

# Bedford City School District

## REGISTRATION PACKET

### Grades K-12

#### Mission Statement

“The mission of the Bedford City Schools – a district rich in tradition and diversity – is to educate all students to their potential, so they will become responsible, resourceful adults who appreciate the differences among people, by providing a well-disciplined, safe, secure learning environment, utilizing a progressive, comprehensive curriculum facilitated by highly qualified, caring personnel, incorporation state-of-the-art technology in partnership with our four communities.”

Central Primary School (gr. K-3)  
799 Washington Street  
Bedford, OH 44146  
440-439-4225

Glendale Primary School (gr. Pre-3)  
400 W. Glendale Avenue  
Bedford, OH 44146  
440-439-4227

Carylwood Intermediate School (gr. 4-6)  
1387 Caryl Drive  
Bedford, OH 44146  
440-439-4509

Columbus Intermediate School (gr. 4-6)  
23600 Columbus Road  
Bedford Heights, OH 44146  
440-786-3322

Heskett Middle School (gr. 7-8)  
5771 Perkins Road  
Bedford Heights, OH 44146  
440-439-4450

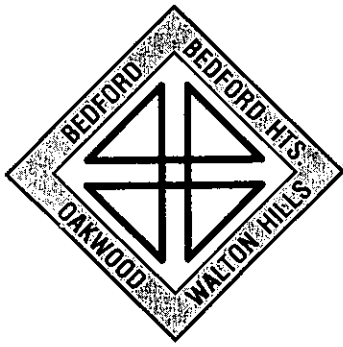
Bedford High School (gr. 9-12)  
481 Northfield Road  
Bedford, OH 44146  
440-786-3521

Please make sure the **entire** enrollment packet is completed prior to your appointment. You must have **all** required documents in order to register your student(s).

**Registration is by appointment only. Please call 440-439-1500 x-3700 to schedule an appointment.**

Student's Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_



## BEDFORD CITY SCHOOL DISTRICT

Superintendent • 475 Northfield Road • Bedford, OH 44146-2201  
Phone: 440-439-4777 • FAX: 440-439-4850 • Website: [www.bedford.k12.oh.us](http://www.bedford.k12.oh.us)

Dear Parents and Guardians:

Welcome to the Bedford City School District!

I am glad you have chosen to become a part of our district. We know that moving brings about many changes for your family. We hope to make the transition as smooth as possible for you and your family.

The Bedford Schools serve approximately 3,100 students residing in the communities of Bedford, Bedford Heights, Oakwood Village, and Walton Hills. Our staff, which consists of more than 530 teachers, administrators, and non-teaching employees at all six of our schools, is committed to promoting academic excellence while providing your child the best possible education.

Our dedication to diversity and strong commitment to family, friends and community allows Bedford Schools to provide our students with a broad-range of programs designed to raise academic achievement. These programs also equip students with the skills needed to live and work successfully in today's world.

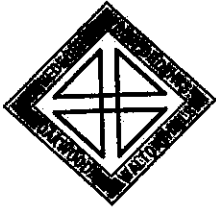
Enclosed are materials needed to register your student. Please complete the forms and call the Department of Pupil Services at 440-439-1500, ext. 3700, to make an appointment to complete the enrollment process. ***We encourage you to contact us as soon as possible so that we can make the necessary arrangements – books, seats, and teachers – to welcome your student into our school district.*** If you have any questions or need assistance, please do not hesitate to contact us. We are here to help, and with your cooperation, your child can get off to a good start in our school district!

We are proud of our schools and we are excited to have you and your child here.

Sincerely,

Andrea Celico, Ph.D.  
Superintendent of Schools

AC/rs



Bedford City School District  
475 Northfield Road  
Bedford, OH 44146  
Phone: 440-439-1500 Fax: 440-439-3485



## Checklist for Registration

Students who enroll in the Bedford Schools MUST be registered by their parent(s) or legal guardian(s). All foster children must be enrolled by their county caseworker at the Administration Center. (Caseworkers, please refer to the *Caseworker Foster Placement Form* for additional required paperwork.)

The following items are required for each student you are enrolling:

**Birth Certificate (One of the following is required)**

In the form of:

- Original
- Certified Copy
- Passport (in lieu of) (Please note: Kindergarteners must be 5 on or before August 1<sup>st</sup>)

**Custody Papers (originals with court stamp)**

In the form of:

- Guardianship
- Custody
- Divorce Decree/Shared Parenting Agreement (if appropriate)
- Journal Entry
- Grandparent Power of Attorney
- Caretaker Affidavit

**Medical Information**

In the form of:

- Immunization Records
  - Physical Form
- (Please provide medical documentation from a physician, OR previous school medical record, OR an infant immunization book.)

