

ENROLLMENT PROCEDURES

Ohio public school districts' enrollment procedures are governed by state law and local policies. The school employees who process enrollments are capable of answering your questions and helping you complete the process. However, school employees do not have the authority to change law or policy. If a special situation arises during your enrollment, you may have to discuss it with a member of our administrative team. We will do all that we can to enroll your child as quickly as possible, and we thank you in advance for your cooperation and patience.

Students do not start school on the day of enrollment. All information presented for enrollment, and the information received from previous schools, must be reviewed before students may start attending school. Most students are authorized to start school the day after enrollment. If there is a delay in receiving all necessary records, you will be contacted.

INFORMATION NEEDED FOR SCHOOL ENROLLMENT

BIRTH CERTIFICATE:

All Ohio public school students must have a copy of their birth certificate on file in their school office. If you cannot present a copy of your child's birth certificate you may qualify for a two week Temporary Enrollment while you procure a copy. First time Ohio enrollees' SPONSORING ADULTS must present a copy of the student's certified birth certificate.

Certified Copies of Birth Certificates for anyone born in Ohio may be obtained from the Wayne County Health Department, Vital Statistics Division.

Location: 203 S Walnut Street Wooster, OH
Phone: 330-264-9590
Office Hours: Monday-Friday 8:00 am – 4:00 pm (By Appointment Only)
Please contact them regarding obtaining the Birth Certificate.

CUSTODY DOCUMENTATION:

All SPONSORING ADULTS must present proof that they have full legal custody or guardianship of their students. You will have a chance to discuss the type of documentation, if any, that you will need. If you cannot present proof that you have legal custody, you may qualify for a Temporary Enrollment. In order to qualify for a Custody Temporary Enrollment, you must present evidence that you have filed for a custody change in the appropriate court. Foster parents must present a court document showing agency custody and an agency placement letter.

RESIDENCY:

All SPONSORING ADULTS must be permanent residents of the Norwayne Local School District. Residency must be documented by submitting one of the following acceptable documents:

1. Rental Agreement signed by landlord and renter along with landlord contact information
2. Purchase Agreement signed by all parties with closing date & letter from realtor confirming occupancy
3. Construction Contract signed by all concerned parties
4. Homeowner Mortgage Statement/Coupon or Deed
5. Homeowner Insurance Statement/Bill

6. Property Tax Bill
7. Most **recent** Pay Stub with address
8. One **recent** Utility Bill. Choose one of the following: Electric, Water, Gas or Cable TV
9. Most **recent** Bank Statement with address.
10. Letter for Verification of Utility Service (Electric 1-800-589-3101 or Gas 1-800-344-4077)
11. If living with another family within the district, a Sworn Statement of Residency Document completed by the parent and homeowner and stamped by a notary republic is required. Please request this form from the district registrar.

IMMUNIZATION RECORDS:

All students must have records showing proper immunization doses of Dtap/DTP/DT; polio vaccine; measles, mumps and rubella vaccine; Hepatitis B; and Varicella. Students who do not have these records on file after 14 days of enrollment may be removed from school until acceptable records are presented.

INFORMATION REQUIRED TO BEGIN ATTENDING SCHOOL

When the enrollment process is completed, additional documents are required for class assignments. Students may not attend school until the principal or a designee has reviewed and approved the following documents or records:

1. Academic History from sending school or report card including:
 - a. class schedule
 - b. current grades
 - c. attendance records
2. IEP/504 Plan Status
3. Suspension/Expulsion Status

The principal or a designee may accept verbal confirmation of this information OR waive selected requirements if sufficient information is received to make a class assignment.

The information that you present during enrollment must be accurate. Students whose SPONSORING ADULTS have falsified records may be removed from school. If you have any questions about the enrollment process, please contact your building principal or a district guidance counselor.

