

Liberty Preparatory School

243 N Milton St. · Smithville, OH 44677

330.669.0055 330.988.1010 Fax

Consent for Records Release

The following student has enrolled at Liberty Prep:

Name: _____ **Date of Birth:** _____

Address: _____

_____ **Phone #** _____

I hereby authorize the school, institution, or individual above to release and/or provide access to the following records below

Parent/Guardian Name: _____

Signature _____

TO: _____

Please email/fax the following information on the above student:

Grades/Transcripts/Standardized Achievement Tests/All State Testing Results (OAT,OGT,EOC,MAP, etc)

Birth Certificate and Social Security Card

Health Records/Immunizations

Custody Papers, if Applicable

Attendance Records/Behavior Records

IEP/ETR

Darcy Rodgers, Student and Family Liaison
tesc_drodgers@tccsa.net

Sent on: _____

Liberty Prep 2022-2023 ENROLLMENT

FOR OFFICE USE ONLY

Registration Date _____

Start Date _____

SSID # _____

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated.

STUDENT INFORMATION

Student's legal name as shown on Birth Certificate:

First _____ Middle _____ Last _____

Nickname _____ Social Security Number _____

Date of Birth _____ Age _____ Gender (M/F) _____ Student Grade Level _____

Citizenship _____ (01-Dual, 02- Non-Resident, 03-Resident Alien, 04-U.S. Citizen, 99-Other)

Ethnicity _____ (A-Asian/Pacific Islander, B-Black/African American, H-Hispanic/Latino, I-American Indian, M-Multiracial, W-White)

Place of Birth _____ Country _____
(City, State)

Language Spoken at Home English Other (Please Specify) _____

District of Residence _____ School student is currently attending _____

Student lives at _____ County _____
(Include Street Address, City, Zip Code)

Home Phone Number _____ Parent Cell Number _____ Name _____

Student Cell Number _____ Parent Cell Number _____ Name _____

Does child receive any special services? ____ (Y/N) If yes, please specify _____

Does child have Medicaid Card? ____ (Y/N) 10-Digit case ID for SNAP Program (if applicable) _____

Homeless Status: Please let us know if any of these situations pertain to your family:

- Living Shelter Unsheltered (living in car, etc.) Doubled Up (living with another family due to economic hardship, loss of home, or other similar situation)

PARENT / GUARDIAN / CUSTODIAL INFORMATION

Student lives with (Check all Applicable): Both Parents Mother Father Step Parent Other
 Guardian Alternates between Parents Foster Parents

Legal Custody is with:

- Both Parents
 Shared Parenting (Custody Documents are on File) *(Custody documents must be on file with Liberty Prep)*
 Mother Only (If parents were unmarried at time of birth O.R. 3109.042 Custody Rights of Unmarried Mother)
 Mother Only or Father Only (Custody Documents are on File) *(Custody documents must be on file with Liberty Prep)*
 Other/Guardian – Please State Name and Relationship _____
(Custody documents must be on file with Liberty Prep)

Parents still married, but separated, not divorced. No custody order exists.

Parents are: Married Never Married Separated Divorced Mother Deceased Father Deceased

Student is emancipated due to one of the following reasons:

- Age 18 and independent from their parent(s) or legal guardian(s) and are responsible for his or her own support.
 Marriage – Student is a minor or has reached the age of majority (age 18) and is married.
 Student is under 18 and parent/guardian has manifested their apparent intention to release their claim upon the child's services or earnings. Student is self-supporting.
 Student is age 17 or above and is enlisted in the military.

CUSTODIAL MOTHER OR GUARDIAN

Name _____
Address _____
City/Zip _____
Home Phone _____ Cell # _____
Work Phone _____
Place of Employment _____
Email Address _____
Name of Step Parent if applicable _____

CUSTODIAL FATHER OR GUARDIAN

Name _____
Address _____
City/Zip _____
Home Phone _____ Cell # _____
Place of Employment _____
Work Phone _____
Email Address _____
Name of Step Parent if applicable _____
Step Parent Phone _____

I (we) affirm that the information above is correct and give permission to verify residence, if necessary.

(Joint Custody requires the signature of both Parents)

Custodial Parent/Guardian Signature _____ Date _____

Custodial Parent Signature _____ Date _____

LIBERTY PREP EMERGENCY MEDICAL AUTHORIZATION 2022-2023

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student Name: _____

Student Cell: _____

Birthdate: _____ **Current Grade:** _____

Address: _____

Residential Parent or Guardian:

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Guardian's Name _____ Daytime Phone _____

Emergency Contact #1 _____ Daytime Phone _____

Emergency Contact #2 _____ Daytime Phone _____

Emergency Contact #3 _____ Daytime Phone _____

Student Uses an Asthma Inhaler Yes ___ No ___

Student Uses an Epi Pen Yes ___ No ___

Student is a Diabetic Yes ___ No ___

Student has a Known Food Allergy Yes ___ No ___

Please List Food Allergy if Applicable _____

****Please turn over and complete back****

PART I OR II MUST BE COMPLETED:

PART I - TO GRANT CONSENT I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____
Dentist _____ Phone _____
Medical specialist _____ Phone _____
Local Hospital _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician 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 other 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/Guardian _____ Date _____
Address _____

PART II - REFUSAL TO CONSENT I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action (written instructions must be completed):

Signature of Parent/Guardian _____ Date _____
Address _____

Physical Activity Waiver and Consent Form

Student Name: _____ Sex: Male Female
 Address: _____ City: _____ State _____ Zip _____
 Date of Birth: _____ Age: _____ Grade: _____

Please list any illness, injury, or medical condition that would limit your child's ability to participate in the School's extracurricular or fitness programs in any way. Please write "none" if your child has no such limitations. _____

Note: If your child has asthma but will still be participating in extracurricular and fitness programs, he/she must bring the inhaler each day. You MUST fill out the appropriate permission form for your child to be permitted to carry and self-administer the inhaler.

