NEW STUDENT REGISTRATION   2020-2021 SCHOOL YEAR

NECESSARY DOCUMENTS/INFORMATION (<u>packet will not be accepted without the following documents</u>)

- ☐ Photocopy of SCPP Test Results

- ☐ Photocopy of Current Report Card (1st and 2nd semester)

- ☐ Photocopy of Transcript (if Applicable)

- ☐ Photocopy of Ohio State or IOWA testing for high school level courses, e.g. Algebra 1 (if applicable)

- ☐ Photocopy of Current Immunization Record (including MMR and TDAP dates)

- ☐ Photocopy of Proof of Residence (see page 9 for explanation)

- ☐ Photocopy of Birth Certificate

- ☐ Photocopy of Custodial Agreement (if applicable)

- ☐ Photocopy of Accommodations Plan (504/IEP)

- ☐ Orientation Selection Form (provided at registration)

- ☐ Pink Out-of-District Form (if Applicable) – provided at registration

<u>REGISTRATON FOR SCHOOL YEAR 2020-2021</u>

THURSDAY, JANUARY 23, 2020
THURSDAY, FEBRUARY 19, 2020
THURSDAY, MARCH 19, 2020

REGISTRATION BEGINS AT 7:00 PM

(PACKETS WILL NOT BE ACCEPTED AFTER _MARCH 19 2020_ NO EXCEPTIONS!)

To Be Completed By Cincinnati Public Schools 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 is used only 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. **Record.** Indicate responses from the language background survey (page 2) in table below.

Student's native language What was this student's first language?	_____
Student's home language What language does this student speak most frequently?	_____
Potential English learner A language other than English is listed for any of the 3 questions in the language background section.	☐ **Yes. Assess the student's English proficiency.** ☐ **No. Do not assess the student's English proficiency.**
Immigrant student status Immigrant = Student born outside of U.S. and has attended U.S. schools for less than 3 years.	☐ **Yes, the student is an immigrant child.** ☐ **No, the child is not an immigrant child.**

3. **Validate.** Complete the information below.

_____   _____
Signature of validating school employee   Date (mm/dd/yyyy)

   Rebecca Davis   Walnut Hills High School
Printed name of validating school employee   Name of school or school district

Welcome to
CINCINNATI PUBLIC SCHOOLS

Important: <u>Signature required at bottom of Page 5.</u>   **Page 1**

STUDENT REGISTRATION INFORMATION FORM
School Name __Walnut Hills High School_____

School Year __2020-2021__   **Today's Date**
School Code __550____   ____/____/____

Student Information   *Please print. Provide legal names.*

Last Name_____First Name _____Middle _____

Entering Grade Level _____   Gender (Check One) ☐ Male ☐ Female

Home Address_____Apartment Number _____

City_____ State _____ Zip Code _____

Phone Number _____ Unlisted: ☐ No ☐ Yes

Is student Hispanic or Latino? ☐ **No** ☐ **Yes**
Race/Ethnic Code ☐ Black/African-American ☐White/Caucasian ☐Asian
(Must check all that apply.) ☐ American Indian/Alaskan Native ☐Native Hawaiian/Other Pacific Islander

Student's Birthplace: City_____ State _____ Country_____

Student's Birthdate ____/____/_____ (month/date/year – xx/xx/xxxx)

Birth Document Source _____ (birth certificate, passport, etc.; provide document)
Nationality _____

Date student was enrolled in U. S. schools: _____/____ (month/year – xx/xxxx)
Has student ever received English as a Second Language (ESL) or Bilingual services? ☐ No   ☐ Yes
Is student a Foreign Exchange student? ☐ No ☐ Yes   If Yes, enter I-94 number: _____

Cincinnati Public Schools is required to identify students whose parent is (or parents are) in the U.S. Armed Forces (Active Duty or Reserve status) or in the National Guard.
Parent/Guardian in U.S. Military or National Guard?   ☐No   ☐Yes

Parent's/Guardian's Name _____ Parent ☐ Guardian ☐
Parent's/Guardian's Resident School District (if not CPS)_____

Enrollment Reasons (Check One)
☐ From out of state / out of country
☐ From home school in Ohio
☐ From nonpublic school in Ohio
☐ From an Ohio public district or charter (community) school
☐ Not in Ohio public/charter schools since 2003
☐ First time in Ohio public school due to age
☐ Not newly enrolled in this district

If not a CPS district resident, select reason for applying:
☐ Open Enrollment
☐ Open Enrollment - Outside Ohio (Tuition)
☐ Out of District - Foster Placement
☐ Out of District - Homeless
☐ Out of District - Special Education
☐ CPS Employee - Employee ID Number: _____
☐ Other _____

Emergency Contacts   Additional emergency contacts? Use back of this page.