**Parent/Guardian Identification**

In the form of:

- Ohio Drivers License or State ID
- Social Worker ID

**School Records**

In the form of:

- Withdrawal Slip (Required)
- IEP/ETR/MFE (if applicable)
- Last Report Card/Grades in Progress (Required)
- 504 Plan (if applicable)
- Transcripts (high school only)
- Home Schooling Documentation (if applicable)

**Proofs of Residency- a Notarized Residency Affidavit is required for all, in addition to**

**Home Owner**

**NEED BOTH:**

- A current mortgage statement
- A current utility bill

**Renting (We verify all leases with the building department)**

**NEED BOTH:**

- A lease from the landlord
- A current utility bill

**Parents/Guardians living in a home with another resident**

**PARENT NEEDS:**

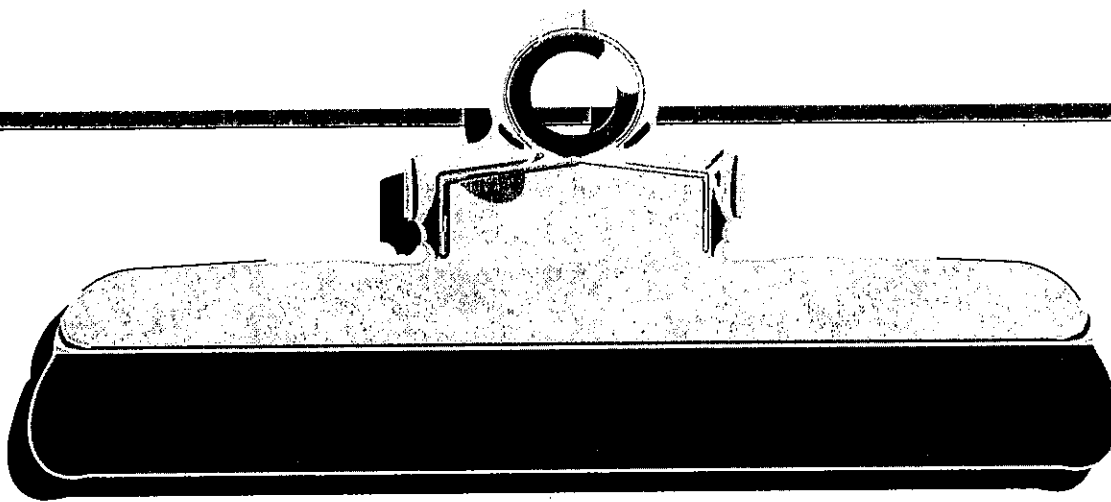
- One piece of business mail

**HOMEOWNER NEEDS:**

- A notarized Owner /Tenant Affidavit completed by homeowner accompanied by a current mortgage statement /or lease with the enrolling parent name And current utility bill.
- Certificate of Residence listing the name of the homeowner and additional occupants (Bedford and Oakwood residents only, obtained from the city Building Department. OR
- An Occupancy Permit listing the name of the homeowner and additional occupants (Bedford Hts. and Walton Hills residents only, obtained from the city Building Dept.

Registrations are performed by appointment only. Please call 440-439-4395 to schedule an appointment for grades Pre K- 6 & 9-12. Call Heskett Middle School at 440-439-4450 for grades 7-8:

**NOTE-Address Change:** Parent/guardians moving elsewhere within the Bedford District must file a new Residency Affidavit and Proof of Residency (see above) with the school registrar. Please call to make an appointment



## PLEASE NOTE:

Your child(ren) cannot be registered in the Bedford City School district until *all Paperwork* in this packet has been completed.

If your packet is incomplete, you may be asked to step aside in consideration of the next appointment. Be assured, you will be given first priority to reschedule once you have the completed packet together.

By regulation, all Residency Affidavit(s) must be notarized. Please call 439-1500 if you have any questions or concerns and we will be happy to help in any way we can.

## ADDITIONAL INFORMATION FOR ENROLLMENT

- As a part of the enrollment process, all special education students must have a current IEP (and the ETR, if possible). If the Special Education Supervisor is available at the time of enrollment, she will meet with you to go over the IEP. If not, a copy will be sent to them, and they will contact you to review the IEP.
- All caseworkers must meet with the Student Registrar and Attendance Officer in the Department of Pupil Services at the Administration Building in order to enroll students. Call 440-439-1500 ext. 3700 to schedule an appointment.
- Enrollment resulting from a change in custody or guardianship is handled by the Student Registrar and Attendance Officer in the Department of Pupil Services at the Administration Building. Call 440-439-1500 ext. 3700 to schedule an appointment.
- Any student who is 18 years or older must have a re-entry conference with the appropriate grade level Assistant Principal. The student's parent/guardian must be in attendance at this meeting unless the student is enrolling as a self-supporting adult. Call 440-439-1500 ext. 3700 to schedule an appointment.
- Any student returning from an expulsion must have a re-entry conference with the school Principal. Parent/guardian and the student must be at the conference.

**BEDFORD CITY SCHOOL DISTRICT**  
**Caseworker**  
**Foster Placement Form**

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

School district to Bear Cost of Education (SF-14) \_\_\_\_\_

- Child's original, Certified Birth Certificate  
Application \_\_\_\_\_  
Official School Document \_\_\_\_\_
- Immunization Records  
(Including the 2<sup>nd</sup> MMR shot by 7<sup>th</sup> grade)
- Journal Entry (must show school district of responsibility)
- ICCA page two ( Placement page only)
- Current IEP and MFE ( An appointment to meet with the Special Education Supervisor must be made before starting school.)**