I, _____ the legal parent or guardian of the above named child, hereby acknowledge and certify the following:

- To the best of my knowledge, the above named child is physically fit to participate in all sporting events and School related physical activities.
- I agree to abide by the rules and regulations of the School's fitness and extracurricular programs.
- I understand that it is solely my responsibility to provide adequate insurance coverage for the above named child in case of any resulting injury.
- I am aware that playing or practicing to play/participate in any sport, dance, or other extracurricular activity can be dangerous and involves risks of injury including, but not limited to: death, serious neck and spinal injuries (which may result in complete or partial paralysis); brain damage; injury to internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system; and injury or impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and to generally enjoy his/her life.
- I release from liability Liberty Preparatory School, Staff members and any other employee or representative thereof from any injuries sustained during my child's participation in all sporting events, practices, and extracurricular activities.

By signing below, I acknowledge that I have read and understand the criteria for extracurricular events and fitness classes, and that all information provided above is correct. If my child uses an inhaler, I will complete and return the appropriate permission forms.

Parent Signature: _____ Date: _____

Home Phone Number: _____ Cell Phone Number: _____

*****Note: Original must be filed with the School Office. Copies will not be accepted.***

Parental Notification Regarding Medications

To: Parents/Guardians
From: Liberty Preparatory School
Re: School Medication Policy

To protect your child's safety, the school nurse, health aid, or other employee designated by the Head Administrator, will adhere to the following medication policy. In order for any medication(s) to be administered to your child, BOTH parent AND physician signatures must be on file. This applies to all medications, including over-the-counter products such as Tylenol, Advil, Dimetapp, etc.

Although this may cause you some inconvenience, we feel that this policy is best for the continued protection of your child, and must be followed. If we do not have your written permission and the written permission of your child's physician, the medication(s) will not be given. All forms are available at the Liberty Prep School office.

In order for your child to receive any medication at school, the following requirements must be fulfilled:

- A written request must be obtained from the physician and submitted to the School. The request must contain the name of the medication, the dosage, the time it is to be given during school hours and the duration.
- The parent or guardian must complete an authorization and waiver form and submit the completed form to Liberty Preparatory School.
- The medication must be in its original container and if an over-the-counter medication, the bottle must be new with an unbroken seal. All medication must have a fixed label which indicates the student's name, the name of the medication, the dosage, the method of administration, and the time of administration.
- The required paperwork, the medication, and any needed refills must be delivered to the School by the parent or guardian.
- All necessary forms must be filled out and re-submitted to the school each year.
- If possible, a recent photograph of the student should be included with the authorization and waiver form.
- If your child is taken off the medication, or will no longer receive it at school, please send a dated, written note to the School stating such as soon as possible. If the medication is not picked up from the School by a parent or guardian within 10 days, it will be properly disposed of.

If you have any questions or concerns, please feel free to contact the Liberty Preparatory School office at (330) 669-0055.

Thank you for your assistance and cooperation.

Medication Request Form

Physician Request Form *(to be completed by the physician)*

The following student is under my care and should receive the medication indicated below. It is not possible to arrange for this medication to be taken at home under the supervision of a parent and, therefore, must be taken during school hours.

Name of Student: _____

Student Address: _____

School Name: Liberty Preparatory School Student Grade: _____

Name of Medication: _____

Dosage and Administration Intervals/Times: _____

This medication can be safely administered by non-medical personnel: Yes No

Begin Date: _____ End Date: _____

Possible Adverse Reactions that should be reported to the Physician: _____

Special Storing, Handling, or Administration Requirements: _____

Physician Name: _____

Physician Signature: _____ Date: _____

Physician Emergency Phone Number: _____

Parental Authorization and Waiver Form *(to be completed by parent/guardian)*

I, _____ hereby authorize designated personnel to administer the above named medication or procedure as instructed by the physician. I further agree to:

- Provide the School with the medication in its prescribed container;
- Notify the School if my child no longer uses the physician indicated above;
- Notify the School if the medication, dosage, or procedures are changed;
- Notify the School if the medication is no longer needed or used;
- Release the School, including all personnel, from any and all liability alleged to have resulted from administering the medicines indicated above.

Parent/Guardian Signature: _____ Date: _____

Address: _____

Note to Parent/Guardian: If possible, please attach a recent photograph of your child.

Notification of Known Food Allergy**Student Food Allergy Information**

Student Name: _____	Grade: _____
Food Allergy: _____	
Recommended Actions and/or Medications: _____	

This food allergy is potentially life-threatening: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parental Certification

I, _____ the legal parent or guardian of the above named student, hereby certify the following:	
<ul style="list-style-type: none"> • I have completed and submitted to the School an Emergency Medical Authorization Form; • I have cooperated with the appropriate School Officials in creating or updating a Food Action Allergy Plan; • I have educated my child regarding effective management of this food allergy. We have identified a list of "safe foods", we will review the weekly lunch menu together, and we have discussed the self-discipline that will be necessary at any School event or activity where food is being offered. 	
Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No	I give my permission for Liberty Preparatory School to notify classmates and classmate's parents about my child's food allergy.
Parent/Guardian Signature: _____	Date: _____

Permission to Carry and Self-Administer Epinephrine Autoinjector

Physician Authorization *(to be completed by the physician)*

The following student has the approval to possess and use an Epinephrine autoinjector (EpiPen), as described below, to treat anaphylaxis.

Name of Student: _____

Student Address: _____

Name and Dose of Medication: _____

Begin Date: _____ **End Date:** _____

List any possible adverse reactions that should be reported to the physician:

State the procedure to be followed if the EpiPen does not alleviate anaphylaxis symptoms:

List any possible adverse reactions that may occur to another student, for whom the EpiPen is not prescribed, should such student receive a dose of the medication:

Any other special instructions: _____

Physician Name: _____

Physician Signature: _____ **Date:** _____

Physician's Emergency Phone Number: _____

Parental Authorization *(to be completed by parent/guardian for all minor students)*

I, _____, am the legal parent or guardian of the above named student and hereby give permission for this student to carry and use the EpiPen described above at the School and any activity, event, or program sponsored by the School or in which the School is a participant.