Name _____ Relationship to Student _____

Phone _____Cell Phone _____Primary Care Doctor & Phone_____

****Do not list Parents/Guardian as an Emergency Contact!!!!!

2

Language

Student's Name_____

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.

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.

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.

What language does this student speak most frequently? (primary language)_____

What language is most often spoken by adults at home? (home language) _____

What was this student's first language? (first language) _____

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 for support for your child.

Has your child ever received formal education outside the United States? ☐ No   ☐ Yes

If yes, how many years/months? _____/_____
                                          Years   Months
If yes, what was the language of instruction? _____

Has your child attended school in the United States?   ☐ No   ☐ Yes

If yes, when did your child first attend a school in the United States? _____/_____/_____
                                                                                       Month   Day   Year

Additional Information   Additional space needed? Use back of this page.

Share information to help us understand your child's language experiences and educational background.

_____

_____

Student's Name_____

Prior Education

Additional space needed? Use back of this page.

List student's previous schools, beginning with most recent school, including preschool:

_____
School Name   Address (Street, City, State, Country)   Grades   From – To

_____
School Name   Address (Street, City, State, Country)   Grades   From – To

<u>Preschool Experience</u>   (Check all that apply.)

- ☐ At a CPS preschool / Head Start program
- ☐ At a non-CPS Head Start program
- ☐ At a full-day, full-year childcare center
- ☐ At a part-time private preschool
- ☐ At a family childcare home
- ☐ At home
- ☐ Other

<u>Kindergarten Experience</u>

- ☐ Half day
- ☐ All Day

Siblings

Additional space needed? Use back of this page.

Last Name_____First Name _____Middle Name_____

Gender - ☐ Male ☐ Female

School Attending _____ Grade_____ Age _____

Last Name_____First Name _____Middle

Name_____

Gender - ☐ Male ☐ Female

School Attending _____ Grade_____ Age _____

Last Name_____First Name _____Middle

Name_____

Gender - ☐ Male ☐ Female

School Attending _____ Grade_____ Age _____

Student's Name_____

Use additional pages as necessary.

Parent

☐**Mother**   ☐**Father**   ☐**Guardian**   ☐**Stepparent**   ☐**Foster parent ***   ☐**Grandparent**   ☐**Surrogate Parent**   ☐**Other**

Last Name_____   Deceased? ☐ No ☐ Yes
First Name_____   District of Residence_____
Marital Status   ☐ Married   ☐ Unmarried   ☐ Widowed   District of Primary Residence _____
☐ Separated   ☐ Divorced   Resides with Student? ☐ No   ☐ Yes
If you check Separated or Divorced, we require current legal documentation related to the children.

Address **_____ City _____State _____ Zip Code_____ Phone _____ Unlisted? ☐ No ☐ Yes Cell Phone _____ Email Address _____ Employer _____ Work Address _____ Work Phone _____	Custodial Parent? ☐ No ☐ Yes Legal Guardian? ☐ No ☐ Yes Grandparent POA? *** ☐ No ☐ Yes Caregiver Authorization? ☐ No ☐ Yes Migrant Worker? ☐ No ☐ Yes Receive School Mail (if not Custodial Parent)? ☐ No ☐ Yes

Parent

☐**Mother**   ☐**Father**   ☐**Guardian**   ☐**Stepparent**   ☐**Foster parent ***   ☐**Grandparent**   ☐**Surrogate Parent**   ☐**Other**

Last Name_____   Deceased? ☐ No ☐ Yes
First Name_____   District of Residence_____
Marital Status   ☐ Married   ☐ Unmarried   ☐ Widowed   District of Primary Residence_____
☐ Separated   ☐ Divorced   Resides with Student? ☐ No   ☐ Yes
If you check Separated or Divorced, we require current legal documentation related to the children.

Address **_____ City _____State _____ Zip Code_____ Phone _____ Unlisted? ☐ No ☐ Yes Cell Phone _____ Email Address _____ Employer _____ Work Address _____ Work Phone _____	Custodial Parent? ☐ No ☐ Yes Legal Guardian? ☐ No ☐ Yes Grandparent POA? *** ☐ No ☐ Yes Caregiver Authorization? ☐ No ☐ Yes Migrant Worker? ☐ No ☐ Yes Receive School Mail (if not Custodial Parent)? ☐ No ☐ Yes

 * If **foster parent**, obtain a **current** copy of court order showing district of responsibility. Retain in cumulative file.