**Foster Placement**

Name \_\_\_\_\_

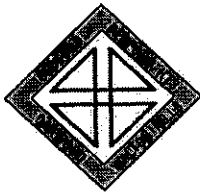
Address \_\_\_\_\_

Caseworker's Name \_\_\_\_\_ Contact # \_\_\_\_\_

**Proof of Residency**

- Notarized Residency Affidavit
- Current Mortgage Statement/ Payment book or Lease with child's name
- Current Utility Bill

Registrar's Signature \_\_\_\_\_



# Bedford City School District

475 Northfield Road

Bedford, OH 44146

Phone: 440-439-1500 Fax: 440-439-3485

New

Re-entry

## STUDENT REGISTRATION FORM



<b>Student Name</b>	Last Name	First Name	Middle Name	Entry Grade
<b>Social Security #</b> <small>(optional)</small>	_____ - _____ - _____		Birth Date	Month / Day / Year <small>(Kindergartners must be 5 on or before August 1<sup>st</sup>)</small>
<b>Student Home Address</b>	Number	Street	City	Zip Code Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. #
<b>Parent/Guardian</b>	Name		Phone Number	
<b>Previous school attended</b> <small>• Kindergarten include preschool if attended • Include homeschooling</small>	Name of School	School District	City	State

Is this student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	<b>Race</b> <small>(choose one or more)</small> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander How Identified:
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<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Citizenship</b> <input type="checkbox"/> Dual National <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Resident Alien <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other please name:
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<b>Birthplace</b> City _____ State _____ Country _____	<b>Native / Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Other please name:
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<b>Student Lives With</b> (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Self
<b>Legal Custody</b> (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent Court Journal Entry: (____/____/____) County: _____ District Bearing Cost(for Foster Children only): _____	<input type="checkbox"/> Guardian <input type="checkbox"/> CCDCFS <input type="checkbox"/> Other (explain): _____ <input type="checkbox"/> Probate Court <input type="checkbox"/> Juvenile Court Restrictions: _____

Is the child in gifted or Advanced Placement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe services:
Does the child have a 504 plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe services:
Has the child ever had an IEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list year of most recent evaluation:
If yes, do you have a copy of the IEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, indicate program:
Is the child suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, from what district?
Is the child expelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, from what district? End Date:

I do not consent to the release of email, home address, and home phone number for outreach purposes

**For Office Use only: School to attend:** \_\_\_\_\_ **Start Date** \_\_\_\_\_

**Proof of Residency:**  Home ownership  Lease  Layering  Property owner statement  Building Permit  
**Utility:**  Gas  Electric  Driver's License/State ID  Homeless  Other \_\_\_\_\_

**Proof of guardianship/custody:**  Divorce Decree/Shared Parenting Plan  Court journal entry  60-day agreement  
 Grandparent POA/Caretaker -Renewal date \_\_\_\_\_ Due date: \_\_\_\_\_  
 Other \_\_\_\_\_

Please turn over to complete

**PARENT(S) / GUARDIAN INFORMATION**

**STUDENT NAME:**

<b>Mother</b>		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name		First Name		
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone		Cellular Phone		

<b>Father</b>		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name		First Name		
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone		Cellular Phone		

<input type="checkbox"/> <b>Legal Guardian</b>	<input type="checkbox"/> <b>Step Parent</b>	<input type="checkbox"/> <b>Foster Parent</b>	<input type="checkbox"/> <b>Other:</b>				
Last Name		First Name					
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone		Cellular Phone		
Social Worker (If Applicable):							

<input type="checkbox"/> <b>Legal Guardian</b>	<input type="checkbox"/> <b>Step Parent</b>	<input type="checkbox"/> <b>Foster Parent</b>	<input type="checkbox"/> <b>Other:</b>				
Last Name		First Name					
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone		Cellular Phone		
Social Worker (If Applicable):							

<b>EMERGENCY CONTACT INFORMATION</b>							
Name		Relationship		Name		Relationship	
Telephone				Telephone			
Address				Address			
Email				Email			

<b>PLEASE LIST ALL OTHER CHILDREN UNDER THE AGE OF 22 WHO LIVE AT THE HOME ADDRESS</b>					
Name	Grade	Date of Birth	Gender	Relationship To Student	

*I hereby certify, under penalty of perjury, that all of the information that I have given is correct in all respects to the best of my knowledge.*

Date: \_\_\_\_\_ Parent/Legal Guardian/Independent Student : \_\_\_\_\_

Date: \_\_\_\_\_ Information Verified By: \_\_\_\_\_



# Bedford City School District

## RESIDENCY AND CUSTODY AFFIDAVIT



For the purpose of establishing school residence and custody (To be completed by parent or legal guardian)

### SIGN ONLY AFTER CAREFULLY READING AND SIGNING IN THE PRESENCE OF A NOTARY.

**THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT:**

I, \_\_\_\_\_, certify that I am the custodial parent/legal guardian of \_\_\_\_\_  
(Parent's or Legal Guardian's Full Name) (Student's Name)

and that I have established residency at \_\_\_\_\_  
(Street Number, Name, Apt. #) (City) (State) (Zip Code)

Date of Occupancy: \_\_\_\_\_ Lease End Date (if applicable): \_\_\_\_\_

I, \_\_\_\_\_, certify that I am a resident of the above residence located within the Bedford City School District. The registrar has explained to me that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the Bedford City School District address and also, that the residence where meals are taken, and where the resident parent sleeps must be the Bedford City School District residence. (Photo identification, such as an Ohio Driver's License with your most recent address, is required for identification)

List the names of ALL people, both adults and children, who reside at the above address. Also, please indicate their school (if applicable) and "status" (i.e., homeowner, lessee, renter, parent, guardian, student, preschooler, grandparent, etc.) Attach a separate piece of paper, if needed.