Rules governing student attendance for Ohio is found in Ohio Revised Code (ORC) Section 3313.64

Online reference to ORC is found at: <http://codes.ohio.gov/orc/3313.64>

NORWAYNE LOCAL SCHOOL DISTRICT STUDENT ENROLLMENT FORM

Date _____

| OFFICE USE ONLY | |
|--------------------|-------|
| Student ID | _____ |
| Birth Cert | _____ |
| Immunizations | _____ |
| Custody Papers | _____ |
| Proof of Residency | _____ |

Has this student ever attended the Norwayne Local School District before? NO _____ YES _____
 If yes, which building(s): _____

Student's Legal Name As It Appears On Birth Certificate:

 (First) (Middle) (Last)

Date of Birth ____/____/____ City/State of Birth _____, _____ Student's Mother's Maiden Name: _____

Sex ____M____F Birth Certificate Provided Upon Enrollment () Yes () No Student's Social Security Number: _____/_____/_____

Citizen Status: _____ 1-US Citizen. 2-Exchange Student, 3-Other Non-US Citizen

Student Heritage: (Please Check ALL that Apply)

Student is: Hispanic/Latino ____yes ____no Language Spoken at Home _____

Student is: ____American Indian or Alaska Native, ____Asian ____Black or African American, ____Native Hawaiian or other Pacific Islander, ____White

Grade Level Enrolling Into _____ Admission Date _____ Admission Code _____ (From Below)

- | | | | |
|--|--|--|---------------------------------|
| 1-first school attended | 5-from another public school district in another state | 9-from MR/DD | 13-from a licensed Kindergarten |
| 2-from a non-public school | 6-from another country | 10-previously dropped out | 14-from Head Start |
| 3-from another school district in the same county | 7-from home schooling | 11-court referral | 15-from a JVSD Preschool |
| 4-from another school district in Ohio (not same county) | 8-from an Institution | 12-from a licensed preschool other than JVSD | 16-from a Community School |

Legal Custody of Student is with ____Both Parents ____Father ____Mother ____Step-Father ____Step-Mother ____Guardian ____Other

Custody Alert ____Yes ____No

Custody Papers Provided Upon Enrollment ____Yes ____No ____Not Applicable ____Parents were never married

Any other Alerts: (Allergy or Medical Conditions): ____Yes ____No If yes, please explain: _____

Pupil Lives With ____Both Parents ____Father ____Mother ____Step-Father ____Step-Mother ____Guardian ____Other

If other please explain _____

Please check if either situation applies:

____ Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)

____ Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)

____ Reserves

Mother/Guardian _____ Father/Guardian _____

Street Address _____ Street Address _____

P O Box _____ City _____ Zip _____ County _____ P O Box _____ City _____ Zip _____ County _____

Phone _____ Unlisted ____Yes ____No Phone _____ Unlisted ____Yes ____No

Employment _____ Employment _____

| Name of Brothers and Sisters | Date of Birth | School Attending |
|------------------------------|---------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature of Parent/Guardian _____

Date _____

This form is to be completed by a parent or guardian registering a child for enrollment in the Norwayne Local School District.

Dear Parent/Guardian:

To provide a continuous educational program for your child, we need to know what services your child had at his/her previous school.

My child was involved in:

| <u>AREA</u> | <u>YES</u> | <u>NO</u> |
|-----------------------|------------|-----------|
| Speech Therapy | _____ | _____ |
| Occupational Therapy | _____ | _____ |
| Physical Therapy | _____ | _____ |
| Resource Room | _____ | _____ |
| Title I (Math) | _____ | _____ |
| Title I (Reading) | _____ | _____ |
| Current IEP | _____ | _____ |
| Disability Category | _____ | |
| Current 504 Plan | _____ | _____ |
| Gifted Identification | _____ | _____ |
| Served on a WEP | _____ | _____ |
| Other: _____ | _____ | _____ |

Student Name

Grade _____ Age _____

Signature of Parent/Guardian

Date

NORWAYNE LOCAL SCHOOL DISTRICT
350 South Main Street
Creston, OH 44217
330-435-6382
Mrs. Karen O'Hare, Superintendent

STUDENT RESIDENCY VERIFICATION

This is to verify that _____ is a resident of the
Student Name

_____ School District, residing at:

Address

City

Zip Code

Proof of residency submitted:

- Homeowner Insurance Statement/Bill
- Property Tax Bill
- Most Recent pay Stub with Address
- Recent Utility Bill: Electric, Water, Gas, Cable TV
- Most Recent Bank Statement with Address
- Other (specify) _____

If you are living with another family (friend or relative), in the school district a signed and notarized letter must accompany this application. Please request a copy of that form from the District Registrar. The form and proof of residency of the person you are living with must be turned in. Form must show notary's signature and stamp.

