

# Norton City Schools



**Class of 2031**

## Registration Packet 2018/2019

**PLEASE COMPLETE AND RETURN ASAP!**  
(Initial deadline for return: April 30)





# NORTON CITY SCHOOLS

4128 CLEVELAND-MASSILLON RD. NORTON, OHIO 44203-5697

PHONE 330-825-0863

FAX 330-825-0929

[www.nortonschools.org](http://www.nortonschools.org)

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Angie Wagler.....Technology Coord.

## SCHOOLS

Norton High School..... 825-7300  
Norton Middle School..... 825-5607  
Norton Elementary School..... 825-3828  
Norton Primary..... 825-5133

April 1, 2018

Dear Parents/Guardians:

We welcome you and your kindergartener to Norton City Schools to begin this exciting journey through education! We believe you are entering a school district designed to help our young students achieve and grow from beginning to end.

This packet contains various items related to the registration requirements. We have included a checklist to make this a thorough, yet simple process. After you have completed all of the forms, please return them to the administration office and schedule your child's screening appointment.

We want your child to build a strong academic foundation for the future, so please do not hesitate to contact us if you need any assistance with registration or questions in the years to come. We are here to help you!

Below are upcoming dates to assist you in the Kindergarten enrollment.

We are looking forward to a great year!

Sincerely,

Mr. Dana Addis  
Superintendent  
Norton City Schools



### IMPORTANT DATES FOR KINDERGARTENERS:

- ✓ COMPLETED REGISTRATION PACKETS FOR THE 2017-2018 SCHOOL YEAR ARE DUE: ~~APRIL 30<sup>TH</sup>~~ ➔ DUE ASAP/NOW!
- ✓ SCREENING DATES: JUNE 11<sup>TH</sup> OR 12<sup>TH</sup> - GRACE CHURCH
- ✓ ASSESSMENT DATES: AUGUST 21<sup>ST</sup>, 22<sup>ND</sup> OR 23<sup>RD</sup>
- ✓ ORIENTATION: FRIDAY, AUGUST 24<sup>TH</sup> - TIMES TBA
- ✓ FIRST DAY OF SCHOOL: MONDAY, AUGUST 27<sup>TH</sup>



# NORTON CITY SCHOOLS

## REGISTRATION REQUIREMENTS FOR KINDERGARTEN STUDENTS

*In order to be officially enrolled in Norton City Schools, Kindergarten students must meet the following requirements in accordance with Section 3313.672 of the Revised Code of Ohio.*

### **PLEASE USE THIS CHECK LIST TO MAKE SURE COPIES OF THE REQUIRED ITEMS ARE RETURNED WITH THIS PACKET**

*(This checklist is for YOUR use only – no need to return it)*

- \_\_\_\_ Your child must be 5 on or before July 31<sup>st</sup>.
- \_\_\_\_ A copy of your child's **state issued birth certificate**. Please note: we can no longer accept the hospital records or baptismal records. If a child is born in a foreign country, birth records must be translated into English.
- \_\_\_\_ Proof of immunization required by Ohio State Law must be submitted for enrollment. (Please bring shots to date – if your child requires additional shots you can bring the updated records to the screening in August).
- \_\_\_\_ A copy of your child's Social Security card.
- \_\_\_\_ A divorced or legally separated parent must provide proof of custody or shared parenting plan.
- \_\_\_\_ A foster parent/guardian must present a court document indicating guardianship/custody situation. Students may not be enrolled without court documentation.
- \_\_\_\_ Proof of residency – an official document that verifies residence in the district, i.e., real estate transaction, lease agreement, or a current utility bill. A copy will be retained in your child's file. If residing with another family member in their home, approval must be given by the attendance coordinator.
- \_\_\_\_ A copy of a Parent/Guardian's valid Driver's License (only 1 parent/guardian needed)



STUDENT # \_\_\_\_\_

**Norton City Schools**

**STUDENT REGISTRATION FORM**

☒ Primary

☐ Elementary

☐ Middle School

☐ High School

Date Enrolled \_\_\_\_\_

Re-Enrolled? ☐ Yes ☐ No

Grade Level K

Sibling(s) Currently Enrolled: \_\_\_\_\_

*Please print*

**STUDENT INFORMATION**

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
(Name as stated on birth certificate)

Student's S.S. # \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Birthplace City \_\_\_\_\_

Birth Record ☐ Birth Certificate ☐ Passport County of Residence \_\_\_\_\_

Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Unlisted? ☐ Y ☐ N

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent's Email \_\_\_\_\_

Student's Primary Language ☐ English ☐ Other \_\_\_\_\_ (Language spoken at onset of speech.)