 ** If address is different from student's address; addresses required for natural or adoptive parents.

*** If parent is not custodial, include copy of Grandparent Power of Attorney (POA) and Caregiver Authorization.

Students With Special Needs

Student's Name_____

	Provide documents where needed.

	No	Yes
Does child require mobility assistance? (i.e. wheelchair, etc.)	☐ No	☐ Yes
Has child ever had an ETR (Education Team Report)?	☐ No	☐ Yes
If **Yes**, is there an evaluation form available?	☐ No	☐ Yes
Did child receive Special Education and related services in most recent school?	☐ No	☐ Yes
Does this child have a current IEP (Individualized Education Program)?	☐ No	☐ Yes
Does child have a 504 Accommodation Plan?	☐ No	☐ Yes
If **Yes**, is there an ETR (Education Team Report) available?	☐ No	☐ Yes
Did child receive Gifted services in most recent school?	☐ No	☐ Yes
If **Yes**, is there a WEP or WAP (Written Education Plan; Written Acceleration Plan) available?	☐ No	☐ Yes

To Staff: If Yes to questions above, obtain copies of available documentation and forward to appropriate school staff.

Temporary Living Arrangements

The following questions address the McKinney-Vento Act 42 U.S.C.

Answers to these questions will help determine what services the student may be eligible to receive.

	No	Yes
Is student's current address a temporary living arrangement?	☐ No	☐ Yes
Is this temporary living arrangement due to loss of housing or economic hardship?	☐ No	☐ Yes

If answer to both of these questions is Yes, the student is entitled to immediate enrollment.

Where is the student living now?
- ☐ In a motel or hotel   ☐ Doubled up with family or friend
- ☐ In a homeless shelter   ☐ Unaccompanied youth
- ☐ Other (a place not designed for ordinary sleeping accommodations)

To Staff: If Yes to questions above, fax this page and Page 1 to Project Connect: 363-3220.

PowerShool

PowerSchool is a website where parents can see their child's grades, attendance, assignments, discipline and more.

Do you have a PowerSchool website account? ☐ Yes ☐ No

If **No**, would you like to sign up for one? ☐ **Yes** ☐ **No**
If **Yes**, give us your email address:
_____

To Staff: If new PowerSchool account, give copy of this page and Page 1 to PowerSchool Coordinator at your school.

How Did You Hear About CPS?

	☐ Billboards	☐ Radio
☐ CPS Publication	☐ Letter or Postcard	☐ Printed Advertisement
☐ CPS Website	☐ Television News Story	☐ Newspaper Story
☐ Friend or Relative	☐ CPS Staff Member	☐ CPS Event

To Staff: Please fax this page to CPS' Communications and Engagement Office: 363-0025.

I understand that any inaccurate information provided about this student on any page of this Student Registration Information Form may result in a change of grade level, a change of class, or an immediate transfer or withdrawal from this school.

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

Revised Sept. 2019

Request to Restrict Privacy Information

Federal and Ohio laws prohibit Cincinnati Public Schools (CPS) from publicly releasing information about our students, except for designated "Directory Information." Per Board Policy No. 8330, **CPS defines Directory Information as the following:**

A student's name, school, grade level, parent-guardian's name, home address, telephone number, email address, participation in officially recognized activities and sports, and awards received

Under Ohio public records law, CPS is required upon request to provide the above Directory Information to any member of the public who requests it. CPS' primary purpose for releasing Directory Information is to highlight students' accomplishments.

Parents, legal guardians, or students age 18 or over may refuse to allow CPS to release Directory Information. **Please indicate if you wish to restrict CPS from releasing Directory Information on the student named below by checking the appropriate box and returning this form to your child's school.**

General Public Release (including to media, potential employers, colleges and universities, etc.)
☐ CPS **may not** release directory information about my child

Military Recruiters
Per federal law, CPS must release the names, addresses and telephone numbers of high school students to military recruiters, unless the parent or legal guardian, or student age 18 or over, specifically objects.

☐ CPS **may not** release my child's name, address and phone number to military recruiters.

_____   _____
(Please Print) Student's Last Name   First Name

Student's Birthdate   _____/_____/_____
                                        Month   /   Day   /   Year

Please check one:
☐ I am the student, and I am 18 years of age or older.
☐ I am the parent, guardian, or custodian of the student, and the student is under 18 years of age.

_____   _____   _____
Name (Please Print)   Signature   Date

Please Note: Student records may be routinely shared among Cincinnati Public Schools staff with a legitimate interest in a student's education. A CPS official is a person employed by CPS or a person CPS determines has a legitimate educational interest in a record. A person has a legitimate educational interest if there is a need to review a record in order to fulfill his or her professional responsibility.