My signature below verifies that the above information is true and correct. I also understand that providing false information would be considered fraud and that information will be turned over to the State of Ohio.

Signature of Parent/Guardian *Date*

Verified by: _____
School Employee *Date*

Norwayne Local School District

Appendix A: Language Usage Survey

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

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

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



Norwayne Local School District

(Appendix A, continued)

COMPLETED BY SCHOOL EMPLOYEE

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

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

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

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

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

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

Signature of validating school employee

Date (mm/dd/yyyy)

Fran Hansen
Printed name of validating school employee

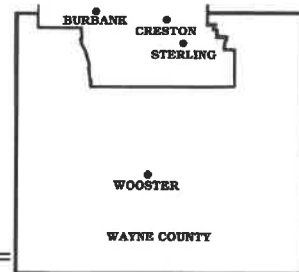
Norwayne Local Schools
Name of school or school district

NORWAYNE LOCAL SCHOOL DISTRICT

350 SOUTH MAIN STREET
CRESTON, OHIO 44217
(330) 435-6382
FAX (330) 435-4633
www.norwayne.net

Superintendent
Karen O'Hare
nrcn_ohare@tccsa.net

Treasurer
Sandy Hadsell
nrcn_shadsell@tccsa.net



"Providing excellence that stands the test of time."

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NORWAYNE HIGH SCHOOL

DOUGLAS ZIMMERLY
Principal
350 S. Main Street
Creston, OH 44217
(330) 435-6384

NORWAYNE MIDDLE SCHOOL

KEVIN LEATHERMAN
Principal
350 S. Main St.
Creston, OH 44217
(330) 435-1195

NORWAYNE ELEMENTARY

DAVID DREHER
Principal
VINCE SETTE
Assistant Principal
286 S. Main Street
Creston, OH 44217
(330) 435-6383

TRANSPORTATION COORDINATOR

TERRY VALENTINE
161 S. Main St.
P.O. Box 4443
Creston, OH 44217
Phone (330) 435-1141
Fax (330) 435-6478

March 2021

Dear Parent/Guardian:

As the school nurse for Norwayne Local Schools, I would like to welcome you and your child to kindergarten and wish you a successful and healthy school year!

One of my responsibilities as a school nurse is to see that each student is in compliance with the State of Ohio immunization laws. It is in reference to this that I am sending you this letter.

Upon entering kindergarten this fall, each child is required by the State of Ohio to have the following immunizations:

1. **Four/five doses of DtaP/DTP/DT** (those who received four doses before their 4th birthday must receive one more dose).
2. **Three/four doses of Polio** (those who received three doses before their 4th birthday must receive one more dose).
3. **Two doses of MMR** (measles, mumps, rubella).
4. **Three doses of Hepatitis B vaccine**
5. **Two doses of varicella (chicken pox) vaccine or documentation of the disease.**

Immunizations can be given by your family physician/clinic or through the Wayne County Health Department (330-264-9590).

Please note – a parent/legal guardian must accompany the child receiving immunizations and the child's immunization record must also be brought to the clinic.

If you have any questions concerning immunizations, or if I can be of assistance to you in any way, please contact me through your child's school.

Sincerely,

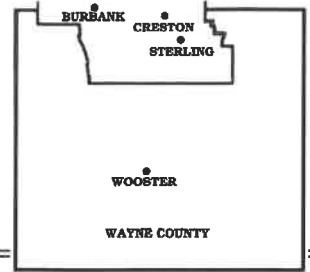
Mrs. Jackie Shrock, School Nurse
Norwayne Local Schools

NORWAYNE LOCAL SCHOOL DISTRICT

350 SOUTH MAIN STREET
CRESTON, OHIO 44217
(330) 435-6382
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TERRY VALENTINE
161 S. Main St.
P.O. Box 4443
Creston, OH 44217
Phone (330) 435-1141
Fax (330) 435-6478