Last Name	First Name	School (If Applicable)	Last Name	First Name	School (If Applicable)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### **Please read each statement and then place your initials to the left of the statement.**

- \_\_\_\_\_ I/we certify that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named students in the Bedford City School District
- \_\_\_\_\_ I/we understand that I/we are responsible for informing school officials of any change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the Bedford City School District, I will **immediately** file another residency and custody affidavit with the Board of Education of the Bedford City School District. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the Bedford City School District, I will withdraw my child(ren) from the district and will enroll my child(ren) in the new district of residence.
- \_\_\_\_\_ I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).
- \_\_\_\_\_ I/we have provided the Bedford City School District with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the children being enrolled as per Ohio Revised Code 3313.672.
- \_\_\_\_\_ I/we acknowledge the student who is being registered has not been expelled or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.
- \_\_\_\_\_ I/we understand that if the student attends school while not being eligible to do so tuition free, the student and all responsible parties will be liable for tuition at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08 (the current tuition rate for the year) plus interest at a rate of 1.5% per month, administrative costs, court costs, and any attorney fees incurred in the collection of those sums and the student will immediately be withdrawn from the Bedford City School District.
- \_\_\_\_\_ I/we understand that the Bedford City School District may use whatever legal means it has at its disposal to verify my residency. I/we hereby waive my rights to confidentiality of information relative to my/our residence and give permission to the Bedford City School District, the City tax Administrator, and the Regional Income Tax Agency (RITA) to release selected information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.

**NOTE:** Be sure you have read this statement carefully before you sign. Giving false information under oath is punishable as a criminal offense under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor of the first degree with a maximum fine of \$1,000 and/or a jail term of six months. In cooperation with the City Prosecutors, each violation may be thoroughly and vigorously prosecuted.

### Signature(s)

Parent/Legal Guardian/Custodian: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Student 18 years of age or older: \_\_\_\_\_ Phone number: \_\_\_\_\_

County of Cuyahoga )  
 ) SS:  
State of Ohio )

Before me, a Notary Public of the State of Ohio, came the above-named who said that he/she/they did understand the statements set forth above and did adopt said statements and the information, herein as his/her/their own, as true to the best of his/her knowledge of the consequences and penalties of falsification, and did affix his/her signature in my presence,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

# Bedford City School District

## OWNER/TENANT AFFIDAVIT

O.R.C. 3313.64

(Complete only if you are a parent living with another resident.)



I, \_\_\_\_\_, certify that I am the (circle one) owner / tenant of the home/apartment located at \_\_\_\_\_, \_\_\_\_\_, OH \_\_\_\_\_  
(Address) (City) (Zip Code)

I further certify that the below listed tenants have established permanent residence in the aforementioned residence/apartment with me and, to the best of my knowledge, are not maintaining a separate residence elsewhere. Attach a separate piece of paper, if needed.

\_\_\_\_\_  
(Adult and Relationship)

\_\_\_\_\_  
(Child and Relationship)

\_\_\_\_\_  
(Adult and Relationship)

\_\_\_\_\_  
(Child and Relationship)

\_\_\_\_\_  
(Adult and Relationship)

\_\_\_\_\_  
(Child and Relationship)

\_\_\_\_\_  
(Child and Relationship)

### Please read each statement and then place your initials to the left of the statement.

\_\_\_\_ I understand that it will be my responsibility to notify the Bedford City School District Registration (440-439-4395) when the above-named family no longer resides in my home/residence.

\_\_\_\_ I understand that should any of the above statements be false, I am liable for any penalties including, but not limited to, the collection of any money owed for tuition purposes for which the law provides under the pertinent criminal code (the current tuition rate for the year), plus interest at a rate of 1.5% per month, administrative costs, court costs, and any attorney fees incurred in the collection of those sums.

\_\_\_\_ I agree to, and stipulate, that the Bedford City School District may use whatever legal means it has at its disposal to verify my residency, including having an attendance officer visit my home to ensure that the family named above, resides at this address.

**NOTE:** Be sure you have read this statement carefully before you sign. Giving false information under oath is punishable as a criminal offense under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor or the first degree with a maximum fine of \$1,000 and/or a jail term of six months. In cooperation with the City of Bedford, each violation may be thoroughly and vigorously prosecuted.