Parents and/or eligible students who believe their rights under the Federal Education Rights and Privacy Act (FERPA) have been violated may file a complaint with:
Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW,
Washington, D.C., 20202- 4605 Website: www.ed.gov/offices/OM/fpco
Informal inquiries may be sent to the Family Policy Compliance Office at this email address: FERPA@ed.gov

I, _____ authorize the release of records pertaining to
(Please Print) **Name of Parent / Guardian or Student 18 years old**

_____ _____ _____
(Please Print) **Student's Last Name**   **First Name**   **Middle Initial**

Student's Birthdate _____ / _____ / _____ (month/date/year - XX/XX/XXXX)

From the following school or institution:

Most Recent School   _____

Address   _____

City, State, Zip Code   _____

Telephone No.   _____ Fax No. _____

Grade Level   _____

The following records* should be released:

Transcript of subjects and grades	Ohio Achievement and Graduation Test Results
Attendance Record	Standardized Test Results
Psychological or Other Individual Test Results	Gifted Assessments
504 Accommodation Plan	Health Records
English Language Proficiency Assessments	
Special Education Records, including IEP, MFE or ETR, and behavior plan	

* *Records that cannot be withheld due to non-payment of fees or obligations: State test scores, Individualized Educational Program (IEP), IEP progress reports, Multifactored Evaluation (MFE) or Education Team Report (ETR), and immunization records.*

Release records to:

New School   _____ Walnut Hills High School _____

Address   _____ 3250 Victory Parkway _____

City, State, Zip Code   _____ Cincinnati, OH 45207 _____

Telephone No.   513-363-8400 _____ Fax No. ___ 513-363-8420 _____

 I am authorizing the release of these records because (Check one):
   ☐ I am the subject of these records, and I'm 18 years of age or older.
   ☐ I am the parent, guardian or custodian of the subject of these records, and the subject is under 18 years.

Signature _____ **Date** _____

REQUEST FOR STUDENT RECORDS - STAFF USE ONLY

To Registrar:

Please send the records identified above for this student as soon as possible.
If records are not available, please return our request indicating the following:

☐ No Records Available.   Reason(s):
_____
☐ Unable to Send Records.   Reason(s):
_____

We would appreciate receiving additional information to enable us to meet the student's needs.
Thank you for your prompt cooperation.

Rebecca Davis _____   05 / 03 / 2020
CPS School Registrar   Date
CPS enrollment start date for this school: 08 / 24 / 2020

Residency includes the following: being physically present in a household for significant periods of time; where important family activities take place each day including sleeping, eating, working, relaxing and playing; where the parent receives mail or where the parent is registered to vote, if applicable.

Enrollment — Proving Residency

Proof of residency shall be required for <u>all newly enrolled students</u> and <u>any student whose address changes</u>. Residency shall be established by providing an original, or copy, of one (1) item from this list:

(1) Homeowner Deed A printout from the auditor's website may be provided instead of a deed.	**(6) Homeowner or Renter Insurance Statement** dated within the last 12 months.
(2) Property Tax Statement dated within the previous year and be addressed to the parent at the residence.	**(7) Gas/Electric/Water Statement** dated within the last 30 days.
(3) Mortgage Statement dated within the previous 60 days and be addressed to the parent at the residence.	**(8) Federal or state tax returns** dated within the last 12 months.
(4) Rental Agreement signed by both the landlord and the tenant including the landlord's contact information.	**(9) Any piece of mail** dated within the last 30 days **from the federal, state, or local government, such as Hamilton County Job & Family Services, Social Security, Child Support Enforcement Agency, etc.**
(5) Construction Contract include: (1) a sworn statement describing the location of the house to be built and stating the parent's intention to reside there upon completion; and (2) a statement from the builder confirming that a new house is being built for the parent and that the house is at the location indicated in the parent's sworn statement.	

Note:

CPS accepts Parent Residency and Property Owner Affidavits with the required proof of residency documents.

CPS does not accept any notarized statements as proof of residency.

Questions? Contact CPS' Customer Help Center, (513) 363-0123

1-30-2013

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Cincinnati Public Schools
Customer Help Center
P.O. Box 5381
Cincinnati, Ohio 45201-5381

Phone: (513) 363-3223
Fax: (513) 363-0125

www.cps-k12.org

District of Residence Verification

☐ I reside within the Cincinnati Public Schools District. My primary residence is within the Cincinnati Public Schools District boundaries.

☐ I reside outside of the Cincinnati Public Schools District. My child has been accepted into Cincinnati Public Schools via the Open Enrollment process. I agree that if Cincinnati Public Schools' officials deem it necessary, they may investigate my residency.

