



WELCOME!

Thank you for taking the time to inquire about Buckeye Online School for Success.

For your review, we have enclosed an admissions / enrollment packet. **Each form must be completed entirely.** Also, before the enrollment process can be completed, you **must have copies** of the documents that are listed on the enclosed enrollment checklist.

****Please note, If you are a Special Education student currently on an IEP, you must follow the instructions on the Special Education Enrollment Pre-Approval Form before enrollment can be completed.**

***Students who are 18 years of age or older and are registering as their own guardian, must prove they are financially independent by providing a proof of income.**

***All Students entering Kinderqarten for the first time in the 2018-2019 school year, must be 5 years old and enrolled by September 30.**

Once you have completed your enrollment forms and have copies of all required documents-please mail all forms to:

Buckeye Online School For Success- Admissions Department
119 East Fifth St.
East Liverpool, OH 43920

Or Fax to: 1-330-385-4559- Attention Admissions

****DO NOT WITHDRAW YOUR CHILD FROM THEIR PREVIOUS SCHOOL UNTIL YOU HEAR FROM US THAT THEIR ENROLLMENT IS COMPLETE!**

*****Any enrollment received prior to July 1, 2018 will require an "updated Proof of Residence" after that Date.....you will be notified to update prior to the first day of class...***

****PLEASE NOTE- Enrollments are NOT complete if any information or documents are missing!**



Enrollment Checklist

PLEASE FILL OUT AND RETURN THE FOLLOWING FORMS ENCLOSED IN THIS PACKET

- _____ Student Registration Form
- _____ Title I Student Income Form
- _____ Emergency Medical Form
- _____ Boss Contract Signature Page
- _____ Consent for Release of Student Records
- _____ Ethnicity and Race Questionnaire
- _____ Home Language Survey
- _____ Residency and Custody Affidavits (**IF APPLICABLE**)

MAKE LEGIBLE COPIES OF THE FOLLOWING DOCUMENTS-required by the State Board of Education

- _____ **COPY of CERTIFIED BIRTH CERTIFICATE**
- _____ **CERTIFIED COPY of CUSTODY ORDER OR DIVORCE DECREE** (if applies) - Under the Ohio Revised code, proof of custody **MUST** be presented for any student for which custody has been determined by a court. Entire document is required, including judge's signature and file date stamp. **Please provide adoption papers or other guardianship documents.** If you have had a recent name change, please provide the appropriate documentation for that as well.
- _____ **STUDENT IMMUNIZATION RECORDS**
- _____ **CURRENT PROOF OF RESIDENCY** showing your name & address- *gas, electric, water or landline telephone bill, or internet provider bill from the last 90 days, Mortgage Statement, Lease Agreement, Property Tax Statement, Recent bank statement displaying name and residential address, voter registration card, or documents issued by a federal, state or county government dated within 90 days of enrollment.
- _____ **PARENT DRIVERS LICENSE OR STATE ID**
- _____ **STUDENT DRIVERS LICENSE OR STATE ID** (18yrs or older)
- _____ **GRADE CARD (REPORT CARD)**- required for 1st-8th grade students
- _____ **UNOFFICIAL TRANSCRIPT**- required for 9th -12th grade students
- _____ **OHIO STATE TESTING SCORES**- required for **ALL grade levels** along with dates of results.
- _____ **PARENT DEATH CERTIFICATE**--- if applies
- _____ **PROOF OF INCOME / SELF SUPPORT- ONLY for students 18 or over registering as their own Guardian**

**** Please note-- IEP students must follow the enclosed Special Education Enrollment Pre-approval Guidelines**



Student Registration Form - School Year 2018-2019

Student Legal Name _____
Last First Middle

Home Address _____
Number Street City State Zip Code County

Mailing Address (if different) _____

Primary Phone _____ Secondary Phone _____ Alt. Phone _____

Date of Birth _____ Child's Birthplace _____
Month Day Year City, State

Student's Gender: Male Female Student Age _____

What Language is primarily spoken in the home _____

Current Grade level for 2018-2019 _____ Are you repeating this grade? Yes No

Currently receiving Special Education Services (IEP)? *Yes No 504 Accommodations? Yes No

*List any Special Scholarships received thru your School District _____

FAMILY INFORMATION

Are the child's Birth Parents: (circle one)- Married Separated Divorced Never Married Other