### Signatures:

\_\_\_\_\_  
(Signature of Owner/Tenant)

\_\_\_\_\_  
(Soc. Sec. #)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Owner/Tenant)

\_\_\_\_\_  
(Phone Number of Owner/Tenant)

State of Ohio )

SS )

County of Cuyahoga )

Before me, a Notary Public of the State of Ohio, came the above-named who said that he/she/they did understand the statements set forth above and did adopt said statements and the information, herein as his/her/their own, as true to the best of his/her knowledge of the consequences and penalties of falsification, and did affix his/her signature in my presence.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

# KINDERGARTEN PHYSICAL EXAMINATION

Student's name _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth / /	
Height _____	Weight _____	BMI percentile _____		BP _____	

### Screening Tests

Vision	Hearing	Postural
Date performed / /	Date performed / /	Date performed / /
Distance Acuity <input type="checkbox"/> R <input type="checkbox"/> L Muscle Balance <input type="checkbox"/> Pass <input type="checkbox"/> Fail Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Tested with glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pure Tone Right ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Left ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Child under the care of a hearing specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No abnormality noted <input type="checkbox"/> Screening not done <input type="checkbox"/> Referral made Comments _____ _____ _____

<b>Speech/Language</b> Speech assessment completed <input type="checkbox"/> Yes <input type="checkbox"/> No Child has no discernible speech problem <input type="checkbox"/> Yes <input type="checkbox"/> No Speech evaluation recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Child has possible problem with _____	<b>Lead Poisoning</b> Date _____ Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL Date _____ Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL	<b>HGB Results PRESCHOOL ONLY</b> _____ _____ _____
<b>Tuberculin Test</b> Date _____ Type _____ Results _____		

**Health History (Serious or chronic illnesses/injuries/surgeries)**

\_\_\_\_\_

\_\_\_\_\_

**Physical Examination Date of most recent examination** / /

Essentially normal     Abnormalities as follows \_\_\_\_\_

\_\_\_\_\_

Is this child able to participate fully in:

Classroom and academic activities <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical education classes <input type="checkbox"/> Yes <input type="checkbox"/> No
Competition athletics <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact and collision sports <input type="checkbox"/> Yes <input type="checkbox"/> No

If limitations are advised, please specify \_\_\_\_\_

\_\_\_\_\_

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

\_\_\_\_\_

\_\_\_\_\_

Health Care Provider's signature _____	Print name _____	Phone (    ) _____
Address _____		Date / /
City _____	State _____	Zip _____

Adapted from the Ohio Department of Health

# Immunization Summary for School Attendance Ohio

## FALL 2016 IMMUNIZATIONS FOR SCHOOL ATTENDANCE

VACCINES	FALL 2016 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	<p><b>K</b> Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4<sup>th</sup> birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4<sup>th</sup> birthday, a fifth (5) dose is not required.*</p> <p><b>1-12</b> Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</p> <p><b>Grades 7-12</b> One (1) dose of Tdap vaccine must be administered prior to entry.**</p>
POLIO	<p><b>K-6</b> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4<sup>th</sup> birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.***</p> <p><b>Grades 7-12</b> Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</p>
MMR Measles, Mumps, Rubella	<p><b>K-12</b> Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</p>
HEP B Hepatitis B	<p><b>K-12</b> Three (3) 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 8 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><b>K-6</b> Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.</p> <p><b>Grades 7-10</b> One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>
MCV4 Meningococcal	<p><b>Grade 7</b> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry</p> <p><b>Grade 12</b> Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry****</p>

**NOTES:**

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as 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 (available at [www.odh.ohio.gov](http://www.odh.ohio.gov), Immunization: Required Vaccines for Childcare 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 four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4<sup>th</sup> birthday, a sixth dose is recommended but not required.

\*\* Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. For students in 12<sup>th</sup> grade, one dose of Td (Tetanus and diphtheria) is acceptable. Tdap can be given regardless of the interval since the last Tetanus or diphtheria-toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

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

\*\*\*\* Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1<sup>st</sup>) dose of MCV4 was administered on or after the 16<sup>th</sup> birthday, a second (2<sup>nd</sup>) dose is not required. If a pupil is in 12<sup>th</sup> grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.

## Ohio Department of Health • School and Adolescent Health Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth /    /
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**Family Health History** Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

**Birth and Developmental History**    No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems.  _____	
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

**Student Health Conditions**

<input type="checkbox"/> <b>YES</b> , my child receives regular medical/health care for the following conditions: <span style="float: right;"><input type="checkbox"/> <b>NO</b> medical conditions</span>		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.  
\_\_\_\_\_

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

# Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes    No   If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes    No   If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

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Form completed by	Relationship to student	Date / /
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# Ohio Department of Health • School and Adolescent Health

## Immunization Report

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth /    /
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Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671).  
 A copy of the child's immunization record may be attached or dates may be entered below.  
 Please note the month, day, and year for each immunization should be on record.

Vaccine	Record complete dates (month, day, year) of vaccine doses given					
Diphtheria, Tetanus, Pertussis (DTP)						
DTaP, Tdap						
DT, Td						
Polio						
Hepatitis B (HBV)						
Measles, Mumps, Rubella (MMR)						
Varicella (Chickenpox)						
Hepatitis A						
Meningococcal (MCV4, MPSV4)						
Pneumococcal (PCV)						
Measles (Rubeola) only						
Rubella only						
Mumps only						
Haemophilus influenza Type b (Hib)						
Influenza						
Other						

This information was provided by     Health Care Provider     Parent/Guardian     Other \_\_\_\_\_

Signature	Print name	Date /    /
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# Bedford City School District

Date: \_\_\_\_\_

## Home Language Survey



*Federal guidelines require that this form be completed for all enrolled students.*

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (ZIP)

