CATEGORIES: **Check all that apply**

_____AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.

_____ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____BLACK OR AFRICAN AMERICAN: A person having origins in any of the black racial groups of Africa.

_____NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____WHITE: A person having origins in any of the original peoples of Europe, the Middle East or North Africa

_____OTHER

Parent/Guardian Signature_____Date_____

PLEASE HAVE YOUR CHILD RETURN THIS TO THEIR HOMEROOM TEACHER OR THE OFFICE

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