

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 – 4:30 pm
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

(Please See Other Side)

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 _____

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

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

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

 (Last) (First) (Middle)

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: ____/____/____

Homeless () 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)

Mother _____	Father _____
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

Norway Local School District HOME LANGUAGE SURVEY

DATE: _____ GRADE: _____

NAME OF STUDENT _____
Last Name
First Name
Middle Initial

DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____
Mo Day Yr
City
State
Country

NAME OF PARENT/GUARDIAN _____
Last Name
First Name

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

For Parents/Guardians to Complete:

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently to your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

For School District Personnel to Complete:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (GI270), and proceed to assess the student's English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT

Communication Skill	Proficiency Level				
Listening	___ Pre-functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Speaking	___ Pre-functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Reading	___ Pre-functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Writing	___ Pre-functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Comprehension*	___ Pre-functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Composite**	___ Pre-functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient

*The Comprehension level is derived from Listening and Reading

**The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension

Assessment instrument(s) used _____

Student is LEP? _____ Yes _____ No

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (GI230)

If student has been in US schools for less than three years, is the student eligible for extended accommodations for statewide academic Assessments? _____ Yes _____ No

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

Dear Parent:

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 SCHOOLS ~IRN 050567
PARENT/GUARDIAN/STUDENT CONSENT FOR RECORDS RELEASE**

To: _____
Name of Previous School District & Building Attended

School Address

Student: _____

Student's Full Name

Current Grade

Date of Birth

Student's Complete Address

Student's Home Telephone Number

Please send ALL that apply including:

- Grades/Transcripts
- Birth Record/Certified Certificate
- Custody Documents, if applicable
- KRA Results
- End of Course Exam Results
- Next Generation Assessments
- Third Grade Reading Guarantee
- Standardized Achievement Test Results
- Intelligence and Aptitude Results/Gifted
- Medical/Immunization Records
- Attendance Records – Intervention Plan
- IEP/ETR/504
- Other _____

Reason for enrollment in Norwayne Local Schools:

Please check the appropriate box:

- Parent/guardian now resides in our district
- Open-enrollment approval on file
- Foster/court-placed in our district
- Board-approved grandparent clause
- Board-approved superintendent's agreement
- 18-year-old Student

* PLEASE NOTE: If you do not release special education records from your office, please make a copy of this release form and send to the appropriate office.

Please release and forward via fax, scan or mail:

_____ Norwayne Elementary
286 S Main St
Creston, OH 44217
330-435-6383
Fax: 330-435-4633
Scan to: nrcn_suppes@tccsa.net

_____ Norwayne Middle
350 S Main St
Creston, OH 44217
330-435-1195
Fax: 330-435-4633
Scan to: jaberger@norwayne.net

_____ Norwayne High
350 S Main St
Creston, OH 44217
330-435-6384
Fax: 330-435-4633
Scan to: cislater@norwayne.net

Norwayne Local Schools Registrar

PARENT/GUARDIAN AUTHORIZATION FOR RELEASE

I hereby authorize the school, institution or individual indicated above to release and/or provide access to the records requested above.

Parent/Guardian Name – Please Print

Date

Signature of Parent or Legal Guardian

Complete records mailed

Date Copies Sent: _____

Incomplete records mailed

By _____
(Please Print Name & Title)

Norwayne Schools
Bus Information
2018/2019

Request 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.

TRANSPORTATION DEPT
<u>WILL COMPLETE:</u>
Change _____ New _____
Bus# _____ AM _____
Bus# _____ PM _____
Start Date _____
For Kg students only:
Noon Bus _____ Time _____

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: _____

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-Northwestern Religious Education Elementary Student Participation Agreement and Waiver

EXECUTIVE COMMITTEE

Richard Kline (Pres)
419-651-4779

Steve Stoller (VP)
330-939-5145

Mary Lynn Frary
(Secretary)
330-769-3356

Don Rollins (Treas)
Barb Imhoff
(Assistant Secretary)

(Pastor Advisors)
Mike Boggs
David Purdy

(Assistant Treas)
Donna Eggleston
169 S Milton St
Smithville, OH 44677
(330-669-3154)

Please send contributions
to Donna at above
address and make checks
Payable to:
NCNW Religious
Education Program

(TEACHERS)

Tracey Price
10665 N Elyria Rd
West Salem, OH 44287
(330-317-6810)

Paul Bartholomew
10167 Martin Rd
West Salem, OH 44287
(419-846-3154)

Mike Gladson
1609 Wedgewood Way
Wooster, OH 44691
(330-601-6498)

CHILD'S NAME _____

Grade/Homeroom _____ School Year 2018-2019

Permission and Liability Waiver

I recognize certain risks and dangers may occur during Religious Education instruction or while walking to and from the Religious Education classes. These risks include, but are not limited to hazards of accidents, personal injuries, and acts of third persons. In consideration of the benefits to be attained by my child in receiving Religious Education instruction, I assume all risks, and I do hereby waive, release and forever discharge from any liability the building property owners, Norwayne Local Schools, Northwestern Local Schools, the Norwayne-Northwestern Religious Education Program, and its officers, teachers, and volunteers.