☐ I reside outside of the State of Ohio. My child has been accepted into Cincinnati Public Schools via the Open Enrollment process. I agree that if Cincinnati Public Schools' officials deem it necessary, they may investigate my residency. I understand that in accordance with Interdistrict Open Enrollment Guidelines (revised 11/2013); I will be responsible for paying tuition to help cover the cost to educate my child at Cincinnati Public Schools.

By signing below, I affirm that the information on this District of Residence Verification form is true and correct. I agree that if Cincinnati Public Schools' officials deem it necessary, they may investigate my residency. I agree to allow the release of property ownership, rental information and utility customer documentation to officials of Cincinnati Public Schools.

_____   _____
Student's Name   School Student Will Attend

_____   _____
Parent(s)/Guardian(s) Name   Parent(s)/Guardian(s) Email Address

_____   _____
Parent(s)/Guardian(s) Telephone Number   Parent(s)/Guardian(s) Signature

Statement of Purpose

The purpose of providing Internet and network access in schools is to support the District's educational objectives.

Terms of Agreement

In order for a student to be allowed access to a school computer system, computer network, and the Internet, parents and students must sign and return the attached consent form.

Rules for Internet/Network Usage

The District is providing access to its school computer systems, computer networks, and the Internet for **educational purposes only**. If you have any doubt about whether a contemplated activity is educational, you should consult with the person(s) designated by the school to help you decide. Use of the computer network and Internet is a privilege, not a right. A user who violates this agreement shall, at a minimum, have his or her access to the network and Internet terminated and is subject to disciplinary action by the school administrator. The District may also take other disciplinary actions. Accordingly, regulations for participation by anyone on the Internet/network shall include but not be limited to the following:

Student Safety/Education
Cyber-bullying
Cyber-bullying may be defined as a situation when a person is repeatedly tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted using text messaging, email, instant messaging, posting text or images, by means of electronic technology. **Any cyber-bullying, harassment, or intimidation is strictly prohibited.** If a student is found to have engaged in cyber-bullying, disciplinary action will be taken. If a student believes he/she is the victim of cyber-bullying, it is important to not respond to the cyber-bullying. Instead, the situation should be reported to an adult staff member, such as a teacher, principal, etc. Additionally, students are encouraged to notify school staff if they suspect another student is being victimized.

Social Networks/Chat Rooms
- Do not ever post personal information, such as full name, social security number, address, telephone number, bank or credit card number, etc.
- Consider not posting photographs of yourself. Do not ever post sensitive photos. If you do post a photo, consider whether it's one your mother would display in the living room.
- Assume that anything you post is on the internet permanently and can not be removed upon any requests.
- Do not ever agree to meet in person someone you've met on a social networking site or chat room.

Basic Internet/Network Etiquette & Safety Rules
- Be polite. Use appropriate language and graphics.
- Don't use network or Internet access to make, distribute, or redistribute jokes, stories, or other material which is based on slurs or stereotypes relating to race, gender, ethnicity, nationality, religion, or sexual orientation.
- Teachers may allow individual students to use email, electronic chat rooms, instant messaging, social networking sites and other forms of direct electronic communications for **educational purposes only** and with proper supervision.
- **Student Photos/Student Work** - Publishing student pictures and work on websites promotes learning, collaboration and provides an opportunity to share the achievements of students. Images and products of K-12 students may be included on the website without identifying captions or names. Parents/guardians must indicate their written consent to publish their child's photo or school work on any school related website before the item is published to the web. Please note that under no circumstances will K-12 student photos or work be identified with first and last name on district, school, or teacher websites.
- **Privacy** - Network and Internet access is provided as a tool for your education. The District reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of the District, and no user shall have any expectation of privacy regarding such materials.
- **Copyright** - All students and faculty must adhere to the copyright laws of the United States (P.L. 94-553) and the Congressional Guidelines that delineate it regarding software, authorship, and copying information. Do not download copyrighted material or software without permission of the owner.
- Students may not sell or buy anything over the Internet.
- Do not transmit or access obscene or pornographic material; notify your teacher if you receive such material.
- Any subscription to list serves, bulletin boards, or on-line services shall be reviewed by a District appointed official approved by the teacher prior to any such usage.
- District policies on "Plagiarism/Cheating" and "Harassment/Intimidation" apply to Internet/network conduct.
- Access to the network or Internet by any means/device other than that approved by the teacher, a District appointed official and Information Technology

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- The use of blogs, podcasts or other web 2.0 tools is considered an extension of your classroom. Therefore, any speech that is considered inappropriate in the classroom is also inappropriate in all uses of blogs, podcasts, or other web 2.0 tools. This includes but is not limited to profanity; racist, sexist or discriminatory remarks. Comments made on blogs will be monitored and - if they are inappropriate – deleted. Disciplinary action may be taken.