Parent Signature: _____ **Date:** _____

Emergency Contact Number(s): _____

(This form must be fully completed and turned in to the Head Administrator and the School Nurse, if one exists.)

Permission to Carry and Self-Administer Asthma Inhaler

Physician Authorization *(to be completed by the physician)*

The following student has the approval to possess and use an asthma inhaler, as described below, to alleviate asthmatic symptoms or before exercise to prevent the onset of asthmatic symptoms.

Name of Student: _____

Student Address: _____

Name and Dose of Medication: _____

Begin Date: _____ **End Date:** _____

List any possible adverse reactions that should be reported to the physician:

State the procedure to be followed if the asthma inhaler does not alleviate asthmatic symptoms:

List any possible adverse reactions that may occur to another student, for whom the inhaler is not prescribed, should such student receive a dose of the medication:

Any other special instructions: _____

Physician Name: _____

Physician Signature: _____ **Date:** _____

Physician's Emergency Phone Number: _____

Parental Authorization *(to be completed by parent/guardian for all minor students)*

I, _____, am the legal parent or guardian of the above named student and hereby give permission for this student to carry and use the asthma inhaler described above at the School and any activity, event, or program sponsored by the School or in which the School is a participant.

Parent Signature: _____ **Date:** _____

Emergency Contact Number(s): _____

(This form must be fully completed and turned in to the Head Administrator and the School Nurse, if one exists.)

Internet & Technology Acceptable Use

Please read carefully before signing. In order to access and use the Technology, the network, and internet, students and staff must read this policy and submit a signed agreement form.

The School's Governing Authority realizes that the internet and technology can greatly supplement the School's educational mission. With these opportunities come challenges to use technology in a safe and educational manner. This policy has been adopted to ensure students and staff properly use the School's Technology.

All Technology must be used responsibly, ethically, and legally. Users that do not adhere to these rules--and the guidelines elaborating these rules--will have their technology and internet use privileges removed and will be subject to disciplinary action.

This policy extends beyond the School's grounds. The policy also applies when a user's Technology use disrupts or interferes with the

School, regardless of where or when the violation takes place. Users may be at home or elsewhere and still be subject to this policy.

The term "Technology" includes, but is not limited to, computers, tablets, mobile electronic devices, printers, routers, other hardware, software, internet, intranet, network, electronic mail, cellular phones, IPOD/MP3/DVD/CD players, video recorders, data devices, video games, beepers, pagers, radios, and all other similar devices.

"Users" is defined to include any student, faculty, or staff member using the School's Technology.

Technology Use Guidelines

- Unacceptable uses include, but are not limited to, the following:
 - Violating Ohio and Federal law regarding:
 - students' and employees privacy rights,
 - copyright laws and all licensing agreements,
 - illegal downloading; installing; or accessing internet files; software, shareware; and freeware, and
 - all other applicable laws.
 - Engaging in cyber-bullying.
 - Using/accessing profane, obscene, pornographic, threatening or otherwise inappropriate language/materials which may be offensive or intended to harass/bully other users.
 - Using technology for the following purposes: illegal activity, activity inconsistent with the School's mission, and activity prohibited by the School's policy manual.
 - Gaining unauthorized access, "hacking", or attempting to gain unauthorized access.
Sending or forwarding "spam" to a large group of users.
 - Damaging or attempting to damage technology. Damaging includes, but is not limited to, physically damaging hardware, damaging or negatively affecting software, changing the settings without authorization, or disrupting the network.
 - Using the School's technology for personal gain or profit.
 - Sharing passwords or logging in to any system with credentials other than one's own.

Use of Technology should conform to the following:

- Technology use is limited to educational purposes.
- Users shall use technology efficiently and courteously.

- Users shall exercise common sense and good judgment of what is permitted in a school environment.

If a user is unsure if his/her technology use conforms to these guidelines, the user shall ask the instructor before continuing with such use. If the user inadvertently violates the above guidelines, he/she should report it to the instructor immediately.

Supervision and Monitoring

To ensure this policy is complied with and to ensure Technology works properly, the School will supervise and maintain Technology. Violations of this policy or the law may be uncovered during these processes. Should a user be found in violation, the user will be disciplined according to the Handbook's policy on Student Discipline.

Filtering

The School recognizes that the internet can be both a source of helpful information and inappropriate materials for users. The School, in accordance with federal law, has taken reasonable steps to create an internet environment that is safe and appropriate for students. The School has filtered internet sites that may contain inappropriate information. As technology continues to evolve and the internet grows, however, the School will be unable to properly filter or detect all use and access.

All users and parents should be aware that because a site is not filtered it may still be inappropriate and not form to this policy.

Disclaimer of Liability & Warranty

The School makes no warranties of any kind, either expressed or implied, that the Technology will be free of errors, will meet any of the user's specific requirements, or will be uninterrupted. The School is not liable for any direct or indirect, incidental, or consequential damages including, but not limited to, damage to the user's technology, lost data, inability to use or access the system, or loss of any information connected with use. Use of any information obtained via the Internet is at the user's own risk.

Signature

By signing below, I affirm that I have read and agree to abide by the Internet and Technology Acceptable Use Policy.

Student Name

Parent/Guardian Signature

Date

Student Signature

Date

Federal: 47 U.S.C. 254.

Cross Reference: Policy 4440, Use of Mobile Electronic Devices; Policy 5453, School Equipment-Use and Return.

Use of Mobile Electronic Devices

In an effort to provide an environment that fosters learning and in recognition of the increasing use of mobile electronic devices (MEDS), the School has developed a mobile electronic device use policy.

“Mobile electronic devices” are defined to include, but are not limited to, cellular phones, smart phones, iPOD/MP3/DVD/CD players, video recorders, data devices, video games, beepers, pagers, radios, and other similar electronic devices.

