

## **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 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)

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.

<b>TRANSPORTATION DEPT</b>
<b>WILL COMPLETE:</b>
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 Middle School 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)

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

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)

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 middle school, grades 6-8. 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 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 (9<sup>th</sup> grade) – Tuesday, August 14 – 7:00 p.m.  
Middle School (6<sup>th</sup> 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]