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

***Please answer the following questions:***

1. What language did your child speak when first learning to talk? \_\_\_\_\_
2. What language does your child speak most often at home? \_\_\_\_\_
3. What language do you use most frequently when communicating with your child? \_\_\_\_\_
4. List the language(s), other than English, spoken by your child \_\_\_\_\_
5. List the language(s), other than English, spoken in the home. \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

*If your answer was any language other than English to questions 1-5, please answer the following questions, otherwise, you do not need to answer 6-14.*

6. What is the Parent/Guardian's native language? Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_
7. Does your child:  speak English  read English  write English (Check all that apply.)
8. Which adults in the home **speak** English?  Mother  Father  Guardian
9. Which adults in the home **read** English?  Mother  Father  Guardian
10. Do you need an interpreter?  Yes  No If yes, do you have one available?  Yes  No
11. Interpreter's Name (If available): \_\_\_\_\_ Phone #: \_\_\_\_\_
12. When did your child first attend school in the United States? Date: \_\_\_\_\_

13. List the schools your child attended in the United States

School Name	City/State	Grade	Dates Enrolled

14. List the schools your child attended in another country

School Name	City/Country	Grade	Dates Enrolled



FOR OFFICE USE ONLY  
 Date form presented: \_\_\_\_\_  
 Registrar's initials: \_\_\_\_\_

## BEDFORD CITY SCHOOLS TRANSPORTATION FORM

S.S. #: \_\_\_\_\_ DATE: \_\_\_\_\_  
 LAST NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ GENDER: M or F  
 SCHOOL NAME: \_\_\_\_\_

\*\*\*\*\*

### FAMILY INFORMATION

MOTHER'S FIRST NAME: \_\_\_\_\_ LAST: \_\_\_\_\_  
 WORK / CELL NUMBER: \_\_\_\_\_ EXT: \_\_\_\_\_  
 FATHER'S FIRST NAME: \_\_\_\_\_ LAST: \_\_\_\_\_  
 WORK / CELL NUMBER: \_\_\_\_\_ EXT: \_\_\_\_\_

\*\*\*\*\*

### EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

\*\*\*\*\*

HEALTH CONCERNS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Circle one: My child WILL or WILL NOT be riding the school bus.

\*\*\*\*\*

Ohio Legislation has required all school districts to gather the following data as part of the Education Management Information System (EMIS). Please circle the appropriate category.

ETHNIC CODE:      W = White (Non-Hispanic)      B = Black (Non-Hispanic)      H = Hispanic  
                           A = Asian or Pacific Islander      I = American Indian or Alaskan Native      M = Multiracial

**CHANGE IN TRANSPORTATION INFORMATION**  
(Complete ONE FORM for EACH CHILD)

Bedford City Schools Transportation Department  
25441 Solon Road  
Bedford Heights, Ohio 44146

PHONE: 440-439-4234  
FAX: 440-439-4673

This form should be filled out if your child will be picked-up or dropped-off at a location other than the stop closest to your home address. Your child's school receives a copy of this form so that the teachers know whether or not to put your child on a bus. **This form is valid for one school year only and must be resubmitted by June 1 for the next school year.**

**PLEASE PRINT**

School: \_\_\_\_\_

CHILD'S Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Apt. #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Grade: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Work / Emergency #: \_\_\_\_\_

**CHANGE IN TRANSPORTATION INFORMATION**

Name of DAY CARE or SITTER: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date to begin: \_\_\_\_\_

(ALLOW ONE WEEK TO PROCESS THIS REQUEST)

Indicate your transportation request below. **The stop will be assigned to the nearest existing stop.**

\_\_\_\_\_ PICK UP ONLY from the day care or sitter and take to school

\_\_\_\_\_ DROP OFF ONLY after school to the day care or sitter listed above  
(DROP OFF LOCATION MUST BE THE SAME PLACE EACH DAY)

\_\_\_\_\_ PICK UP & DROP OFF at the day care or sitter listed above  
(DROP OFF LOCATION MUST BE THE SAME PLACE EACH DAY)

\_\_\_\_\_ NO MORNING TRANSPORTATION NEEDED

\_\_\_\_\_ NO AFTERNOON TRANSPORTATION NEEDED

This will be the transportation information for my child for the CURRENT school year ONLY.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TRANSPORTATION OFFICE USE ONLY:**

Stop assignment (if different than above requested): \_\_\_\_\_

P.U. \_\_\_\_\_

D.O. \_\_\_\_\_

**BEDFORD CITY SCHOOL DISTRICT  
EMERGENCY MEDICAL AUTHORIZATION**

SS# \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_  
GRADE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

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.

