

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
Fee:	\$25.00 per certified copy

Application may be printed off their web page www.wayne-health.org and mailed in.

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:

(Please See Other Side)

ACCEPTABLE PROOF OF RESIDENCY DOCUMENTS FOR ENROLLMENT:

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, Sworn Statement of Residency Document completed by the homeowner.

Immunization Records:

All students must have records showing proper immunization doses of DPT, polio vaccine, measles vaccine, mumps vaccine and rubella vaccine. 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>

POISE STUDENT MASTER RECORD WORKSHEET

SCHOOL YEAR _____

STUDENT ID: _____
(Office Use)

STUDENT NAME: _____
(last) (first) (middle)

STREET ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

HOME TELEPHONE: (____) _____

SEX: _____ (M or F) DATE OF BIRTH: ____/____/____

CITY OF BIRTH: _____

STUDENT HERITAGE (Check all that Apply):

Student is: Hispanic/Latino ____ yes ____ no

Student is: ____ American Indian or Alaska Native, ____ Asian ____ Black or African American,
____ Native Hawaiian or other Pacific Islander, ____ White

LANGUAGE SPOKEN AT HOME: _____

STUDENT SOCIAL SECURITY NUMBER: ____/____/____

PARENT/GUARDIAN: _____

PARENT/GUARDIAN RELATIONSHIP: _____

P-PARENT

G-GUARDIAN

O-OTHER

STUDENT'S MOTHER'S MAIDEN NAME: _____

OFFICE USE ONLY

STATUS: _____ GRADE _____ SCHOOL YEAR _____

HOMEROOM: _____ ADMISSION DATE: _____

ADMISSION CODE: _____ CALENDAR: _____

RES/SPED/ATT: _____

WITHDRAWAL DATE: _____ WITHDRAWAL CODE: _____

UNIVERSAL STUDENT REGISTRATION FORM
For
SCHOOLS IN ASHLAND - HOLMES - WAYNE COUNTIES

Student Name:			OFFICE USE ONLY
Last	First	Middle	Student ID _____ Birth Cert _____ Immunization _____ Custody Papers _____
Sex (M or F)	Date of Birth	Student Soc Sec #	Race:
Street Address	City	Zip	Has this child ever attended Norwayne Local Schools before? If so, which building?
Home Phone:	Present Grade Level	Admission Date	Entry Code (Office use)
Unlisted? Y or N			

Previous School(s) attended last 5 years: _____

Homeless () Yes () No

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

Grade Level Enrolling Into:

UG-Un-graded	23-Student has completed graduation requirements
PS-Preschool	but elects to remain in school
KG-Kindergarten	30-Adult, non-high school graduate
Grades 1-12	31-Adult, high school graduate

Entry Code: _____	1-first school attended	5-from another public school	10-previously dropped out
	2-from a non-public school	district in another state	11-court referral
	3-from another school district	6-from another country	12-from a licensed preschool
	in the same county	7-from home schooling	13-from a licensed Kindergarten
	4-from another school district	8-from an Institution	14-from Head Start
	in Ohio (not same county)	9-from MR/DD	15-from a joint vocational school preschool

Norwayne High School Building	Norwayne Local School Name of School District	Wayne County	Creston, OH City & State
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FAMILY INFORMATION

Legal custody of pupil is with: () Both parents () father () mother () step-father () step-mother () guardian () other
Child lives with:
If other, please explain:

Circle one: Father Step-Father Guardian	Circle one: Mother Step-Mother Guardian
Name _____	Name _____
Employer _____	Employer _____
Work phone _____	Work phone _____
Name of Brothers and Sisters	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HEALTH INFORMATION

Please indicate any physical difficulties the teacher should be aware of (impaired hearing, diabetes, epilepsy, vision impairment, etc)

Does your child receive any special services? (Speech, Tutor, Special Education, etc) If so, please explain: _____

EMERGENCY CONTACT

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Babysitter Information:	Sitter used:	() Before school	() After school
		() When ill	() Other
Name	Address	Phone	

Signature of Parent/Guardian _____
Date

Norwayne Local School District
HOME LANGUAGE SURVEY

DATE: _____ SCHOOL: _____

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 _____
Family 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	_____	_____
Occupational Therapy	_____	_____
Resource Room	_____	_____
Special Education	_____	_____
Title I (Math)	_____	_____
Title I (Reading)	_____	_____
Current IEP	_____	_____
Current 504 Plan	_____	_____
Gifted Identification	_____	_____
Served on a WEP	_____	_____
Other: _____	_____	_____