Are the Birth Parents Deceased? Yes No * If Yes—who? Father Mother

Father's Name _____

Address _____

Primary Phone _____ Secondary Phone _____ Occupation _____

Mother's Name _____ Maiden Name _____

Address _____

Primary Phone _____ Secondary Phone _____ Occupation _____

Guardian's Name (if applicable) _____

Address _____

Primary Phone _____ Secondary Phone _____ Occupation _____

Student Resides with: (please circle) Parents Father Mother Guardian Self (18 yrs)+

Parent/Guardian E-Mail Address: _____

Are parents legally (circle one) Separated Divorced In process with Court Papers

Do court papers indicate shared parenting or joint custody? Yes _____ No _____

Check here if court placed or foster child *Yes _____ No _____

* If Yes---Who has Residential Custody? (Please circle) Mother Father Guardian

* What is the Residential School District? _____

SCHOOL INFORMATION

What school did the student last attend? (Spell out- no abbreviations) _____

Type of school – (please circle) Home Public Charter Non Public

School Address _____

Phone Number _____ Fax Number _____

What School **District** do you reside in? _____

Have you given notice to the district that you are withdrawing? Yes No If so, when? _____

Date last attended the above school _____

What **District** did your child reside in **Oct. 5-9 2017** _____

Has student previously attended Buckeye Online School? Yes No

Do you currently have a sibling attending Buckeye Online School? Yes No

If Yes---- Name of student currently enrolled _____

If student was not enrolled in school previously, please indicate why: _____ entering Kindergarten _____ Dropout

Other (Please Explain _____

Name any other school attended this past year _____

ADDITIONAL INFORMATION

Do you currently have Internet Service? (REQUIRED) Yes- my provider is _____ No
****Enrollment will not be completed if there is not Internet Service**

Does the student need a school PC package? **Computer-** Yes No

If parents/guardians or adult student recently moved to a new residential school district, are you registered with that district? _____
If so, when? _____

Please sign below indicating that you have provided correct information to the best of your knowledge.

Signature of Parent or Guardian (or student- age 18 or older)

Date

Print Name

How did you hear about us? Friend Radio Facebook YouTube

TV (specify) _____ Web (specify site) _____ Event (specify) _____

*** Copies of Court documents regarding custody issues of student / Death Certificate must be provided for enrollment....**

School Use Only: -----

Date Received: _____ Received By: _____



Special Education Enrollment Pre-Approval Form

Please send the following documents to the Special Education Department for review / approval prior to enrollment.

- **Current / most recent ETR/MFE**
- **Current / most recent IEP**
- **Current / most recent transcript or report card**
- **Most recent State Test scores with dates of participation**
- **Signed Release of Record form (for current/previous school)**
- **Current Address and phone number**

The above items must be included and mailed to the address below:

Buckeye Online School for Success

Attention: Special Education

119 East Fifth St.

East Liverpool, OH 43920

Please call the Special Education Department with any questions:

1-866-642-9237 Ext. 1298 LuAnn Harms



ETHNICITY AND RACE QUESTIONNAIRE

The United States Department of Education, under the No Child Left Behind Act, mandates that school districts collect and report racial and ethnic data. The purpose for collecting this information is to "ensure equal access" to education for all students. BOSS is required to request this information from parents and then report it to the U.S. Department of Education. Thank you in advance for your cooperation.

STUDENT NAME _____

BIRTH DATE _____

1.- ETHNICITY

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

2.- RACE

Please mark one or more of the following describing the race of the student (check ALL that apply):

_____ **WHITE**- People who have 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 in Africa

_____ **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.

_____ **AMERICAN INDIAN OR ALASKAN 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.

_____ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**- Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

(The U.S. Department of Education will allow educational entities to use "observer identifications" of the race and ethnicity of elementary and secondary school students when self-identification or identification by the parents does not occur.)