Students may possess and use MEDS while on campus, in a school vehicle, or while attending a School-sponsored or school-related activity, subject to the following guidelines:

- During the regular school day, MEDs must remain turned off, but may be kept in the Student’s backpack. Students may, however, use the MED during the regular school day when an authorized employee permits such use or in emergency situations that present an imminent physical danger. Otherwise, the device may only be turned on and used before the school day begins and after the regular school day ends.
- MEDS shall not be used in a manner disruptive to the instructional process, disruptive to the the School’s academic mission or inconsistent with Policy 4430, Internet and Technology Use Policy.
- MEDS may not be used in prohibited manners. Prohibited manners include, but are not limited to, the following:
 - Text Messaging. Text messaging may not be conducted during school hours to or from a student on School Property.
 - Sexting. Sexting is the sending of explicit messages or photographs.
 - Using MEDs to cheat on exams or use in any unethical manner.
 - Playing games.
- Camera Devices. “Camera Devices” are MEDs and include, but are not limited to, digital cameras, cellular phones with cameras, camcorders, and other imaging devices. Camera Devices may not be used to:
 - Harass, intimidate or bully another person
 - Invade the privacy of another
 - Publish, broadcast, transmit to any other person, by any means unauthorized or derogatory photos or video clips to another person.
- Use and possession is subject to additional rules developed by the School.

User Liability.

The School is not responsible for theft, loss, damage, or destruction of devices brought on to school property. Students are solely responsible for devices they bring on school property.

Violating Mobile Electronic Device Policy.

Students that violate the above policy will be subject to disciplinary action and the Student may lose his/her privilege to bring the MED on school property and/or have his/her device confiscated. If confiscated, the Student shall cooperate in surrendering the MED, and the device will only be returned to the Student's Parent or Guardian. While confiscated, the School may further inspect the MED if it reasonably believes the student has violated other policies.

Cross Reference: Policy 4430, Internet & Technology Acceptable Use.

Liberty Preparatory School

HOME COMPUTER ACCESS and LAPTOP CONTRACT

Liberty Prep provides computers for our students to sign out and take home when needed. Please indicate below whether your child has access to a computer at home or if you will be signing out a computer from Liberty Preparatory School. Please return this form back to Liberty Prep even if you are not in need of a computer.

Name of Student: _____

Please check one:

- My child has access to a computer at home and does not need to sign out a computer from Liberty Prep
- My child does not have access to any internet connection at home and they do not need to sign out a computer from Liberty Prep.
- My child does not have access to a computer at home and we do need to sign out a computer from Liberty Prep. Please review contract below in order to receive a laptop.

Liberty Preparatory School LAPTOP CONTRACT

A laptop will be loaned to the student named above under the following conditions:

- Use of this equipment for any purpose other than educational use may result in loss of privileges.
- Unethical use of the internet, email, or any other media is prohibited. Violation of this policy may result in the loss of laptop privileges and disciplinary action
- The configuration of the hardware and all accompanying software may not be altered. Software cannot be copied to or from the computer or installed on the computer
- The student is responsible for any damage related costs due to purposeful action or negligence.
- The laptop will be returned at the end of the school year or in the event of a school change or withdrawal.
- The student and/or his or her family agree to pay a \$250.00 replacement fee for any laptop lost, stolen, damaged, or for any reason not returned.

By signing this contract, I agree to the terms outlined above:

Student Signature _____ Date _____

Parent/Guardian
Signature _____ Date _____

Family Educational Rights and Privacy Act (FERPA)

Notice for Directory Information

The family Educational Rights and Privacy Act (FERPA), a Federal Law, and Ohio Law require the School to protect the privacy of student records.

As a parent, or your child – if your child is 18 or older – has the right to inspect and review the student's education records, request that the School correct records, and provide written permission to release student records. All requests to inspect, review, and release are to be done in accordance with the School's policies.

While the School generally must obtain your written consent prior to disclosing personally identifiable information from your child's education records, the School may disclose appropriately designated "directory information" without written consent, unless you have advised the School otherwise.

The primary purpose of directory information is to allow the School to include directory information from your child's education records in certain school publications. Examples include: the annual yearbook, Honor roll or other recognition lists, and Graduation programs.

Directory information may be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacturer class rings or publish yearbooks.

The School has designated the following information (denoted by "X" marks) as directory information:

Name	Major Field of Study	Honors & Awards
Address	School Related Publications	Weight & Height of Athletic Team Members
Telephone Number	Grade Level	Enrollment Status
Email Address	Dates of Attendance	Student Directory
Photograph	Date of Graduation	Yearbook
Date/Place of Birth	Sports & Activities	Student ID number, user ID, or other unique identifier (excluding a SSN)

If you do not want the School to disclose directory information from your child's education records without your prior written consent, you may notify the District in writing within (10) days of receiving this notice. Notice in writing may be performed by completing this form. Additionally, FERPA and Ohio Law authorize disclosure of personally identifiable information in certain instances without consent. These exceptions include:

- School officials with legitimate educational interest;
- Other schools to which a student is transferring
- Appropriate parties in connection with financial aid;
- State and Federal Officials for purposes of audit and law enforcement investigations;
- In response to court orders and subpoenas;

- Military recruiters unless the parent requests in writing that the School not release the student's information;
 - Anti-terrorism purposes;
 - Cases of missing children;
 - Ohio Department of Education requests; and
 - The School's Sponsor.
-

Note: This form should only be completed if you want to opt out of the School's Directory Information. If you wish for the School to include your child's directory information, do not complete and return this form.

I, _____ (Parent/Guardian name) do not want my student's directory information used without my permission.

Name of Student: _____ Date: _____

Parent/Guardian Signature: _____

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____
Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.	1. In what language(s) would your family prefer to communicate with the school? _____	
	Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	
Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.	2. What language did your child learn first? _____	
	3. What language does your child use the most at home? _____	
Additional Information Please share additional information to help us understand your child's language experiences and educational background.	4. What languages are used in your home? _____	
	5. In what country was your child born? _____	
6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____		
7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year		
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____		

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



(Appendix A, continued)

*****COMPLETED BY SCHOOL EMPLOYEE*****

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

<p>Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	_____
<p>Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	_____
<p>Potential English learner See Language Usage Survey Questions 2-4.</p>	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
<p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district

EST



2013

LIBERTY PREPARATORY

SCHOOL

From the Ohio Department of Education:

“ Now more than ever, students need to see a connection between what they are learning in the classroom and their future careers. Ohio law requires local boards of education to adopt a policy on career advising”

In this regard, Liberty Preparatory School will have all students complete a Student Success Plan during the school year. In this activity, students will investigate their interests, strengths and values as they develop their plans for their education and career futures.