Language Spoken in the Home ☐ English ☐ Other \_\_\_\_\_

**My child is of Hispanic/Latino Heritage: (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture or origin?) Yes or No (circle one)**

Racial Group ☐ White ☐ Black/or African American ☐ Asian

*You may choose* ☐ American Indian or Alaskan Native

*more than one* ☐ Native Hawaiian or Other Pacific Islander

Is your child receiving special education services? ☐ Yes ☐ No

If "Yes", please indicate the type(s) of services received: \_\_\_\_\_

**PARENT INFORMATION**

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Foster Family ☐ Legal Guardian

☐ Grandparents ☐ Other \_\_\_\_\_ Are there Custody Papers? ☐ Y ☐ N (If YES, copy required.)

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**PREVIOUS SCHOOL ATTENDED**

Previous School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



## Alert Calling System

The contact numbers listed below will be used for calls from our Alert Calling System.

Only the **primary** number(s) will receive weather cancellation calls (snow days, etc.). All numbers will receive informational and emergency calls deemed necessary by Norton City Schools.

### DIRECT NUMBERS ONLY – NO EXTENSIONS!

Parent/Legal Guardian Numbers Only:	Relationship to Student:
Primary number (    )	
Primary number (    )	
Emergency number (    )	
Emergency number (    )	
<input type="checkbox"/> I choose NOT to participate *	

**\* Please understand that by NOT PARTICIPATING, you will NOT receive any weather related or emergency calls from your child/children's school(s).**

**In order to keep this information accurate, it is necessary for you to contact the building secretary with any changes.**



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## Norton City Schools

### Family Information Disclosure

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Ohio Law (3313.64, 3313.712, 3321, 3321.01, 3321.03 and 3321.18 O.R.C.) requires school officials to verify the custody status of all students enrolling in public schools. Therefore, it is necessary that you provide the information requested below. The information on this form will be used by appropriate school personnel and will be filed in the student's permanent record which may be reviewed upon request. This form may also be filed with student's resident district if applying for open enrollment.

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

#### **CUSTODY**

Please check the statement below that describes your relationship to the above-named student:

- ☐ Natural or adoptive parent; married, not divorced or separated.
- ☐ Natural Parent, single at the time of child's birth.
- ☐ Divorced natural or adoptive parent (***a copy of court date-stamped custody orders naming residential parent MUST BE ON FILE***).
- ☐ Separated natural or adoptive parent.
- ☐ Widow or widower, surviving natural adoptive parent.
- ☐ Foster parent or any other situation where a court or agency holds custody (***MUST HAVE "Verification of Foster Placement" form completed***).
- ☐ Court appointed guardian.
- ☐ Other: Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





## **NORTON CITY SCHOOLS**

**4128 CLEVELAND MASSILLON RD – NORTON OH 44203 – WWW.NORTONSCHOOLS.ORG**  
**330.825.0863-ADMINISTRATION / 330.825.0929-FAX / 330.706.2733-STUDENT SERVICES**

### **NORTON CITY SCHOOLS** **HOME LANGUAGE SURVEY**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Please answer the following questions about your student:

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 use to communicate with your son/daughter?

\_\_\_\_\_

4) What language do the adults at home most often speak?

\_\_\_\_\_

5) If your son/daughter attended daycare/preschool what language was used?

\_\_\_\_\_



# Ohio Department of Health • School and Adolescent Health

## Health History

Student's name _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth /      /
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**Family Health History** Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

**Birth and Developmental History**    ☐ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefly explain illness or problems. _____		
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced		

**Student Health Conditions**

<input type="checkbox"/> <b>YES</b> , my child receives regular medical/health care for the following conditions:		<input type="checkbox"/> <b>NO</b> medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.  
\_\_\_\_\_