Residential Parent/Guardian  
Mother's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Name of Relative or Childcare Provider \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_ Emergency Room Phone \_\_\_\_\_

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 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 are:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_

PART II – REFUSAL TO CONSENT

I do **NOT** give consent for emergency medical treatment of my child. In the event to illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_

**BEDFORD CITY SCHOOLS  
ACCIDENT INFORMATION CARD**

SS# \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_  
 (Last) (First) (Middle)

Birthdate \_\_\_\_\_ Present Age \_\_\_\_\_ School Bus # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Pager # ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 (Last) (First) (Last) (First)

Father's Company \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Mother's Company \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**In case neither parent can be notified of an emergency or illness:**

Name \_\_\_\_\_ OR Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Preferred Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

List any disabilities or allergies that should be known since early childhood \_\_\_\_\_

Are there any custody/guardianship papers for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent having custody: Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

**It is the parent's responsibility to notify the building principal of any changes in information.**

**BEDFORD CITY SCHOOL DISTRICT  
School Messenger Contact Information**

**DIRECTIONS**

Please complete card and return it with your student to school. *Note: For the primary telephone number, please list the number which **you** are most likely to answer, such as your home, work, or cell phone. This is different from designating someone to act on your behalf for your child during an emergency.*

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

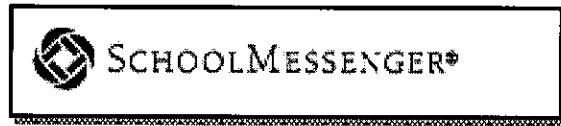
Your Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

		Write Contact Name in box	Specify (circle one)
Primary phone number	( )		Work Home Cell Other
Phone # 2 (optional)	( )		Work Home Cell Other
Phone #3 (optional)	( )		Work Home Cell Other
Text Message Phone # (optional; only if applicable)	( )		Cell
Email Address (optional)			Work Home Cell Other
Additional contact info: Specify if cell, home, etc.			Work Home Cell Other

**Note:** ROUTINE CALLS: only the primary phone number is called  
 EMERGENCIES: ALL phone numbers/emails/texts are contacted

\*Has the primary phone number changed since last school year? Yes \_\_\_\_\_ No \_\_\_\_\_ First Time Submitted

# BEDFORD CITY SCHOOL DISTRICT



The Bedford City School District uses the School Messenger rapid communication service. School Messenger is a web-based notification system that can send thousands of telephone messages within minutes to provide important information about events or emergencies.

## RECEIVING MESSAGES

Parents/Guardians will receive two different types of calls from your child's school:

- **Routine calls.** These calls include upcoming events, such as open houses, meetings, school activities, and **unexcused student absences**. Messages sent by School Messenger display the school's phone number on Caller ID. ***Routine calls are made only to the primary phone number.***
- **Emergency calls.** These calls might include **school delays or cancellations due to inclement weather**. Emergency messages display "411" on caller ID so parents/guardians recognize the nature of the call. **Emergency calls are made to ALL phone numbers provided.**

**Note:** *If the message stops playing, simply press the \* (star) key to replay the message.*

## IMPORTANCE OF ACCURATE CONTACT INFORMATION

In order for the system to work, schools must have updated phone numbers and e-mail addresses. Parents/guardians need to **verify** their contact information and update their child's school immediately when information changes: You may provide up to four phone numbers to be contacted in an emergency. ***Routine calls will be made only to the primary phone number.*** E-mail messages and text messages will be sent for routine announcements at the discretion of the principal or administrator.

## SECURITY

All contact information is confidential and secure, and all data is password protected and accessible only by authorized school administrators. Information provided will be used for official school communication only! E-mail addresses will not be provided to any third party.

## DIRECTIONS

Please complete the attached card and return it with your student to school. If you need to add additional contact information, please request a second card.

# BEDFORD CITY SCHOOL DISTRICT STUDENT DRESS CODE K-12

Effective Date: Tuesday, August 26, 2008

Revised: June 9, 2016; May 8, 2014; June 24, 2010; December 10, 2008

## I. Introduction

Students must dress in a manner that is neat, clean and appropriate for the school's positive learning environment. A uniform is not required, but the following dress code has been developed to allow for flexibility by students and parents/guardians in the choice of school apparel. *Items not listed as approved are not permitted as part of the dress code. Dress code apparel may be purchased at any store, provided that the attire meets the following requirements:*

## II. Permitted Attire

The following indicates what IS appropriate for school dress:

### A. Tops:

1. Tops must be appropriately sized; no oversized or tight-fitting clothing.
2. Tops may be in any solid color.
3. Tops may be worn in the following styles only:
  - a. Polo shirts (with folding collars), also known as golf shirts, that button down the front, long or short sleeve. Bedford spirit wear polo shirts are permitted.
  - b. Oxford-style shirts or blouses (with folding collars) that button down the front, long or short sleeve.
  - c. Turtlenecks and mock turtlenecks.
  - d. Tops must be long enough to be tucked into pants or skirts and must properly cover the torso.
  - e. Any logos may be no larger than the size of a quarter – no more than two logos per garment.
4. Sweaters, vests, and suit jackets (blazers) may be worn over an approved-style top, in any solid color. Crewneck sweaters may be worn without a collared shirt.
5. Ties are optional and may be in any color.

### B. Pants and Skirts (including capris, skorts, and shorts):

1. Pants and skirts must be appropriately sized; no oversized or tight-fitting clothing, including Skinny Pants (fitting tight to the leg) or any type of stretch pants or any pants that are form-fitting and tight on the leg. Leggings or jeggings are not permitted to be worn as pants.
2. Students must wear pants, skirts, capris, skorts, or shorts in the following solid colors only: tan, navy, brown, black or gray. "Dickie" pants with a slit pocket on the leg are permitted.
3. Any logos may be no larger than the size of a quarter – no more than two logos per garment.
4. Lower garments must be worn at the natural waist.
5. Pants (including capris) and shorts must have belt loops and must be worn with a belt. Any type of belt must be worn. (Students K-3 are exempt.)
6. Skirts and skorts with belt loops must be worn with a belt. (Students K-3 are exempt.)
7. Shorts may be worn during the specified time period only (April 1 – October 31).
8. Skirts, skorts, and shorts must be knee length or longer (*i.e.*, hems must be at the top of the knee or longer).
9. Tights or leggings, if worn, must be under an appropriate-length skirt, dress, or jumper (hems must be at the top of the knee or longer) in the following solid colors: white, tan, navy, brown, black or gray.