The plan is required by the State of Ohio Department of Education to be completed and reviewed on an annual basis during your student’s high school years. Students will be supported in this effort by their Mentor teachers.

Thank you for your support of the Success Plan as we work with each student to assist them as they are guided and prepared for career readiness. Please acknowledge your knowledge and participation in this activity by signing below.

STUDENT NAME: _____

Parent/Guardian Signature _____ **Date** _____

Jenna Parnell, Director

330.619.0055 • 214 N MILTON ST SMITHVILLE OH 44677
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FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and school grade level for each child/or indicate "NA" if child is not in school. School Grade	Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: _____ 10-DIGIT CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Liberty Prep at (330) 669-0055 Homeless Migrant Runaway

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/quarterly
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. We must have your permission to share your meal application information with school officials if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will get free or reduced price meals.

Please check a box: Yes I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.

No, I do not agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.

Signature of Parent/Guardian for the Instructional Fee Waiver Question: _____ Date: _____

Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of your Social Security Number: _____ I do not have a Social Security Number

Part 7. Children's ethnic and racial identities (optional)

Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

Asian American Indian or Alaska Native Black or African American

White Native Hawaiian or other Pacific Islander

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining/Approval Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____

Verification Result: No Change Free to Reduced Price Free to Paid Reduced Price to Free Reduced Price to Paid

PHOTOGRAPH RELEASE FORM

In order for Liberty Preparatory School to use photographs of a student for school-related materials and activities (brochures, posters, website entries, student of the month articles, etc.), the school *must* have a permission form on file signed by that student's legal parent / guardian.

Please choose *one* of the following options below:

- I **grant** Liberty Preparatory School the right to take photographs of my child. I authorize Liberty Preparatory School, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically. I agree that Liberty Preparatory School may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

- I *do not* grant Liberty Preparatory School the right to take photographs of my child.

Student Name (*Print*) _____

Parent/ Guardian Name (*Print*) _____

Parent Guardian Signature _____

Date _____

REQUEST FOR PUPIL TRANSPORTATION TO LIBERTY PREPARATORY SCHOOL
A COMMUNITY SCHOOL, LOCATED AT 243 MILTON STREET, SMITHVILLE, OHIO 44677

REQUESTED OF:

School District _____

Director of Transportation _____

Address _____

Cc: District Superintendent
Community School Sponsor
ODE Pupil Transportation Coordinator, Quality School Choice and Funding

STUDENT INFORMATION

*One form must be completed for each child for whom transportation is being requested

LAST NAME _____ **FIRST NAME** _____ **MIDDLE INITIAL** _____

DOB: _____ (MM/DD/YYYY) **GENDER** _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE: _____

Mother/Guardian Name _____ **Daytime Phone** _____

Father/Guardian Name _____ **Daytime Phone** _____

Emergency Contact _____ **Phone** _____

Emergency Contact Relationship to Student _____

What school district did student previously attend _____ **Grade Level** _____

Date of withdrawal _____ **Date of enrollment in Liberty Preparatory School** _____

Parent Signature _____ **Date** _____

COMMUNITY SCHOOL CERTIFICATION

I hereby certify that the above student resides in _____ and was enrolled as of _____ (MM/DD/YYYY) at Liberty Preparatory School, has been entered into the CSADM with SSID# _____, and is eligible for services provided by _____ Transportation Department.

I further certify that I will notify _____ immediately if the above student is withdrawn from Liberty Preparatory School.

Signature (School Administrator) _____ **Date** _____

Liberty Preparatory School McKinney-Vento Intake Affidavit

Student's Name: _____ ID# _____

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Parent/Guardian Name(s): _____

Phone number(s): _____

Address: _____

Home School (based on current residence): _____

School of Origin (last school attended): _____

Siblings of student:

Name	School
_____	_____
_____	_____
_____	_____

Please answer the following questions:

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Is this student in temporary or emergency foster care placement? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

1. Where is this student currently living? *(check box)*

In a motel/hotel- Name of motel/hotel: _____

In a shelter- Name of shelter: _____

Transitional Housing- Name of transitional housing: _____

Group Home- Name of group home: _____

Temporary/emergency foster home

With more than one family in a house or apartment

Moving from place to place

In a location not designed for sleeping accommodations such as a car, park, or campsite

2. How long have you lived at this residence? _____

3. How long do you plan to live at this residence? _____

4. With whom does the student currently live: *(check box)*

Both parents

One parent- Which parent? _____

One parent and another adult- Which parent? _____

A relative- Specify which (e.g. grandmother) _____

Friends or other adults- please identify _____

An adult who is not a parent or legal guardian- please identify _____

5. Describe the current living situation in detail: _____

6. Any possibility of violence or abuse in home? If so, describe. What were the school's actions?

7. In your child's previous school, did he/she receive any of the following? *(check all that apply)*
- Special Education/Exceptional Children's Services- Describe: _____
 - 504 Accommodation Plan- Describe: _____
 - English As a Second Language (ESL) services
 - Help for Behavior Improvement
 - Tutoring Services
 - Academically or Intellectually Gifted services
 - Counseling services

8. At this time, what is the greatest need for your child? *(check all that apply)*
- School supplies
 - School uniform or clothing
 - Help for academic improvement
 - Help for behavior improvement
 - Referral for food assistance
 - Medical referral/immunizations
 - Mental health/counseling referral
 - Other- Please describe: _____

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district, A Child's Place; and, (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other LPCS staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow LPCS staff to conduct screenings as a part of the district's McKinney-Vento program.