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

☐ Yes    ☐ No    If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

☐ Yes    ☐ No    If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by

Relationship to student

Date

/ /

# IMMUNIZATION

## Ohio Law - Shaded Areas Required for School Entry

Student \_\_\_\_\_ Birthdate \_\_\_\_\_

Type	Date -- Month/Day/Year					
DtaP, DPT or DT						5th dose required if 4th dose given before age 4. Effective 2013-14 and thereafter, if 4 <sup>th</sup> dose was at least six months after the 3 <sup>rd</sup> dose and on or after 4 <sup>th</sup> birthday, 5 <sup>th</sup> dose not required.
Tdap (Td acceptable if entered 7 <sup>th</sup> grade in 2010 or 2011)						Effective 2010-11 and thereafter, one dose is required prior to entry into seventh (7 <sup>th</sup> ) grade
Polio						Receipt of at least three (3) doses of OPV or IPV individually is required: if all OPV or all IPV are received. 4 <sup>th</sup> dose required if 3 <sup>rd</sup> dose given before age 4. If any combination of IPV or OPV were received, four doses of either vaccine are required. Effective 2010-2011 and thereafter, for all students entering K, the final dose of polio must have been administered after the fourth birthday, regardless of the number of previous doses.
Measles, Mumps, Rubella (MMR)						
Hib -Hemophilus Influenzae B (prior to age 5 only)				0-14 mos. 3-4 doses 15-59 mos. 1 dose		
Hepatitis B						
Varicella						Effective 2010-11, one dose grades 1-4 (progressive) Two doses for students entering K (progressive)
Tuberculin Test						
Rotavirus (give at 2-4-6 mos., not after 12 mos.)						
Other						

Verified by \_\_\_\_\_ Date \_\_\_\_\_

## Immunization Summary for School Attendance Ohio

VACCINES	FALL 2018 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
<b>DTaP/DT</b> <b>Tdap/Td</b> Diphtheria, Tetanus, Pertussis	<p><b><u>K</u></b>  Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4<sup>th</sup> birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4<sup>th</sup> birthday, a fifth (5) dose is not required. *</p> <p><b><u>1-12</u></b>  Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</p> <p><b><u>Grades 7-12</u></b>  One (1) dose of Tdap vaccine must be administered prior to entry. **</p>
<b>POLIO</b>	<p><b><u>K-8</u></b>  Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4<sup>th</sup> birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. ***</p> <p><b><u>Grades 9-12</u></b>  Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</p>
<b>MMR</b> Measles, Mumps, Rubella	<p><b><u>K-12</u></b>  Two (2) doses of MMR. Dose one (1) must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose one (1).</p>
<b>HEP B</b> Hepatitis B	<p><b><u>K-12</u></b>  Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.</p>
<b>Varicella</b> (Chickenpox)	<p><b><u>K-8</u></b>  Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after the first dose, it is considered valid.</p> <p><b><u>Grades 9-12</u></b>  One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>
<b>MCV4</b> Meningococcal	<p><b><u>Grade 7-9</u></b>  One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.</p> <p><b><u>Grade 12</u></b>  Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****</p>

### NOTES:

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <https://www.cdc.gov/vaccines/schedules/index.html>.
- Vaccine doses administered  $\leq 4$  days before the minimum interval or age are valid (grace period). Doses administered  $\geq 5$  days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at <http://www.odh.ohio.gov>, Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

\* Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4<sup>th</sup> birthday, a sixth dose is recommended but not required.

\*\* Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheria- toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

\*\*\* The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

\*\*\*\* Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1<sup>st</sup>) dose of MCV4 was administered on or after the 16<sup>th</sup> birthday, a second (2<sup>nd</sup>) dose is not required. If a pupil is in 12<sup>th</sup> grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.



# NORTON CITY SCHOOLS

## BUS TRANSPORTATION INFORMATION

Please Print!

STUDENT LAST NAME \_\_\_\_\_ STUDENT FIRST NAME \_\_\_\_\_

Street address of Student \_\_\_\_\_ APT # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month / date / year) ☐ Male ☐ Female

For address change, former address was: \_\_\_\_\_

Mother or Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

What is your relationship to student? (Mother, step-mother, guardian, etc.) \_\_\_\_\_

Father or Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

What is your relationship to student? (Father, step-father, guardian, etc.) \_\_\_\_\_

Date starting school: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: K for school year: 2018 – 2019

School Attending: ☒ Primary ☐ Elementary ☐ Middle School ☐ High School

**Please check one:**

☐ Yes, my child **WILL** be riding the bus to and from school.

☐ No, my child **WILL NOT** be riding the bus to and from school.

**TRANSPORTATION DEPT WILL CONTACT YOU WITHIN  
72 HOURS WITH TRANSPORTATION ARRANGEMENTS.**

*BUS GARAGE : (330) 825-2226*

**OPEN ENROLLMENT STUDENTS ARE NOT ELIGIBLE FOR TRANSPORTATION**





## Norton Kindergarteners...the Class of 2031 ~ the Future of Norton...

You are invited and encouraged to attend 5 days of ...

### Questions????

"Miss" Vicky Wallace

(330) 825-4967

NortonSafetyTown@gmail.com

(Please do NOT call the schools)

Due to rising expenses, we are asking for a \$5.00 donation to be paid the first day of Safety Town.

All students receive:

- Norton Safety Town T-Shirt
- Bike Helmet
- "Popsicle" each day
- Safety Town fun

Please do NOT send your donation with your registration packet. If this donation is impossible for you, please know that arrangements WILL be made for your child to attend NST.

