

HUNTSBURG CAMPUS: 11530 MADISON ROAD • HUNTSBURG, OH 44046 • PHONE: 440.636.6290 • FAX: 440.636.5665 •
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We employ Adobe Professional to create online forms for your convenience. You may complete these forms by either:

1. Typing them out on your computer (preferred) or
2. Printing the forms and filling them out by hand

If you choose to complete the forms using your computer, you may complete them online, then print them or save them to your computer for later completion. In either case *Adobe Acrobat Reader does not allow you to save unfinished forms*. If you should start a form and find yourself unable to complete it, minimize the window but do not close it; closing the window will cause the information to be lost.

When you have completed a form, print it (we suggest printing two copies-- one for your records and future reference). Please be sure all forms requiring a signature are signed.

***IF YOUR CHILD IS NEW TO THE SCHOOL,
PLEASE INCLUDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE.***

Below is a list of required forms for school year 2016-2017 to be completed and returned to the Huntsburg office by Friday, May 13, 2016.
IF ANY FORMS WILL ARRIVE AFTER THIS DATE, CONTACT THE OFFICE BY CALLING 440-636-6290.
All forms must be submitted prior to student arrival.

ALL ADOLESCENT COMMUNITY STUDENTS

<input type="checkbox"/> 1 FAMILY INFORMATION <ul style="list-style-type: none"> • <i>Two page document.</i> • <i>Complete one per family.</i> • <i>Requires signature.</i> <p>IF SUBMITTED WITH CONTRACT, NO NEED TO RESUBMIT</p>	<input type="checkbox"/> 5 MEDICAL STATEMENT AND IMMUNIZATION DATA <ul style="list-style-type: none"> • <i>Requires signatures of parent and physician.</i> • <i>All new and 7th year students require Tdap booster</i> 	<input type="checkbox"/> 9 POTASSIUM IODIDE INFORMATION AND PERMISSION <ul style="list-style-type: none"> • <i>Complete one per student.</i> • <i>One-page document, sign and return.</i>
<input type="checkbox"/> 2 GRANDPARENT INFORMATION <ul style="list-style-type: none"> • <i>Complete one per family</i> 	<input type="checkbox"/> 6 MEDICATION RELEASE <ul style="list-style-type: none"> • <i>Complete one per student.</i> • <i>Requires signatures of parent <u>and</u> physician.</i> 	<input type="checkbox"/> 10 STUDENT PARENT CONFERENCE FORM FOR <u>STUDENT</u> <ul style="list-style-type: none"> • <i>Two page document.</i> • <i>Complete one per student.</i> • <i>Requires student signature.</i>
<input type="checkbox"/> 3 STUDENT RELEASE AUTHORIZATION <ul style="list-style-type: none"> • <i>Complete one per family.</i> • <i>Requires signature of parent.</i> 	<input type="checkbox"/> 7 ADMINISTRATION OF <u>PRESCRIPTION</u> MEDICATION BY SCHOOL PERSONNEL REQUEST <ul style="list-style-type: none"> • <i>To be completed by your physician if child needs EpiPen, inhaler, or other medication that needs to be administered at school on a regular or emergency basis. <u>One form per medication is required.</u></i> 	<input type="checkbox"/> 11 STUDENT PARENT CONFERENCE FORM FOR <u>PARENTS</u> <ul style="list-style-type: none"> • <i>Two page document.</i> • <i>Complete one per student.</i> • <i>Requires parent signature.</i>
<input type="checkbox"/> 4 EMERGENCY MEDICAL AND FIELD TRIP AUTHORIZATION <ul style="list-style-type: none"> • <i>Complete one per student.</i> • <i>Every line must be filled in. If not applicable, mark N/A.</i> • <i>Requires signature of parent in two places.</i> 	<input type="checkbox"/> 8 RELEASE FOR FARM-RELATED ACTIVITIES & POWER TOOLS <ul style="list-style-type: none"> • <i>Complete one per student.</i> • <i>Requires signatures in two places</i> 	<input type="checkbox"/> 12 INTERNET USAGE AGREEMENT <ul style="list-style-type: none"> • <i>Complete one per student.</i> • <i>Requires signatures of student and parent.</i>

BOARDING STUDENTS

13B BOARDING STUDENT SUPPLIES

- *Informational only, no signature required.*

16B MEDICAL TREATMENT PERMISSION

- *Complete one per student*
- *Requires parent signature*

19B ANNUAL FEE SCHEDULE

- *Informational only, no signature required.*

14B BOARDING STUDENT AUGUST ARRIVAL

- *Complete and return bottom portion.*

17B PARENT SOCIAL SECURITY NUMBER

- *Required only of parent who holds medical insurance*
- *Requires parent signature*

15B TECHNOLOGY POLICY AND AGREEMENT

- *Complete one per student.*
- *Requires signatures of student and parent.*

18B VACATION AND BREAK DEPARTURE AND ARRIVAL SCHEDULE

- *Informational only, no signature required.*

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DAY STUDENTS

13D DAY STUDENT SUPPLIES

- *Informational only, no signature required.*

14D TRANSPORTATION SURVEY

- *Requires signature.*

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