Parent/Guardian Signature: _____ Date: _____
(Or Unaccompanied Youth)

LPCS School Liaison Signature: _____ Date: _____

EST



2013

LIBERTY PREPARATORY

SCHOOL

Required Community School Notice

Under R.C. 3313.041, the governing authority of each community school and any operator of such school shall distribute to parents of students of the school upon their enrollment in the school in the following statement in writing:

The Liberty Preparatory School 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. 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. For more information about this matter, contact the school administration or the Ohio Department of Education.

Equal Opportunity

It is the policy of Liberty Preparatory School to provide equal employment, and academic opportunities, and to administer its personnel practices and maintain an environment free of discrimination or harassment on the basis of race, color, national origin, religion, sex, age, disability, genetic information, marital status, veteran status or any other unlawful criterion or circumstance. Liberty Preparatory School prohibits and will not tolerate any such discrimination or harassment.

Parent's Right-to-Know Letter

At Liberty Preparatory School, we are very proud of our teachers and are confident they will ensure your child receives a high-quality education. Federal law allows you to learn more about the education your child will receive. As a parent of a student at the School, you have the right to learn more about your child's teachers' training and credentials, including the following:

- Whether the teacher met the Ohio Department of Education's qualification and certification requirements for the grade level and subject he/she is teaching;
- Whether special circumstances permitted the teacher to receive an emergency or conditional certificate; The Teacher's undergraduate and/or graduate degrees (including graduate certificates and additional degrees, and major(s) or area(s) of concentration); and

Jenna Parnell, Director

330 669 0055 | 242 N MILTON ST SMITHVILLE OH 44871
LIBERTYPREPARATORYSCHOOL.WEBELY.COM

EST



2013

LIBERTY PREPARATORY

SCHOOL

- Whether the child is provided services by paraprofessionals and, if so, their qualifications

If you have any questions about your child's assignment to a teacher or paraprofessional, please feel free to contact Jenna Parnell at 330-669-0055.

Jenna Parnell, Director

330-669-0055 | 243 N MILTON ST SMITHVILLE OH 44677
LIBERTYPREPARATORYSCHOOL.WEBHLY.COM

Ohio's High School Graduation Requirements Classes of 2021 and 2022

It's Your **Future.** Get **Ready.**

Before you know it, you'll be receiving your high school diploma. Ohio is giving you new ways to show the world what you can do with it.

As a student entering ninth grade between **July 1, 2017** and **June 30, 2019**, Ohio's new high school graduation requirements give you more flexibility to choose a graduation pathway that builds on your strengths and passions – one that ensures you are ready for your next steps and excited about the future.

Cover the basics

You must earn a minimum total of 20 credits in specified subjects and take your required tests. Then, decide how you will round out your diploma requirements.

English language arts	4 credits
Health	½ credit
Mathematics	4 credits
Physical education	½ credit
Science	3 credits
Social studies	3 credits
Electives	5 credits

Other Requirements

You also must receive instruction in economics and financial literacy and complete at least two semesters of fine arts. Your district may require more than 20 credits to graduate.

You have the option to show you are ready by meeting the **original three graduation pathways** below that were available when you entered high school.

Show you are ready

Use at least one pathway to show that you are ready for college or a job.

1. Ohio's State Tests

Earn at least 18 points on seven end-of-course state tests. End-of-course tests are:

- Algebra I or Integrated Math I
- Geometry or Integrated Math II
- American Government
- American History
- English I
- English II
- Biology

Each test score earns you up to five graduation points. You must have a minimum of four points in math, four points in English and six points across science and social studies. Your school and district receive grades on the Ohio School Report Cards for all students' scores and participation on state tests.



2. Industry credential and workforce readiness

Earn a minimum of 12 points by receiving a State Board of Education-approved, industry-recognized credential or group of credentials in a single career field and earn the required score on WorkKeys, a work-readiness test. The state of Ohio will pay one time for you to take the WorkKeys test.



3. College and career readiness tests

Earn remediation-free scores in mathematics and English language arts on either the ACT or SAT.

The Ohio Department of Higher Education works with Ohio's universities to set the remediation-free scores for the ACT and SAT tests. Periodically, for a variety of reasons, these scores may be adjusted. For all high school juniors, the remediation-free scores set by Feb. 1 of their junior year will be used to meet their graduation requirement. The most up-to-date information regarding remediation-free scores can be found on the Department's graduation requirements webpage.

OR

(see reverse side)

Ohio's High School Graduation Requirements

Classes of 2023 and Beyond



It's Your Future. Get Ready.

Before you know it, you'll be receiving your high school diploma. Ohio is giving you new ways to show the world what you can do with it.

As a student entering ninth grade on or after **July 1, 2019**, Ohio's new high school graduation requirements give you more flexibility to choose a graduation pathway that builds on your strengths and passions – one that ensures you are ready for your next steps and excited about the future.

First, cover the basics

You must earn a minimum total of 20 credits in specified subjects and take your required tests. Then, decide how you will round out your diploma requirements.

English language arts	4 credits
Health	½ credit
Mathematics	4 credits
Physical education	½ credit
Science	3 credits
Social studies	3 credits
Electives	5 credits

Other Requirements

You also must receive instruction in economics and financial literacy and complete at least two semesters of fine arts. Your district may require more than 20 credits to graduate.

Second, show competency

Earn a passing score on Ohio's high school Algebra I and English II tests. Students who do not pass the test will be offered additional support and must retake the test at least once.

Is testing not your strength? After you have taken your tests, there are three additional ways to show competency!

Option 1

Demonstrate Two Career-Focused Activities:
Foundational

- Proficient scores on WebXams
- A 12-point industry credential
- A pre-apprenticeship or acceptance into an approved apprenticeship program

Supporting

- Work-based learning
- Earn the required score on WorkKeys Earn the OhioMeansJobs Readiness Seal

Option 2

Enlist in the Military

Show evidence that you have signed a contract to enter a branch of the U.S. armed services upon graduation.

Option 3

Complete College Coursework

Earn credit for one college-level math and/or college-level English course through Ohio's free College Credit Plus program.