Parent / Guardian Signature (or Student Signature if over 18)



Consent for Release of Student Records

As the legal parent or guardian of the student below; I am granting permission for the release of records for:

Printed Student Name _____

Last

First

Middle

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Grade Level _____

Signature of Parent / Guardian _____ Date _____

Authorization to release records from:

SCHOOL (spell out-no abbreviations) _____

Address _____

City _____ State _____ Zip _____

SCHOOL PHONE () _____ SCHOOL FAX () _____

PLEASE FORWARD THE FOLLOWING RECORDS:

- *Date of Entrance and Withdrawal
- *Official Transcript / Report Card of All Grades and Credits
- *Standardized Test Results—Must include Dates and Scores
- *All Health Records—including Immunizations, Hearing and Vision Reports
- *IEP and ETR Records (if applies) including Psychological Reports
- *Withdrawal Grades and Credits Received

IF RECORDS ARE NOT AVAILABLE- PLEASE RETURN THIS SHEET INDICATING THE FOLLOWING:

_____ No Records Available Reason _____

_____ Unable to Send Records Reason _____

If you have any questions, please call the Records Retention Officer- Danielle Green , Extension #1274

RECORDS FAX DEPARTMENT FAX # 330-385-4559

Parental Permission is not required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act. Final Rule of Educational Records. Federal Register. June 17, 1976, Vol. 41.No. 118. Page 24673.)



TITLE I STUDENT INCOME FORM

IMPORTANT

Dear Parent or Guardian:

Why should you complete the Title I student income form?

The amount of federal funds your school building receives is dependent on the return of this completed form. These funds pay for additional educational services for students who qualify. These federal funds are known as Title I. Our school provides additional tutoring in reading and mathematics. The Title I law requires that funds be given to schools based on the number of children from low-income families. In order to determine if BOSS will receive Federal Every Student Succeeds Act -Title I funds for reading and mathematics or various other services, specific income information is needed from you. While the amount of money each school receives depends on the number of children from low-income families, the tutoring services are based on the academic need of the students regardless of income.

Even if you are certain your student(s) would NOT be designated as economically disadvantaged, please still complete the form, marked N/A in the income section. That way we will know your household does not qualify as economically disadvantaged. Enclosed is a chart to help you make that determination. We will calculate for you if you prefer.

What happens if you complete the enclosed form?

- *Your name will not be given out
- *Your school may be able to get more money
- *Your money may be used to hire teachers and buy materials
- *Your child or other children may get extra help with reading and mathematics

So please read the enclosed materials closely and complete this form.

Thank you for your cooperation.

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

INCOME ELIGIBILITY GUIDELINES 2017-2018			
Household size	Yearly	Monthly	Weekly
1	\$22,311	\$1,860	\$430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
Each additional person:	7,733	645	149

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Ohio Works First (OWF) case number or other identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (202) 690-7442; or
email: program.intake@usda.gov.

This institution is an equal opportunity provider.



HOME LANGUAGE SURVEY

Date _____

School District: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City/State/Country

Name of Parent/Guardian: _____
Family Name/First Name

Home Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Work Phone _____

For Parents/Guardians:

Please answer the following questions:

1. What language did your son or daughter speak when he or she first learned to talk?

2. What language does your son or daughter use most frequently at home?

3. What language do you use most frequently to your son or daughter?

4. What language do the adults at home most often speak?

5. How long has your son or daughter attended school in the United States?

For School District Personnel:

If the answer to any of the first four questions is a language other than English, indicate the student's native/home language in EMIS Student Data Element (GI270), and proceed to assess the student's English language proficiency.

(Guidelines for the Identification and Assessment of Limited English Proficient Students/English Language Learners Ohio Department of Education, March 2012)



EMERGENCY MEDICAL AUTHORIZATION (ORC 3313.712)

Purpose: To enable parents/guardians to **AUTHORIZE EMERGENCY TREATMENT** for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

(Please print! Use a BLACK PEN and press hard)

Student's Name _____ Date of Birth _____ Grade _____

Student's Address _____ Phone Number _____

The legal guardian(s) for this student is/are _____

List the names, relationship to the student, and phone numbers of those people the school should call in the event of accident or illness. This list should include the parent(s)/legal guardian(s) if they are to be contacted, and should be in the order of calling preference.

Name	Relationship	Home Phone	Work Phone	Cell Phone/Pager
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I understand that my child may be released to anyone on the above list if he/she becomes ill or injured while attending a school function.

Signature of Parent/Legal Guardian _____ Date _____

For educational purposes, special medical problems, physical impairments or other facts concerning your child's medical history may be shared with teachers or other support staff involved in the academic setting. If you do not consent for the sharing of this information, you are required to state this in writing and submit your statement with this form to your school administrator.