### C. Jumpers and Dresses:

1. Jumpers may be worn in any solid color with an approved shirt/blouse underneath and must be knee length or longer. (*i.e.*, hems must be at the top of the knee or longer).
2. Dresses are permitted in any solid color and must be knee length or longer (*i.e.*, hems must be at the top of the knee or longer). Dresses must also have tops that are polo-style or oxford-style with a folding collar, or have turtlenecks or mock turtlenecks.

### D. Footwear:

1. Hard-soled or tennis shoes are permitted in any color.
2. Shoes must be full shoes with closed toes and closed backs.
3. Maximum heel height is one and one half inches.
4. Boots, platforms or wedges of any kind may, not be worn during the school day in grades K-6. Boots with a maximum heel height of one and one half inches may be worn during the school day in grades 7-12.
5. Socks are approved in any color.

**III. The following indicates what IS NOT appropriate for school dress**

- A. ANY TIGHT FITTING GARMENTS.
- B. Jeans or jean-style pants (regardless of color /material), jeggings, cargos (pants, shorts, capris, and skorts -- bottoms with pockets on the outside), cut-offs, sweat pants, and rolled-up pants.
- C. Athletic shorts with drawstring and/or elastic waistbands.
- D. Any dress or grooming that is distracting or is a possible health or safety hazard. This includes, but may not be limited to, clothing or jewelry that has a stated or implied reference to alcohol, drugs, tobacco, sex, gangs, cults, symbols of death violence, obscene language, or language that belittles others (e.g. race, ethnicity, religion, gender, or physical characteristics), or that is likely to cause a hostile, intimidating, degrading, offensive, harassing, or discriminatory environment.
- E. Any visible tattoo that is derogatory in nature.
- F. Transparent clothing or material that reveals undergarments.
- G. Clothing with tears or holes.
- H. Hats, hoods, hoodies, bandanas, scarves of any kind (on any part of the body), sweatbands, and head coverings (except for religious purposes).
- I. Jewelry with spikes, and other articles judged potentially harmful.
- J. Chains or metal accessories attached to clothing.
- K. Belts made of chain link, or with wording, nameplates, or oversize buckles.
- L. House shoes or slippers.

**IV. Additional Information**

- A. **Bedford City Schools "Spirit Wear"** may be worn within the following requirements.
  - 1. Spirit Wear is defined as apparel which is sold or awarded by a school organization and which identifies a school, athletic team, or student activity, and is approved by the building administrator.
  - 2. Bedford City School District logos that identify the school and/or school district may appear on spirit wear apparel.
  - 3. Spirit Wear is permitted only in the following colors: green, white/cream, black, or gray.
  - 4. Hoodies are permitted as Spirit Wear, but they may not be worn over a student's head.
  - 5. Sweatpants are prohibited as Spirit Wear.
  - 6. Bedford City Schools' Spirit Wear purchased outside the school must be approved by the building administrator.
  - 7. Spirit Wear may be worn on Fridays or the last day of the school week, unless otherwise approved by the building administrator.
  - 8. Student athletes may wear approved team apparel on designated game days.
- B. High school students in Career and Technical Education Programs may be required to wear uniforms including appropriate footwear necessary for their special programs. These uniforms may be worn only in the career and technical education classroom settings.
- C. Physical education uniforms are to be worn only in physical education classes.
- D. Students are permitted to wear a uniform of a nationally recognized youth organization, such as Boy Scouts or Girl Scouts.
- E. The building administrator may allow modification to the dress code on specified days such as Spirit Day, holidays, or a school-wide event.
- F. The following items are NOT permitted to be worn inside the building:
  - 1. Coats and jackets
  - 2. Gloves
  - 3. Boots, platforms or wedges (K-6)
  - 4. Cleats
  - 5. Outerwear vests
  - 6. SunglassesThese items must be stored in the locker or coatroom provided.

**Please note: In the event any discrepancies arise regarding this dress code, the administrator retains the right to use his/her discretion and professional judgment to settle all concerns or issues.**

**Bedford City School District**  
**Acceptable Use and Internet Safety Agreement**  
**Consent Form**

(Information contained in the Parent/Student Handbook issued by each school)  
*This form must be signed by both the parent and the student*

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As a parent or legal guardian of \_\_\_\_\_, I have read and understand the Acceptable Use and Internet Safety Agreement and agree to abide by all rules and standards for acceptable use as stated therein.

I further state that all information stated herein is truthful and accurate.

I grant permission for my child to access or use a school computer or network software as well as the Internet services and/or to create a student account on the Bedford City School District's computer network.

Student's Name: (please print) \_\_\_\_\_

Student's School: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_.