



Student Information Form Packet

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Emergency Treatment Form

Grand River Academy

3042 College St., P. O. Box 222
Austinburg, OH 44010
Phone: 440-275-2811 Fax: 440-275-1825

Name: _____ Social Security # _____ Sex: Male

Grade: _____ Age: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Father's SS#: _____ Mother's SS#: _____

Father's Date of Birth: _____ Mother's Date of Birth: _____

Home Address: _____

Phone Number: _____ Cell Phone Number: _____

Work Address: _____

Phone Number: _____

3rd Party Emergency Contact: _____

Relationship: _____ Phone Number: _____

Insurance Name: _____

Policy and Group Number: _____

*please provide photocopies of insurance cards, front and back

Allergies: _____

Medications currently taking: _____

Consent Statement: Authorizing Treatment

I request that Academy personnel administer the above medication to my child in accordance with my request and that of my physician. In the event that Academy personnel have been unable to contact me concerning a medical emergency, I hereby give my consent for the administration of treatment deemed necessary by the physician and/or hospital. I also give my consent for discharge from treatment to Academy personnel following completion of such treatment. My signature is considered binding for the duration of my child's attendance at the Academy unless otherwise notified in writing.

Custodial Parent/Guardian Signature: _____

Student's Signature (if over 18): _____

In the event of your son's contracting or being exposed to a disease or being injured here, the question may arise as to whether or not there may be objection to the use of certain approved forms of treatment, such as the use of antibiotics, anti-toxins, serums, blood transfusions or patent-type medicines (such as Tylenol, antihistamines, cough syrups, nose sprays, etc.) or treatments. To eliminate the possibility of misunderstanding, please indicate below your wishes in case of emergency.

Forms of treatment to which you object:

Custodial Parent/Guardian Signature _____ Date: _____



Physical Evaluation Grand River Academy

Name: _____ Grade: _____ Sex: _____ Age: _____

Birth Date: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Personal Physician: _____ Phone: _____

Explain 'yes' to answers below:	Yes	No
Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies? (medicine, bees etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family had Marfan's syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any skin problems (itching, rashes, ances)?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burnner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had heat cramps, heat illness or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>

Do you have trouble breathing or do you cough during or after activities?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear glasses or contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
Are you missing an eye, kidney or testicle?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever sprained, dislocated, fractured broken or had repeated swelling or other injuries of any bones or joints? Y__N__

<input type="checkbox"/> Head	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Thigh	<input type="checkbox"/> Neck	<input type="checkbox"/> Elbow	<input type="checkbox"/> Knee	<input type="checkbox"/> Foot
<input type="checkbox"/> Forearm	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Ankle	<input type="checkbox"/> Hip	<input type="checkbox"/> Hand

Have you had other medical problems (infectious mononucleosis, diabetes etc)?

Have you had a medical problem or injury since your last evaluation?

When was your last tetanus shot? _____

Explain "Yes" answers:

I herby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of student: _____ Date: _____

Signature of parents/guardian: _____ Date: _____



Physical Evaluation Grand River Academy

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: ____/____

Pulse: _____ Vision: R 20/____ L: 20/____ Corrected: Y N Pupils (Circle): Equal/Unequal R > L L < R

	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not cleared
Due to: _____

Recommendation: _____

IMMUNIZATION	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
DPT/Td: diphteria pertusis, tetanus					
POLIO					
HEPATITIS B					
MEASLES: regular measles					
RUBELLA: German measles					
MUMPS					
Hib					
Date of last TB test					
BCG (international students)					

I hereby certify that this student was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render the student physically unfit to engage in any sport or activity. *please note any exceptions below

Name of Physician _____ Date _____

Address: _____

Signature of Physician _____ Phone: _____

GRAND RIVER ACADEMY

PERMISSION TO PARTICIPATE/HOLD HARMLESS AGREEMENT

I grant permission for my son to participate in the following activities that are offered/sponsored by the Academy. Parents may be contacted if the cost is above the routine activity fee and/or it involves extensive travel. Restrictions to selected activities may be imposed by the Academy based on the monthly grade reports.