Medical Information and release

If my child has medical conditions that the Religious Education teachers and volunteers should be aware of, please list and explain them below. If I cannot be reached, I hereby authorize the Religious Education Program permission to act on my behalf in a medical emergency.

I further state that ***I have carefully read the above release, know its content, and I sign this release at my own free act.***

YES, I do give permission for the above named child to participate in Religious Education and I assume all risks (as stated above) that may be encountered by my child attending the off-school-site Religious Education instruction. I also give medical release in case of an emergency.

Parent Signature _____ Date _____

Parent Printed Name _____ Phone _____

Religious Education Refusal

NO, I do not want my child to participate in the Religious Education Program.

Parent Signature _____ Date _____

Parent Printed Name _____

Permission Duration

This information will remain on file and in effect for your child during all of his/her elementary school, grades 1-5. If you desire to change any of this information, you may do so at any time by providing written notification of the desired changes to the school and to the Religious Education teacher.

My child MAY _____ (or) MAY NOT _____ be photographed/video taped for Religious Education promotion

_____ I might be available to help escort the children to and from class occasionally.

Norwayne Local Schools

Superintendent: Mrs. Karen O'Hare

350 S Main Street, Creston, OH 44217 * (330) 435-6382

Dear Norwayne Elementary Parent/Guardian,

Norwayne Local School District uses a finger scan database for our cafeteria point of sale software. This process involves taking a digital image of each student's finger. This image will solely be used for account verification in our cafeteria software. The alternative method for verification requires that the student memorize their six or seven digit student identification number in order to enter it through a number pad.

Please complete this form and return with your registration materials.

_____ Yes, please scan my child's finger to be entered into the cafeteria software database.

_____ No, I would prefer not to have my child's finger scanned digitally.

Student's Name: _____
(Please Print)

Parent Name: _____
(Please Print)

Parent's Signature: _____

Date: _____

**NORWAYNE LOCAL SCHOOL DISTRICT
District Calendar for 2018-19**

Board Approved 2/26/2018

2018

Friday	August	17	Staff Convocation & Building Meetings (8 am – 12 pm)	
Monday	August	20	Teacher Work Day - Students Dismissed	
Tuesday	August	21	First Day for Students	
Monday	September	3	Labor Day - No School	
Monday	September	10	Fair Day - No School	
Tuesday	September	11	District In-Service - Students Dismissed	
Friday	October	19	End of First Nine Weeks	41 Days

Thursday	November	22	Thanksgiving - No School	
Friday	November	23	Thanksgiving Break - No School	
Monday	November	26	Conference Comp Day - No School	
Monday	December	24	Christmas Break Begins - No School	

2019

Monday	January	7	School Resumes	
Friday	January	11	End of Second Nine Weeks	48 Days
			End of First Semester	89 Days

Monday	January	21	Dr. Martin Luther King, Jr. Day - No School	
Friday	February	15	Conference Comp Day - No School	
Monday	February	18	Presidents Day - No School	
Friday	March	15	End of Third Nine Weeks	43 Days

Monday-Friday	April	15-19	Spring/Easter Break – No School	
Sunday	May	26	Tentative Graduation	
Monday	May	27	Memorial Day	
Thursday	May	30	End of Fourth Nine Weeks	48 Days
			End of Second Semester	91 Days
Friday	May	31	Teacher Reports	

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

[Please see Other Side]

NORWAYNE LOCAL SCHOOLS
District Calendar for 2018-19

MAKE-UP DAYS (if needed)

1st	Monday	February 18
2nd	Monday	April 15
3rd	Tuesday	April 16
4th	Wednesday	April 17
5th	Friday	May 31

ORIENTATION DATES

Bus Safety Training – Saturday, August 11 – 9:30 – 11:00 a.m.
Elementary (Kindergarten & Preschool) – Saturday, August 11 – 9:30 – 11:00 a.m.
High School (9th grade) – Tuesday, August 14 – 7:00 p.m.
Middle School (6th grade) – Thursday, August 16 – 7:00 p.m.

2018-19 OPEN HOUSE DATES

Elementary – Monday, August 20 – 6:00 - 7:00 p.m.
Middle School – Monday, August 20 – 6:00 - 7:00 p.m.
High School – Monday, August 20 – 6:00 - 7:00 p.m.

PARENT-TEACHER EVENING CONFERENCE DATES

Elementary School – September 27 & November 1, 2018 & February 14, 2019 (5-8 pm)
Middle School – September 24 & November 19, 2018 & February 14, 2019 (5-8 pm)
High School – September 24 & November 19, 2018 & February 14, 2019 (5-8 pm)

TWO-HOUR DELAY – PROFESSIONAL IN-SERVICE

Wednesday, October 17, 2018
Wednesday, January 23, 2019
Wednesday, March 13, 2019

[Please see Other Side]