- Use of the Internet/network for any illegal activity is prohibited. Illegal activities include (a) tampering with computer hardware, software or data, (b) unauthorized entry into computers and files (hacking/cracking), (c) knowledgeable vandalism or destruction of equipment, and (d) deletion of computer files. Such activity is considered a crime under state and federal law. Do not use the network or Internet to send messages relating to or in any way supporting illegal activities such as sale or use of drugs or alcohol; support of criminal or gang activity; threats, intimidation or harassment of any other person.

Network/System Security/Content Filtering
- If an Internet/network security problem is identified, the user must notify an adult, such as a teacher, who will in turn notify Information Technology Management (ITM). The problem should not be demonstrated to other users.
- Attempts to log on as a system administrator will result in cancellation of privileges.
- The use of anonymous proxies to circumvent District implemented content filtering is strictly prohibited.
- No user is permitted to knowingly or inadvertently load or create a computer virus or load any software that destroys files and programs, confuses users, or disrupts the performance of the system.
- No third party software will be installed without the consent of the assigned administrator.
- Do not share your passwords.
- Do not use another person's accounts or passwords.
- Technology protection measures may be disabled by only Information Technology Management (ITM) during adult computer usage to enable internet access for research or other lawful purposes.
- Do not participate in hacking/cracking activities or any form of unauthorized access to other computers, networks, or information systems.

Teacher Responsibilities

- Will provide developmentally appropriate guidance to students as they make use of telecommunications and electronic information resources to conduct research and other studies related to the district curriculum.
- All students will be informed of their rights and responsibilities as users of the district network prior to gaining access to that network, either as an individual user or as a member of a class or group.
- Use of networked resources will be in support of educational goals.
- Treat student infractions of the Acceptable Use Policy according to the school discipline policy.
- Provide alternate activities for students who do not have permission to use the Internet.

Principal Responsibilities

- Include Acceptable Use Policy in student handbook.
- Distribute handbooks to all students.
- Treat student infractions of the Acceptable Use Policy according to the school discipline policy.
- Keep Consent Forms on file for one year.
- Identify, to the teaching staff, students who do not have permission to use the Internet.

District Responsibilities

- Ensure that filtering/blocking software is in use to block access to sites and materials that are inappropriate, offensive, obscene, contain pornography, or are harmful to minors.
- Restrict unauthorized disclosure, use, and dissemination of personal information regarding minors.
- Have Acceptable Use Policy approved by the Board.
- Have Acceptable Use Policy available on the District's website.
- Submit the Acceptable Use Policy to the FCC upon request by the Commission.

Warranties

Internet access is not guaranteed. This includes loss of data or service interruptions. The District disclaims responsibility for the accuracy or quality of information obtained via the Internet.

Disclaimer of Liability

The District disclaims liability for material accessed on the Internet, for any damages suffered and for any other consequences of Internet use. This includes information retrieved online, personal property used to access district online resources, and unauthorized financial obligations resulting from use of district resources.

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Acceptable Use Policy and Internet/Network Safety

Consent Form

STUDENT:

I have read, understand, and agree to the Cincinnati Public Schools' Internet/Network Acceptable Use Policy (AUP).

Student's Full Name (please print)_____

Student's Signature_____

Date of Birth ___/___/___

Date_____

PARENT:

Use of the Internet/Network

I understand that Internet/network access is used for educational purposes and that precautions to eliminate inappropriate material have been taken. I accept responsibility for setting and conveying standards for my child to follow when independently using the Internet at school. I also consent to the monitoring of my child's accessed Internet sites and email messages (where applicable) as required by the Family Educational Rights and Privacy Act.

I understand that despite every effort for supervision and filtering, access to the Internet/network may include the potential for access to materials inappropriate for school-aged students. Every user must take personal responsibility for his or her own use of the network and Internet, and avoid these sites.

☐ **I GIVE** permission for my child to use the Internet/network independently for educational purposes (which may include an email account if available).

☐ **I DENY** permission for my child to use the Internet/network independently.

Release of Information

The universal nature of the Internet makes it necessary to use care when identifying students on the web. Cincinnati Public School (CPS) web sites may want to acknowledge student work, activities, and/or achievements on the Internet. Please indicate your consent below to include limited information about your child **(photograph, student work, first name, and/or grade level)** on the Internet.

☐ **I GIVE** permission for limited information about my child to be included on CPS web sites.

☐ **I DENY** permission for limited information about my child to be included on CPS web sites.