MEMORANDUM

TO: Parents/Guardians of Kindergarten Students

CC: Karen O'Hare, Superintendent
Dave Dreher, Principal and Vince Sette, Assistant Principal

FROM: Terry Valentine, Transportation Coordinator
Lori Weinman, Assistant Transportation Coordinator

DATE: March 2021

RE: Kindergarten Bus Routes

The Transportation Department will provide a printed copy of our Transportation Handbook to all kindergarten students. The handbook can also be found on the Norwayne Local School Website (www.norwayne.net) Follow this trail: Norwayne Local Schools – Departments – Support - Transportation.

Following is information to help with the smooth transportation of the students.

1. The SAME pick-up and drop-off location must be used for your child Monday thru Friday. The AM and PM stops can be different if need be due to babysitters, etc.
2. An ADULT must be at the bus stop (visible to the driver) for pick up and drop off. If a different adult will be getting the student off the bus, please call either the elementary school office or transportation department to let us know so the bus/van driver can be notified of the change.
3. Most of the time, kindergarten students will sit in the front of the bus or with an older sibling.
4. We do our best to make sure students will be picked up or dropped off on the right hand side of the road at the bus stop location. However, at times they will need to cross the street in front of the bus. We ask for the adults to help teach the child hand signals and following directions to cross the road by meeting the child at the bus door and walking with them to bus stop place of safety.
5. If you need to make changes or have questions regarding transportation, please contact our office directly, even if you have contacted the Elementary School staff.

Please call our office at 330-435-1141 or 330-435-1142.

Thank you very much for your help in making your child's ride safer.

KINDERGARTEN BUS SAFETY TRAINING & ORIENTATION

- When: Saturday, August 7th
- Who: Kindergarten Students
- Where: Norwayne Elementary School
- Start Time: Promptly at 9:30 a.m.

Your Kindergarten child will not be permitted to ride the school bus unless they have had Bus Safety Training before school starts. An information packet with your child's bus schedule will be available for you to pick up at Bus Safety. Come have some fun, learn the safety rules and ride on the School Bus. If you can't make it on August 7th, you will need to call the Transportation Office at 330-435-1141 to make arrangements for safety training.

Kindergarten students all need to arrive at 9:30 a.m. They will then be split into groups to attend the bus safety training and the school orientation program.

Norwayne Schools
Bus Information
2021/2022

Request Date _____

Student's Name _____ Grade Kindergarten

Name of Parent/Guardian _____

Complete Home Address _____

Home Phone _____ Work Phone _____

DOB of Student _____ Student I.D. # _____

(School Will Complete I.D #)

Mark **one** of the following: (must be the same every day)

- ____ Student will be picked up and dropped off at home address.
- ____ Student will be picked up and dropped off at babysitter.
- ____ Student will be picked up at babysitter and dropped off at home.
- ____ Student will be picked up at home and dropped off at babysitter.
- ____ Student walks or has other forms of Transportation.

| |
|----------------------------|
| TRANSPORTATION DEPT |
| WILL COMPLETE: |
| Change _____ New _____ |
| Bus# _____ AM _____ |
| Bus# _____ PM _____ |
| Start Date _____ |

Babysitter Name _____ Phone _____

Babysitter Address _____

Other important transportation information _____

The Transportation office **must** be notified of any changes made throughout the school year.
Please contact our office at (330) 435-1142

Emergency Medical Authorization: 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:

Health Alert: List student's known allergies or medical conditions: _____

The medical concerns listed above are allowed to be shared with necessary staff at my child's school. Yes No

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

Preferred Doctor: _____ Address: _____ Phone _____

Preferred Dentist: _____ Address: _____ Phone _____

Preferred Hospital: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for: (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. The 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.