Student Name

Grade _____ Age _____

Signature of Parent/Guardian

Date

Student Custody Verification

Student Name: _____

Birth date: _____

Student lives with: (Check all that apply)

Both Parents Mother Father Step Parent Other/Guardian
 Alternates between Parents Foster Parent

Legal Custody is with:

Both Parents
 Shared Parenting (Custody documents are on file and submitted with this application)
 Mother Father Residential Parent for School Purposes
 Mother Only (*if parents were unmarried at time of birth ORC3109.042 Custody rights of unmarried mother*)
 Mother only or Father only (Custody documents are on file and submitted with this application)
 Other/Guardian Please state Name & Relationship _____
 (Custody documents are on file and submitted with this application)
 Parents still married but separated not divorced. No custody order exists

Parents are:

Married Never Married Separated Divorced Mother Deceased Father Deceased

If no court documents on file, please state reason: _____

Please list specific details that are in effect regarding either parent's rights and/or responsibilities for picking up the student from school or interacting with them during the school day.

Signature of Parent/Guardian Completing this Form

Date

For Office Use Only

Custody Papers Received: Yes No

Reason, if not received: _____

**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
- 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
2017/2018

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
WILL COMPLETE:
Change _____ New _____
Bus# _____ AM _____
Bus# _____ PM _____
Start Date _____
For Kg 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 LOCAL SCHOOL DISTRICT
District Calendar for 2017-18**

Board Approved February 13, 2017

2017

Monday	August	21	Staff Convocation & Building Meetings (8 am – 12 pm)	
Tuesday	August	22	Teacher Work Day - Students Dismissed	
Wednesday	August	23	First Day for Students	
Monday	September	4	Labor Day - No School	
Monday	September	11	Fair Day - No School	
Tuesday	September	12	District In-Service - Students Dismissed	
Friday	October	27	End of First Nine Weeks	45 Days

Thursday	November	23	Thanksgiving - No School	
Friday	November	24	Thanksgiving Break - No School	
Monday	November	27	Conference Comp Day - No School	
Thursday	December	21	Christmas Break Begins - No School	

2018

Wednesday	January	3	School Resumes	
Friday	January	12	End of Second Nine Weeks	44 Days
			End of First Semester	89 Days

Monday	January	15	Dr. Martin Luther King, Jr. Day - No School	
Friday	February	16	Conference Comp Day - No School	
Monday	February	19	Presidents Day - No School	
Friday	March	16	End of Third Nine Weeks	43 Days

Monday-Friday	March	26-30	Spring/Easter Break – No School	
Sunday	May	27	Tentative Graduation	
Monday	May	28	Memorial Day	
Thursday	May	31	End of Fourth Nine Weeks	48 Days
			End of Second Semester	91 Days
Friday	June	1	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

[over]

NORWAYNE LOCAL SCHOOLS

District Calendar for 2017-18

MAKE-UP DAYS (if needed)

1st	Monday	February 19
2nd	Monday	March 26
3rd	Tuesday	March 27
4th	Wednesday	March 28
5th	Friday	June 1

ORIENTATION DATES

Bus Safety Training – Saturday, August 12 – 9:30 – 11:00 a.m.
Elementary (Kindergarten & Preschool) – Saturday, August 12 – 9:30 – 11:00 a.m.
High School (9th grade) – Tuesday, August 15 – 7:00 p.m.
Middle School (6th grade) – Thursday, August 17 – 7:00 p.m.

2017-18 OPEN HOUSE DATES

Elementary – Tuesday, August 22 – 6:00 - 7:00 p.m.
Middle School – Tuesday, August 22 – 6:00 - 7:00 p.m.
High School – Tuesday, August 22 – 6:00 - 7:00 p.m.

PARENT-TEACHER EVENING CONFERENCE DATES

Elementary School – September 28 & November 2, 2017 & February 15, 2018 (5-8 pm)
Middle School – September 25 & November 20, 2017 & February 15, 2018 (5-8 pm)
High School – September 25 & November 20, 2017 & February 15, 2018 (5-8 pm)

TWO-HOUR DELAY – PROFESSIONAL IN-SERVICE

Wednesday, October 18, 2017
Wednesday, January 24, 2018
Wednesday, March 14, 2018