Parent/Guardian's Name (please print)_____

Parent/Guardian's Signature_____

Child's School_____ Grade_____

Date:_____

The Cincinnati Public School District reserves the right to change this policy at any time.

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MUSIC

The Music Placement Audition date will be held on **Saturday, April 25, 2020, from 9 a.m. – 12 noon.** The following information will give you a brief idea of what to expect at the audition, and how to prepare:

Use this link to register: https://goo.gl/Ma5Rtx

Audition Suggestions

- ❖ **Band Students:** short musical selection from a recent concert, or a selection from a method book that demonstrates the current level of material you're working on. Ability to perform Ab, Bb and Eb, concert scales would also be helpful in determining placement.

- ❖ **Orchestra Students:** short musical selection from a recent concert, or excerpts from a current Suzuki or method book.

- ❖ **Choir Students:** short musical selection from a recent concert or a solo you know from a voice lesson, a musical production, or church choir.

Direct questions to John Calaguri at (513-363-8442; CaliguJ@cpsboe.k12.oh.us)

MODERN LANGUAGE

New students to Walnut Hills High School, who have prior high school credit for a world language, should select the next level course. If students meet the criteria articulated for honor students, they may select a level AA course.

Students, who are native or heritage speakers of a particular language and who have no prior course credit, may participate in a placement test to assure the correct course level. For French and Spanish, please contact Dr. Doreena A. Fox at foxdore@cpsboe.k12.oh.us and for Chinese, German and Russian please Johanka Hart-Tompkins at tompkij@cpsboe.k12.oh.us.

MATH

Address link for 2020-2021 Math Placement Test Registration
7th graders: https://forms.gle/ttBMNRAVas7Gf7jQ8
8th-12th graders: https://forms.gle/z74BKLuG3rC6ksE79
***ALL** incoming 8-12 please register for test*

Direct questions to Mackenzie Schimizze at SchimiM@cpsboe.k12.oh.us

OUT OF DISTRICT ENROLLMENT DETAILS

Apply through CPS website
https://www.cps-k12.org/enroll/open-enrollment
May 1- 31, 2020 (parents receive letters – July 2020)

Walnut Hills and **Dater high schools**: Students who live outside the CPS district boundaries may take the Special College Preparatory Program (SCPP) entrance examination for a $50 fee for entrance into Walnut Hills and Dater high schools.

For **SCPP Information for Out-of-District Students** call CPS' Test Administration: (513) 363-0186

For more information, contact CPS' Customer Help Center: (513) 363-0123

WALNUT HILLS HIGH SCHOOL

New Student

Subject Selection Form <u>2020/2021</u> **School Year**   **GRADE NEXT YEAR ___7___**

Name: _____ _____ _____ Telephone: _____
                            LAST   FIRST   M

Current School: _____Current School District: _____Circle One: Male/Female

Email:_____

THE COURSES LISTED BELOW ARE THE REQUIRED SUBJECTS FOR GRADE 7	
Course Title	**Length**
English 7 AA	YR
Latin I	YR
Pre-Algebra/Algebra 1 AA	YR
Science 7 AA	YR
Social Studies 7 AA	YR
Physical Education 7	1 SEM
PLEASE CHOOSE A SEMESTER ELECTIVE. RANK YOUR TOP 3 CHOICES IN ORDER OF PREFERENCE. A 1 INDICATES YOUR TOP CHOICE. WE WILL DO OUR BEST TO ACCOMMODATE YOUR REQUESTS.	
Beginning Band	
Beginning Choir	
Beginning Strings	
Junior Art 7-8	
Creative Dramatics	
Newswriting 1	
***Please check here if student is auditioning for upper level music courses** _____	
Approval Signatures	**Date**
Parent	
Student	

CHANGES WILL ONLY BE CONSIDERED FOR ERRORS IN THE COURSE SCHEDULE. REQUESTS FOR SPECIFIC TEACHERS WILL NOT BE HONORED.

Office Use only:

Counselor:

WALNUT HILLS HIGH SCHOOL

New Student

Subject Selection Form 2020/2021 School Year   GRADE NEXT YEAR ___8___

Name: _____ _____ _____ Telephone: _____
          LAST   FIRST   M

Current School: _____Current School District: _____Circle One: Male/Female

Email: _____

THE COURSES LISTED BELOW ARE THE REQUIRED SUBJECTS FOR GRADE 8	
Course Title	**Length**
English 8 AA	YR
Latin I	YR
Algebra 1, Math 8 or Geometry/AA	YR
Science 8 AA	YR
Social Studies 8 AA	YR
The courses listed below are electives. Please circle two of the options below.	
Beginning Choir/Band/Strings	SEM
Junior Art 7-8 or Prologue to Design	SEM
Creative Dramatics	SEM
Newswriting 1	SEM
Physical Education 8-12	SEM
Sr. High Health	SEM
Computer Apps	SEM
***** Please check here if student is auditioning for upper level music courses _____**	
Approval Signatures	**Date**
Parent	
Student	

CHANGES WILL ONLY BE CONSIDERED FOR ERRORS IN THE COURSE SCHEDULE. REQUESTS FOR SPECIFIC TEACHERS WILL NOT BE HONORED.