College Credit Plus

The Governing Authority understands that its students may benefit by participating in college-level courses offered by accredited colleges and universities in Ohio. Accordingly, eligible students may participate in the College Credit Plus Program (the "Program"), which permits students to receive school credit for completing college-level classes.

Program

Eligible students that participate in the Program may enroll in one of two options:

- *Option A* – Eligible students enroll in college courses and seek only college credit for the course(s) taken. The student pays for all tuition and costs of all textbooks, materials, and fees associated with the course. Under this option, a student is not considered enrolled in the school.
- *Option B* – Eligible students enroll in college courses and seek college credit and high school credit. If the student successfully completes the course, the college and school shall award high school credit and the student will not pay any tuition or any fees. The student will not be charged any other fees. If the student does not complete the course, the student may be responsible for tuition and costs of all textbooks, materials, and fees. Under this option the student is considered enrolled.

Participation Requirements

Students in the 7th, 8th, 9th, 10th, 11th, or 12th grade are eligible to participate provided the student meets all criteria required by law¹. To participate, the following must occur:

- Prior to April 1 of each year, the student or the student's parent shall inform the School of intent to participate in the Program for the following year. If notice is not given by this date, the Head Administrator's written consent is required. Within ten days of receiving a late notice, the Head Administrator shall notify the Department of Education of the student's intent to participate. If the principal does not provide written consent, the student may appeal to the State Board. Within 30 days of notice, the State Board shall hear the appeal and decide to either grant or deny that student's participation.
- The student must apply to an eligible college or university and meeting the standards for admission and course placement.
- The student and the student's parent shall sign a form stating they have received counseling and understand the responsibilities they must assume in the program.

The amount of credit a student may receive toward high school graduation is proportionate to the number of years a student has remaining.

- 9th grade students may not receive credit toward high school graduation for more than the equivalent of four years.
- 10th grade students may not receive credit toward high school graduation for more than the equivalent of three years.
- 11th grade students may not receive credit toward high school graduation for more than the equivalent of two years.

- 12th grade students may not receive credit toward high school graduation for more than the equivalent of one year.

Effect of Expulsion

If a student is expelled from the School, the Head Administrator shall send a written notice to any college in which the student is enrolled at the time the expulsion is imposed. The notice shall indicate (1) the date the expulsion expires, (2) whether the school has adopted a policy pursuant to R.C. 3313.613 to deny high school credit for courses taken under College Credit Plus during an expulsion. The School shall notify the college of any expulsion extensions.

If a college withdraws acceptance of an expelled student, the School shall not award high school credit for the college courses the student was enrolled. The School may require the student to return or pay for any textbooks and materials provided free of charge.

Awarding Credit

In order to receive high school credit, the student must enroll in Option B prior to beginning the course. The student will receive high school credit upon successfully completing the course. Students who fail or do not complete the course will not be awarded high school credit.

The amount of credit received shall be determined by the School. If the School offers a comparable course, the School shall award comparable credit. If the School does not offer a comparable course, the School shall grant an appropriate number of credits in a similar subject area. Disputes regarding the number of credits received may be appealed to the State Board of Education. The State Board of Education's decision is final.

All classes taken for credit will be transferred to the student's permanent record. Included in the record shall be the course completed and the name of the college/university where the courses were earned. The grade earned may be averaged in the student's high school grade point average.

Information Regarding and Promotion of the Program

Pursuant to Ohio Law, the School shall provide information about the Program to students and their parents/guardians in grades six (6) through eleven (11) by March 1 of each year.

The School shall promote the Program on its website. The School shall also schedule at least one informational session per school year with partnering colleges located within thirty miles of the School.

Reimbursement Where Student Fails Course

If the Head Administrator determines that a student participant has not attained a passing final grade, the School may seek reimbursement for State funds paid to the college. Unless the student was expelled, the School shall not seek reimbursement if the student is identified as economically disadvantaged. The School may withhold grades and credits received until the participant provides reimbursement.

Ohio: R.C. 3365.

Cross Reference: Policy 3550, Core Curriculum Requirements; Policy 3620, Credit Flexibility Policy; Policy 3660, Advanced Placement Program; Form 3670.1, College Credit Plus Program Counseling, Policy 3680, Policy on Career Advising.

College Credit Plus Counseling

I acknowledge that I have received counseling about the School's College Credit Plus Program.

In addition to discussing the Program's general requirements, we discussed: program eligibility, the process for granting academic credits, financial arrangements for tuition; books; materials; and fees, criteria for any transportation aid, available support services, scheduling, the consequences of not completing a course; the effect of the program participation on the student's ability to complete the district's or School's graduation requirements, the academic and social responsibilities of students and parents under the Program, and information about the encouragement to use the counseling services of the college in which the student intends to enroll.

By signing below, I confirm that I have discussed the above in person and I understand all the requirements, risks, consequences, and potential benefits of participating in the program.

Student Name: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____



VACCINES	FALL 2022 Immunizations for School Attendance
	<p>K-12 Four or more doses of DTaP or DT, or any combination. If all four doses were given <i>before the fourth birthday</i>, a fifth dose is <i>required</i>. If the fourth dose was administered at least six months after the third dose, and on or after the fourth birthday, a fifth dose is not required.*</p>
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	<p>Grades 1-12 Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children ages 7 years and older with the first dose being Tdap. Minimum spacing of four weeks between doses 1 and 2, and six months between doses 2 and 3.</p> <p>Grade 7 One dose of Tdap vaccine must be administered on or after the 10th birthday. ** All students in grades 8-12 must have one documented Tdap dose.</p>
POLIO	<p>K-12 Three or more doses of IPV. <i>The FINAL dose must be administered on or after the fourth birthday</i>, regardless of the number of previous doses and there must be six months spacing between doses 2 and 3. If a combination of OPV and IPV was received, four doses of either vaccine are required.</p>
MMR Measles, Mumps, Rubella	<p>K-12 Two doses of MMR. The first dose must be administered on or after the first birthday. The second dose must be administered at least 28 days after the first dose.</p>
HEP B Hepatitis B	<p>K-12 Three doses of hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least eight weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.</p>
VARICELLA (Chickenpox)	<p>K-12 Two doses of varicella vaccine must be administered prior to entry. The first dose must be administered on or after the first birthday. The second dose should be administered at least three months after the first dose; however, if the second dose is administered at least 28 days after the first dose, it is considered valid.</p>
MCV4 Meningococcal	<p>Grade 7 One dose of meningococcal (serogroup A, C, W, and Y) vaccine <u>must be administered prior to seventh grade entry</u>. All students grades 8-11 must have one documented dose of MCV4.</p> <p>Grade 12 Two doses of MCV4 at age 16 years, with a minimum interval of eight weeks between doses. If the first dose was given on or after the 16th birthday, only one dose is required. ****</p>