Medical Problems/Allergies/Special Needs: (please check all that apply)

Diabetes Asthma Seizures Bee or Insect Sting Orthopedic Visually or Hearing Impaired
 Medication or Food Allergy Emotional Problem Learning Disability Other

Please provide detailed information regarding any above marked areas. Please list medications prescribed and current dosage.

Doctor _____
Dentist _____
Specialist _____
Hospital (1st choice) _____

Phone _____
Phone _____
Phone _____
Hospital (2nd choice) _____

PLEASE COMPLETE EITHER PART I OR PART II BELOW:

Part I: GRANT 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 the previously-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; 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 licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

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

Signature of Parent/Legal Guardian _____ Date _____

Part II: REFUSAL TO CONSENT (DO NOT COMPLETE IF YOU COMPLETED PART I)

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: **(MUST BE COMPLETED IF REFUSING CONSENT FOR TREATMENT)**

Signature of Parent/Legal Guardian _____ Date _____



BOSS CONTRACT

1. I understand that a parent or guardian must be available to the student while working on the BOSS curriculum. I know that each BOSS student is required to work on each individual subject for at least one hour every day.
2. In compliance with Ohio Revised Code 3321- all community schools are to remove students from their roster who are inactive for a period of 21 days. Because I am accountable for my child’s attendance, I agree to maintain contact with BOSS.
In compliance with Ohio Revised Code 3314- Students who have been excused from the compulsory attendance law For the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose Upon their enrollment in a community school.

Also, I understand that if I choose not to submit work or log attendance I may be subject to the Ohio truancy fine (\$500).

3. I understand that BOSS considers a semester to be 90 days (18 weeks). My child will complete each semester class in That time frame and complete an entire year’s course within the 180 days (36 weeks) time frame.
4. I understand that students must accumulate 920 hours of academic work each year. I also understand that I am responsible to assure that my child’s attendance is logged in daily.
5. I agree not to mistreat or download software that is not academically acceptable by BOSS. I will use this computer only for academic purposes that are deemed acceptable according to BOSS. I understand that I will be financially responsible for any school property that is provided to me, including property that becomes damaged, is moved to another location, or is not returned when requested by the school.
6. **I recognize that equipment, books and materials I receive are the property of BOSS. I Agree to return equipment, books and materials I receive from BOSS within two weeks of my child’s withdrawal or graduation.**

Under the ORC 3313.642, BOSS has the right to withhold the grades and credits of the Pupil concerned if the computer system and /or textbooks are not returned.

***PARENT COPY –KEEP FOR YOUR RECORDS**



BOSS State Mandated Testing Policy

All students who attend Buckeye Online School for Success (BOSS) must participate in state testing.

The Buckeye Online School for Success is a community school established under Chapter 3314, of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law.

Failure to take these tests may result in immediate withdrawal from our school. Please remember that these tests are mandated by the state and crucial in both academic development and eventual graduation from BOSS. You can review information about these tests on the Ohio Department of Education website at www.ode.state.oh.us.

BOSS Photo Video Release Policy

The Buckeye Online School for Success (BOSS) may use or release to individuals, entities, news outlets, or the general public any photographs or video taken during an activity sponsored by BOSS. Such releases may occur for reasons relating to BOSS operations and/or marketing, and they may be in the form of brochures, articles, commercials, or other media to promote or publicize BOSS. The photographs/video of students will NOT be placed, posted, shared, or otherwise made available to the general public by any staff member or affiliate of BOSS via any Internet website or medium other than on official BOSS approved websites, via BOSS approved profiles on social media websites (e.g., Twitter, Facebook, Instagram, etc.), or as part of an official BOSS publication (e.g., newsletter, marketing program, etc.)

***Calamity Day Policy—School Cancellations and Delays are at the discretion of BOSS Administration—we DO NOT follow your local district policy.**

***PARENT COPY- KEEP FOR YOUR RECORDS**



BOSS COMPUTER CONTRACT

The equipment will be issued to the student; it is the responsibility of the parent/guardian and student to safeguard it. You are required to report any damages, loss or equipment problems immediately to the BOSS Tech Staff. No modifications are to be made to the system.

Upon student's departure from BOSS, all equipment must be returned. The family must return the system to the school upon withdrawal from BOSS or face legal actions and the possibility of court costs.

It is understood and agreed by and between the parties that any litigation involving the parties shall be filed in Columbiana County Municipal Court, regardless of the county of residence of a parent or student or the location of the equipment. Student and parent hereby consent to jurisdiction and venue in Columbiana County, Ohio.

