

## **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 Parents/Guardians 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 Parents/Guardians 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

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

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)

\_\_\_\_ Student is a dependent of a member of the 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

**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.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<b>Communication Preferences</b> 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? _____	
<b>Language Background</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month      Day      Year	
<b>Prior Education</b> 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.		
<b>Additional Information</b> 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.

<p><b>Student’s native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	_____
<p><b>Student’s home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	_____
<p><b>Potential English learner</b> See Language Usage Survey Questions 2-4.</p>	<input type="checkbox"/> Yes. Assess the student’s English proficiency. <input type="checkbox"/> No. Do not assess the student’s English proficiency.
<p><b>Immigrant student status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<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, OH 44217  
330-435-6382  
Mr. Kevin Leatherman, 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*

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

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.

<b><u>TRANSPORTATION DEPT WILL COMPLETE:</u></b>	
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: \_\_\_\_\_