Signature of Parent/Guardian: _____ Date: _____

Part II – REFUSAL TO CONSENT: I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action as they are reasonably able to do so:

Signature of Parent/Guardian: _____ Date: _____

Zaner-Bloser Alphabet

Readiness and Grade 1

* Please refer to this *



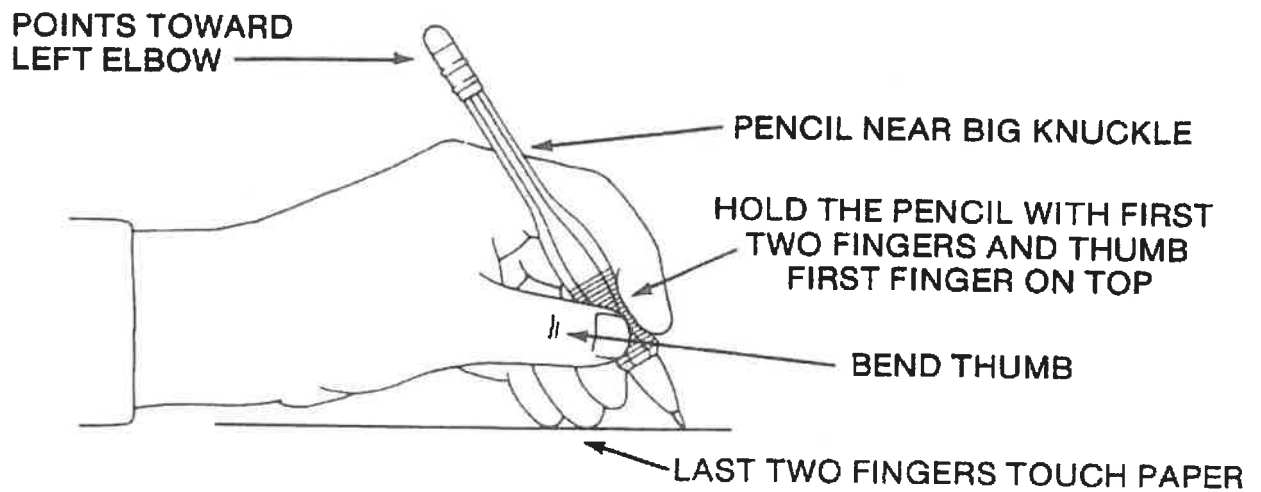
Note to Parents:

This alphabet will show you the correct formation of the letters your child is learning to write in the school handwriting program. The arrows and numerals indicate the direction and sequence of the strokes that form the letters.

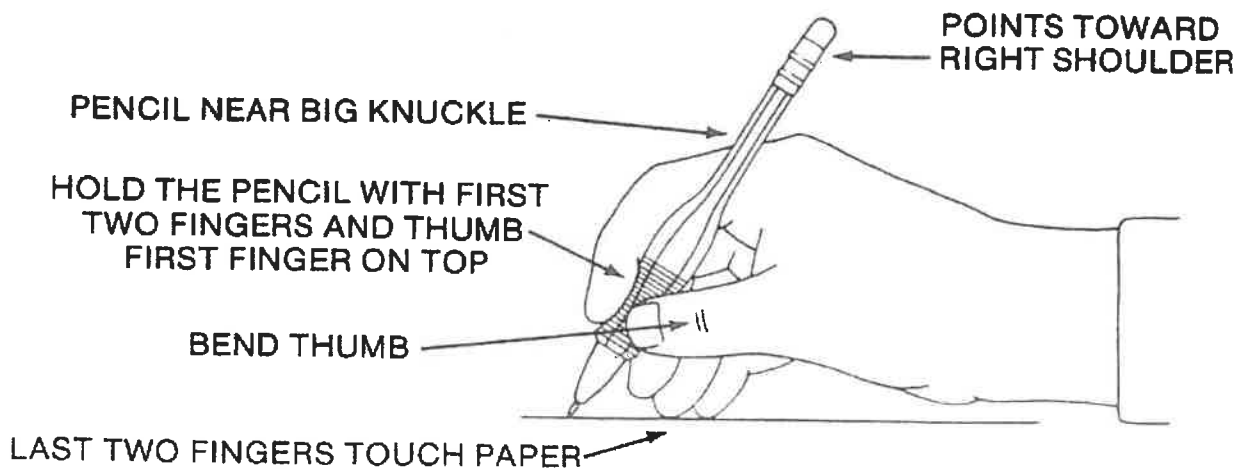
The size of the letters your child is writing depends on his or her grade level. At the readiness level the letter size is 1½ inches, and at the first grade level it is ¾ inch. In the event you wish to purchase paper for your child to practice the letter formations at home, please be sure the paper has the correct size ruled lines.