It is understood that the parent/guardian is liable for the cost of replacement or repair of willfully damaged equipment, software and other school property loaned to the student. This may include viruses which have been downloaded to the system.

OHIO REVISED CODE SECTION 2913.02 (THEFT) states as follows: "No person, with purpose to deprive the owner of property or services, shall knowingly obtain or exert control over the property or services by deception." A violation of this code section is a misdemeanor of the first degree, punishable by a maximum jail term of six months and a fine of up to \$1,000.00.

***PARENT COPY- KEEP FOR YOUR RECORDS**



BOSS CONTRACT SIGNATURE PAGE

By signing below, I hereby agree that I have read and will abide by the following contracts and policies:

1. BOSS CONTRACT
2. BOSS STATE MANDATED TESTING POLICY
3. BOSS PHOTO VIDEO RELEASE POLIC
4. BOSS COMPUTER CONTRACT

Signature of Parent or Guardian/ or Student 18 yrs or older registering as their own Guardian

Date

***THIS PAGE MUST BE RETURNED WITH ENROLLMENT FORMS- ENROLLMENT WILL NOT BE PROCESSED WITHOUT THIS SIGNED CONTRACT PAGE**



Only fill out if YOU DO NOT NEED COMPUTER

APPENDIX 248-A

WAIVER TO DECLINE RECEIPT OF COMPUTER

Every child enrolled in the school is entitled to receive a computer for his/her use. If you choose to decline the computer for your child(ren), you will need to complete the form below and submit the form to the school. If while enrolled in the school you change your mind and wish to have a computer ordered for the child, please contact the Director immediately.

Complete the sentence below if you choose to decline the computer for your student:
(Please print the names below)

I _____ (parent/guardian) would like to decline the computer for _____ (student name)

I _____ (parent/guardian) attest that there is a computer available to my child at home with sufficient hardware, software, programming and connectivity so that my child may fully participate in the learning opportunities offered by the school.

Please sign and date affirming your decision as it is recorded above.

Parent/Guardian Signature: _____ Date _____

Director's Signature: _____ Date _____



Residency Affidavit

***Only complete this form if Parent/Guardian does not have a proof of residence in their name**

This form needs to be completed and returned *along with* a utility bill in the name of the person (roommate/landlord) that the student and parent/guardian reside with. Please call 866-642-9237 with any questions regarding this form.

A. Student Information

Student's Name _____
First Name Middle Name Last Name

Address _____
Street Address

City State Zip

B. Roommate/ Landlord's Information

First Name Middle Name Last Name

Street Address

City State Zip Telephone Number

C. Explanation

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted. If I moved outside the district, appropriate forms will also be required. I understand that an interdistrict transfer may not be accepted by the district. Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in; a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

Signature of Parent/ Guardian/ Caregiver

Signature of Roommate/Landlord

Date

Date



CUSTODY AFFIDAVIT
School year 20____-20____

***Only complete this form if student's birth parents were never married**

Please contact our Admissions Department 866-642-9237 with any questions.

- ____ 1. I am the natural mother/father of the following minor child/children:
- A. _____ Date of Birth _____
- B. _____ Date of Birth _____
- C. _____ Date of Birth _____

- ____ 2. The child/children reside(s) with me at the following address:
- Street Address _____
- City _____ State _____ Zip _____

- ____ 3. The other parent's name is _____

- ____ 4. A. The other parent's address is _____
- _____

OR

- ____ 4. B. The whereabouts of the other parent are unknown to me and cannot be ascertained through the exercise of reasonable diligence.

OR

- ____ 4. C. I have provided to the Buckeye On-Line School for Success a certified copy of the Certificate of Death of the other parent.

Proceed to page 2
Custody Affidavit- pg 2

_____ 4. D. I have been unable to provide a copy of the Certificate of Death of the other parent because _____

But I hereby verify under penalty of law that said parent died on _____ in the State of _____.

_____ 5. A. The father/ mother has never been legally determined.

OR

_____ 5. B. The father/ mother pays child support but has never been given custody rights.

OR

_____ 5. C. The father/ mother does not pay child support and has never been given custody rights.

I declare under the penalty of perjury that the above information is true and correct to the best of my information and belief. I understand that should custody or residence be changed I must notify the school immediately.

Falsification of any information or document may result in a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

Signature of Parent/Guardian

Date