Office Use only:

Counselor:

Revised 12/6/2018

WALNUT HILLS HIGH SCHOOL

New Student

Subject Selection Form 2020/2021 School Year   **GRADE NEXT YEAR ___9___**

Name: _____ _____ _____ Telephone: _____
LAST   FIRST   M

Current School: _____Current School District: _____Circle One: Male/Female

Email: _____

Participation in Ohio High School Athletic Association athletics requires 5 classes each semester (excluding P.E.)

Academic Subjects (Min. of 5.0 credits required)

Course Title	Credit	Check if Approval Required	List Alternate course if first choice is not available
English 9 or 9 AA	1.0		
Biology/AA	1.0		
Modern History/AA	1.0		

Electives (Min. of 1.0 Required)

Total Credits (Min. of 6.0 Required)			

Approval Signatures	Date
Parent	
Student	

CHANGES WILL ONLY BE CONSIDERED FOR ERRORS IN THE COURSE SCHEDULE. REQUESTS FOR SPECIFIC TEACHERS WILL NOT BE HONORED.

Office Use only:

Counselor:

Revised 12/6/2018

WALNUT HILLS HIGH SCHOOL

New Student

Subject Selection Form 2020/2021 School Year   **GRADE NEXT YEAR ___10__**

Name: _____ _____ _____ Telephone: _____
                        LAST   FIRST   M

Current School: _____Current School District: _____Circle One: Male/Female

Email: _____

Participation in Ohio High School Athletic Association athletics requires 5 classes each semester (excluding P.E.)

Academic Subjects (Min. of 5.0 credits required)			
Course Title	**Credit**	**Check if Approval Required**	**List Alternate course if first choice is not available**
English 10 or AA	**1.0**		
Electives (Min. of 1.0 Required)			
Total Credits (Min. of 6.0 Required)			
Approval Signatures			**Date**
Parent			
Student			

CHANGES WILL ONLY BE CONSIDERED FOR ERRORS IN THE COURSE SCHEDULE. REQUESTS FOR SPECIFIC TEACHERS WILL NOT BE HONORED.

Office Use only:

Counseling:

WALNUT HILLS HIGH SCHOOL

New Student

Subject Selection Form <u>2020/2021</u> School Year

GRADE NEXT YEAR ___11__

Name: _____ _____ _____ Telephone: _____
                     LAST   FIRST   M

Current School: _____Current School District: _____Circle One: Male/Female

Email: _____

Participation in Ohio High School Athletic Association athletics requires 5 classes each semester (excluding P.E.)

Academic Subjects (Min. of 5.0 credits required)			
Course Title	**Credit**	**Check if Approval Required**	**List alternate course if first choice is not available**
Electives (Min. of 1.0 Required)			
Total Credits (Min. of 6.0 Required)			
Approval Signatures			**Date**
Parent			
Student			

CHANGES WILL ONLY BE CONSIDERED FOR ERRORS IN THE COURSE SCHEDULE. REQUESTS FOR SPECIFIC TEACHERS WILL NOT BE HONORED.

Office Use only:

Counselor:

WALNUT HILLS HIGH SCHOOL

New Student

Subject Selection Form 2020/2021 School Year   **GRADE NEXT YEAR ___12___**

Name: _____ _____ _____ Telephone: _____
          LAST   FIRST   M

Current School: _____Current School District: _____Circle One: Male/Female

Email: _____

Participation in Ohio High School Athletic Association athletics requires 5 classes each semester (excluding P.E.)

Academic Subjects (Min. of 5.0 credits required)			
Course Title	**Credit**	**Check if Approval Required**	**List alternate course if first choice is not available**
Electives (Min. of 1.0 Required)			
Total Credits (Min. of 6.0 Required)			
Approval Signatures			**Date**
Parent			
Student			

CHANGES WILL ONLY BE CONSIDERED FOR ERRORS IN THE COURSE SCHEDULE. REQUESTS FOR SPECIFIC TEACHERS WILL NOT BE HONORED.

Office Use only:

Counselor:

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Revised 12/6/2018