- | | |
|--|---|
| <input type="checkbox"/> Fine Arts Club - (cost of play/orchestra ticket varies \$30 - \$50) | <input type="checkbox"/> Bicycling |
| <input type="checkbox"/> Paint Ball | <input type="checkbox"/> Dinner & Movie Club (limited to one weekend a month) |
| <input type="checkbox"/> Interscholastic Sports (cross country, soccer, golf, basketball, indoor soccer, baseball, tennis) | <input type="checkbox"/> Intramural Sports (soccer, softball, dodge ball, basketball, tennis, beach volleyball, indoor volleyball, flag football, ultimate Frisbee, etc.) |
| <input type="checkbox"/> Amusement Parks | <input type="checkbox"/> School Trip to a major city (cost communicated to parent during planning stages) |
| <input type="checkbox"/> Water Parks | <input type="checkbox"/> Dances at girls' school (share in chartered bus expense) |
| <input type="checkbox"/> Swimming (Lake Erie, pools) | <input type="checkbox"/> Skate Board Park |
| <input type="checkbox"/> Skiing/Snowboarding (season pass will be available for purchase) | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Horseback Riding (usually around \$20) | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Overnight Camping |
| <input type="checkbox"/> Ropes Courses (Leadership Training – Once a year overnight trip – on a weekend – around \$80) | <input type="checkbox"/> Regularly scheduled weekend activities (movies, mall, sporting events, etc.) |
| <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Special weekend trips (museums, sporting events – could be overnight) |
| <input type="checkbox"/> Horseshoes | |
| <input type="checkbox"/> Weight Lifting | |

The parent/guardian hereby release The Grand River Academy, its agents, servants or employees, from any liability for damage or injury of any kind or nature whatsoever (including death resulting there from) to the student from the student's participation in the above activity or related activity unless such damage or injury results from the negligence or willful misconduct of The Grand River Academy. In the event that a student shall make a claim against a student, the Guardian(s) shall defend and hold harmless The Grand River Academy from any damages or other liabilities, costs, and expenses of whatever nature resulting there from (including attorney fees) which may be sustained by The Grand River Academy as a result of such claim.

_____ Parent(s) or Legal Guardian(s)

_____ Student Date _____



DORMITORY SIGN-OUT PERMISSION

Student	Date
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<p>I authorize my son to sign himself out, agreeing that he may do this to depart for my home. I agree to notify the school with permission each time my son is to go elsewhere.</p>	<p style="text-align: center;">Signature of Parent or Guardian</p>
<p>OR</p>	<p style="text-align: center;">Signature of Parent or Guardian</p>
<p>I do not authorize my son to sign himself out. The following are authorized to do so in my absence:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

THERE IS A \$100.00 FINE ASSESSED TO THE STUDENT EXPENSE ACCOUNT FOR VIOLATION OF THE SIGN-OUT PROCEDURES.

**COMPUTER AND INTERNET
ACCEPTABLE USE POLICY AND AGREEMENT**

Listed below are the provisions of your agreement regarding computers and/or Internet use. If you have any questions about these provisions, you should contact the Academy's Director of Technology. If any user violates this Policy and Agreement, the student's access will be denied, if not already provided, or withdrawn and he/she may be subject to additional disciplinary action.

I. Personal Responsibility

By signing this Policy and Agreement, you are agreeing not only to follow the rules in this Policy and Agreement, but are agreeing to report any misuse of the computers and/or Internet access to the Director of Technology. Misuse means any violations of this Policy or any other use that is not included in the Policy, but has the effect of harming another or his or her property.

I. Term of the Permitted Use.

A student who submits to the Academy, as directed, a properly signed Policy and Agreement and follows the Policy to which he has agreed will have computer and/or Internet access during the course of the school year only. Students will be asked to sign a new Policy and Agreement each year during which they are students in the Academy before they are given an access account.

III. Purpose and Use.

A. The Academy is providing access to its computers and/or the Internet for *only* educational purposes.

B. All users must abide by rules of network etiquette, which include:

1. Be polite. Use appropriate language.
2. Be safe. In using the computers and/or Internet, do not reveal personal information such as your home address and telephone number.