PENCIL POSITION

LEFT-HANDED



RIGHT-HANDED



NORWAYNE LOCAL SCHOOL DISTRICT

District Calendar for 2021-22

Board Approved – 2.22.21

| <u>2021</u> | | | |
|--|-----------|-------|--|
| Monday | August | 16 | Staff Convocation & Building Meetings (8 am – 12 pm) |
| Tuesday | August | 17 | Teacher Work Day - Students Dismissed |
| Wednesday | August | 18 | First Day for Students |
| Monday | September | 6 | Labor Day - No School |
| Monday | September | 13 | Fair Day - No School |
| Tuesday | September | 14 | District In-Service - Students Dismissed |
| Friday | October | 22 | End of First Nine Weeks |
| | | | 45 Days |
| <hr/> | | | |
| Thursday | November | 25 | Thanksgiving - No School |
| Friday | November | 26 | Thanksgiving Break - No School |
| Monday | November | 29 | Conference Comp Day - No School |
| Monday | December | 20 | Christmas Break Begins - No School |
| <hr/> | | | |
| <u>2022</u> | | | |
| Monday | January | 3 | School Resumes |
| Friday | January | 14 | End of Second Nine Weeks |
| | | | 47 Days |
| | | | 92 Days |
| <hr/> | | | |
| Monday | January | 17 | Dr. Martin Luther King, Jr. Day - No School |
| Friday | February | 18 | Conference Comp Day - No School |
| Monday | February | 21 | Presidents Day - No School |
| Friday | March | 18 | End of Third Nine Weeks |
| | | | 42 Days |
| <hr/> | | | |
| Monday-Friday | April | 11-15 | Spring Break – No School |
| Thursday | May | 26 | End of Fourth Nine Weeks |
| | | | 44 Days |
| | | | 86 Days |
| Friday | May | 27 | Teachers Report |
| Sunday | May | 29 | Tentative Graduation |
| Monday | May | 30 | Memorial Day |
| <hr/> | | | |
| Days in Session with Pupils Present or Parent-Teacher Conferences | | | 180 Days |
| Teachers' In-Service | | | 1 Day |
| Teachers' Opening Meeting, Work Day and End-of-Year Reports | | | 2 Days |
| Total: | | | 183 Days |

(Over)

NORWAYNE LOCAL SCHOOLS
District Calendar for 2021-22

MAKE-UP DAYS (if needed)

| | | |
|-----|-----------|-------------|
| 1st | Monday | February 21 |
| 2nd | Monday | April 11 |
| 3rd | Tuesday | April 12 |
| 4th | Wednesday | April 13 |
| 5th | Friday | May 27 |

ORIENTATION DATES

Bus Safety Training (Kindergarten) – Saturday, August 7 – 9:30 – 11:00 a.m.
High School (9th grade) – Tuesday, August 10 – 6:00 p.m.
Middle School (6th grade) – Thursday, August 12 – 6:00 p.m.

OPEN HOUSE DATES

Elementary (Kindergarten) – Saturday, August 7 – 9:30 – 11:00 a.m.
Elementary (Grades 1 – 5) – Tuesday, August 17 – 6:00 – 7:00 p.m.
Middle School – Tuesday, August 17 – 6:00 – 7:00 p.m.
High School – Tuesday, August 17 – 6:00 – 7:00 p.m.

PARENT-TEACHER EVENING CONFERENCE DATES

Elementary School – September 23 & October 12, 2021 & February 17, 2022 (5-8 pm)
Middle School – September 20 & November 15, 2021 & February 17, 2022 (5-8 pm)
High School – September 20 & November 15, 2021 & February 17, 2022 (5-8 pm)

TWO-HOUR DELAY – PROFESSIONAL IN-SERVICE

Wednesday, October 13, 2021
Wednesday, January 19, 2022
Wednesday, March 9, 2022

(Over)