NOTES:

- Vaccine should be administered according to the most recent version of the *Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger* or the *Catch-up immunization schedule for persons aged 4 months-18 years who start late or who are more than 1 month behind*, as published by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. Schedules are available for print or download through www.cdc.gov/vaccines/schedules/index.html.
- Vaccine doses administered less than or equal to four days before the minimum interval or age are valid (grace period). Doses administered greater than or equal to five days earlier than the minimum interval or age are not valid doses and should be repeated when age appropriate. If MMR and varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information, please refer to the Ohio Revised Code 3313.67 and 3313.671 for school attendance and the ODH Director's Journal Entry on required vaccines for child care and school. These documents list required and recommended immunizations and indicate exemptions to immunizations.
- **Please contact the Ohio Department of Health Immunization Program at 800-282-0546 or 614-466-4643 with questions or concerns.**

* Recommended DTaP or DT minimum intervals for kindergarten students are four weeks between the first and second doses, and the second and third doses; and six months between the third and fourth doses and the fourth and fifth doses. If a fifth dose is administered prior to the fourth birthday, a sixth dose is recommended but not required.

** Tdap can be given regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine. Children age 7 years or older with an incomplete history of DTaP should be given Tdap as the first dose in the catch-up series. If the series began at age 7-9 years, the fourth dose must be a Tdap given at age 11-12 years. If the third dose of Tdap is given at age 10 years, no additional dose is needed at age 11-12 years.

*** The final polio dose in the IPV series must be administered at age 4 years or older with at least six months between the final and previous dose.

**** Recommended MCV4 minimum interval of at least eight weeks between the first and second doses. If the first dose of MCV4 was administered on or after the 16th birthday, a second dose is not required. If a pupil is in 12th grade and is 15 years old or younger, only one dose is required. Currently, there are no school entry requirements for meningococcal B vaccine.

Liberty Preparatory | 2022-2023 CALENDAR

10th-12th: Teacher work days
 15th: Teacher work day/Open house 3-5 PM
 16th: Teacher work day
 17th: First day of school

AUGUST '22						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY '23						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

9th: Parent teacher conferences 3-6 PM
 10th: No School
 17th: No school
 20th: No School-President's Day
 24th: No school Staff Professional Development

2nd: No School-Teacher Comp
 5th: No School-Labor Day
 9th: No School-Teacher Comp
 12th: No School-Fair Day
 13th: No School
 23rd: No school Staff Professional Development

SEPTEMBER '22						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

MARCH '23						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

10th: No School-Teacher Comp
 11th: End of 3rd nine weeks
 31st: No School-Teacher Comp

7th: No School- Teacher Comp
 22nd: End of 9 weeks
 27th: Parent teacher conferences 3-6 PM
 28th: No School-Teacher Comp

OCTOBER '22						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

APRIL '23						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

3rd-7th: No school Spring Break
 14th: No School-Teacher Comp
 17th: No school
 28th: Student support day

11th: No School-Teacher Comp
 18th: Student support day
 23rd-28th: No school Thanksgiving break

NOVEMBER '22						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MAY '23						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

12th: Student support day
 19th: Student support day
 24th: Students last day
 25th: graduation 12PM
 26th: Teacher work day
 29th: No School-Memorial Day
 30th: Teacher work day
 31st: Teacher work day

16th: No school Staff Professional Development
 19th-30th: No School Christmas Break

DECEMBER '22						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JUNE '23						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

2nd: No School Christmas break
 7th: End of second nine weeks
 13th: No School-Teacher Comp
 16th: No school Martin Luther King Day
 20th: No school Staff Professional Development
 27th: No School-Teacher Comp

JANUARY '23						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Student Days:
 155

Teacher Days:
 182

- Open House 3-5PM
- No School
- No School-Teacher Work Day
- No School-Teacher PD Day
- No School-Teacher Comp Day
- Support Day-Students
- Graduation Day (12:00 p.m.)



Exceeds Standards
School Rating

Liberty Preparatory School

Schools that receive the dropout prevention and recovery report card receive ratings for up to eight measures and four components.

Achievement Component

The Achievement component, previously called the High School Test Passage Rate component, represents the number of students who meet applicable criteria on assessments that are required for graduation.



Exceeds Standards
Rating

Progress

The Progress component looks closely at the growth all students are making during the school year.



Exceeds Standards
Rating

Gap Closing

This component shows how well schools are improving or meeting the performance expectations for all students in English language arts, math, graduation, and English language proficiency.



Exceeds Standards
Rating

Graduation Rate

The Graduation Rate component looks at the percent of students who are successfully finishing high school with a diploma in four, five, six, seven or eight years.



Exceeds Standards
Rating

Graduation Rates

A Graduation rate is not calculated if there are not at least 10 students in the graduating class

- 71.9% of students graduated in 4 years
- 63.6% of students graduated in 5 years
- 56.7% of students graduated in 6 years
- 62.9% of students graduated in 7 years
- 60.0% of students graduated in 8 years

63.1% is the weighted average of all graduation rates.



Exceeds Standards
4-Year Rating



Exceeds Standards
5-Year Rating



Exceeds Standards
6-Year Rating



Exceeds Standards
7-Year Rating



Exceeds Standards
8-Year Rating



Exceeds Standards
Combined Rating