Among uses that are considered unacceptable and constitute a violation of this Policy and Agreement are:

3. uses that are offensive to others.
4. uses that violate the law or encourage others to violate the law.
5. uses that cause harm to others or damage to their property.
6. uses that jeopardize the security of student access and of the computers and/or other networks on the Internet.
7. uses that access controversial or offensive materials.
8. uses that are commercial transactions.

IV. Privacy

Computer and Internet access is provided as a tool for your education. The Academy reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computers and/or 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 Academy and no user shall have any expectation of privacy regarding such materials.

VI. Warranties/Indemnification

The Academy makes no warranties of any kind, either express or implied, in connection with its provision of access to and use of its computers and/or Internet provided under this Policy and Agreement. It shall not be responsible for any claims, losses, damages or costs (including attorney's fees) of any kind suffered, directly or indirectly, by any user or his/her parent(s) or guardian(s) arising out of the user's use of its computers or the Internet under this Policy and Agreement. By signing this Policy and Agreement, users are taking full responsibility for his/her use, and the user who is 18 or older or, in the case of a user under 18, the parent(s) or guardian(s) are agreeing to indemnify and hold the Academy, the Data Acquisition Site that provides the computer and Internet access opportunity to the Academy and all of their administrators, teachers and staff harmless from any and all loss, costs, claims or damages resulting from the user's access to its computer and/or Internet, including but not limited to any fees or charges incurred through purchases of goods or services by the user. The user or, if the user is a minor, the user's parent(s) or guardian(s) agree to cooperate with the Academy in the event of the Academy's initiating an investigation of a user's use of his/her access to its computers and/or Internet, whether that use is on a school computer or on another's computer on campus.

Student's agreement (every student, regardless of age, must read and sign below):

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use Policy and Agreement. Should I commit any violation or in any way misuse my access to the Academy's computers and/or internet, I understand and agree that my access privilege may be revoked and disciplinary action may be taken against me.

Student Name (Please print clearly)

Student signature: _____ Date: _____

Parent or Guardian Computer\Internet Usage Agreement (to be read and signed by parents or guardians of students who are under 18):

As the parent or legal guardian of this student, I have read, understand and agree that my child or ward shall comply with the terms of the Academy's Acceptable Use Policy and Agreement for the students' access to the Academy's computers and/or Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the Academy to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the Policy and Agreement. I am therefore signing this Policy and Agreement and agree to indemnify and hold harmless the Academy and the Data Acquisition Site that provides the opportunity to the Academy for computers and Internet access against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his/her access to such networks or his/her violation of the foregoing Policy and Agreement. Further, I accept full responsibility for supervision of my child's or ward's use of his/her access account if and when such access is not in the Academy setting. I hereby give permission for my child or ward to use the building-approved account to access the Academy's computers and/or Internet.

Parent/Guardian Name (Please print clearly)

Parent Signature: _____ Date: _____

The Grand River Academy

Miscellaneous Information

Student's Name _____ Birth Date _____

Send tuition and student expense billings to:

Edline information should be sent to:

Others that Academy publications such as newsletters and special notices should be sent to:

E-mail addresses:

(Please indicate preferred e-mail)

Father: Home e-mail _____

Mother: Home email _____

Work e-mail _____

Work email _____

In case of emergency and **the parents can not be reached**, please call:

Name Relationship Phone Number

Name Relationship Phone Number

Grandparents addresses:

Name and Address

Name and Address

Your hometown newspaper or the paper that you read most frequently:

Name of paper and address

Name of paper and address

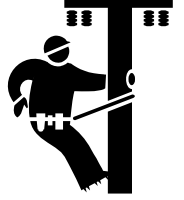
Cell Phone Registration



Student Name _____

Cell Phone Model _____

Cell Phone Number _____



FOOD SERVICE

Student Name _____

Information for the Head Cook:

Food allergies, vegetarian, religious requirements, likes, dislikes:

My favorite food/dish: _____

STUDENT CENTER ACCOUNT

We recommend \$20.00 to \$35.00 a week for snack items purchased in the Student Center. Please fill in the information below and return this form to the Business Office. There is no cash allowance account or cash withdrawals permitted from the student expense account. Clothing and activities are billed through the student expense account.

STUDENT
WEEKLY LIMIT
SIGNATURE OF PARENT OR GUARDIAN