### DEADLINE FOR REGISTRATION

May 16th

Completed registrations due to:

1) Norton City Schools Administration with your Kindergarten Registration

2) Mailed to:

Norton Women's Club  
PO Box 1101

Norton, OH 44203

*No scans to  
email, please~*

## NORTON SAFETY TOWN (NST), 2018

June 4~ June 8

Monday ~ Friday

Norton Community Center

Columbia Woods

4060 Columbia Woods Drive

AM Session 9:00 ~ 10:45

PM Session 12:00 ~ 1:45

Safety Town Graduation ~ Friday, June 8th 7~8 pm

Norton High School Auditorium



### What is Safety Town?

- Simulated Village with miniature buildings
- Bikes for the students to travel through Safety Town
- Streets, Crosswalks, Street Signs, and a working Traffic Light



### Our students will:

- Learn Safety Lessons
- Travel through our Safety Town village with a Norton Police Officer on "duty" each day
- Take a bus ride on a Norton City Schools bus and learn bus safety first hand from a Norton bus driver
- Participate in Fire Safety Day with the Norton Fire and Police Departments
- Learn super fun Safety Town songs to help enforce what they learn at Safety Town

### IMPORTANT NOTES:

- To keep Safety Town running smoothly, we ask that no parents or siblings come with their student to Safety Town
- If you find that your child will not be able to attend Safety Town after registration is complete, please notify us asap.
- Helmets and shirts must be ordered by May 18th...any late registrations may have to bring their own helmet..
- Students should not be dropped earlier than the normal drop off time...we need time to prepare for the day.

~Please email NortonSafetyTown@gmail.com to be added to our contacts

~Information concerning your session assignment will be emailed by May 31st. You will be asked to send a reply back to confirm you received the email...please include your child's name in this response.

~If you do NOT have email, a phone call will be made.

PARENTS: PLEASE KEEP THIS

PAGE FOR FUTURE REFERENCE

**Thank you to  
Norton Lions Club &  
Norton Women's Club  
for making NST possible.**





## NORTON SAFETY TOWN, 2018

### REGISTRATION

**PLEASE PRINT NEATLY**

PLEASE NOTE: CHILD'S NAME ( as it will be printed on name tag and on graduation certificate)

ADDRESS: (FYI ~ this is the address we will use to "test" our students at NST)

(First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

MOM CELL \_\_\_\_\_ DAD CELL \_\_\_\_\_

EMAIL (IMPORTANT ~ For NST use only) \_\_\_\_\_

NEIGHBOR OR RELATIVE TO CONTACT IF WE CAN'T REACH MOM OR DAD: \_\_\_\_\_  
PHONE \_\_\_\_\_

T-SHIRT SIZE (YOUTH): SMALL (6-8) \_\_\_\_\_ MEDIUM (10-12) \_\_\_\_\_ LARGE (14-16) \_\_\_\_\_

PLEASE COMPLETE the following, giving permission for your child to go on a field trip (a short ride on the school bus to practice following the rules of getting off the bus, crossing the street, and getting back on the bus.) We will also tour Norton's Fire Station.

\_\_\_\_\_ has my permission to participate in Norton Safety Town's field trip.

(Child's Name)

Norton City Schools and/or the Norton Safety Town Committee will not be held liable for any injuries or accidents incurred during said trips which were due to my child's negligence.

\_\_\_\_\_  
(Parent's Signature)

IF YOU KNOW that your child **MUST** attend a particular session, please, circle the word "MUST" below and the session. If your child can attend either session, circle the word "EITHER" and the session you prefer. We almost always accommodate your preference, but we cannot guarantee it.

Please CIRCLE desired session: AM: 9:00am - 10:45am PM: 12:00pm - 1:45pm Either Must



# NORTON CITY SCHOOLS

Norton Primary Building – 3163 Greenwich Rd – Norton OH 44203

## Kindergarten REVISED Supply List 2018-2019

Backpack – w/o wheels (must fit in locker)

Headset (Headphones/no Earbuds)

Art Shirt – adult short-sleeved t-shirt

Extra Outfit w/socks (for accidents)

1 Thin Yellow Highlighters

4 – 8 Packs Crayola Crayons Regular Size

2 Ticonderoga Beginner Pencils

1 Pair Fiskar Children's Scissors

12 Small Elmer's Glue Sticks

1 Bottle Elmer's Glue (4oz)

1 Can of Play Doh

1 One Inch (1") Plastic 3-Ring Binder

1 Folder – 2 pocket/any color (used for daily communication/plastic suggested)

1 Box of Tissues

Boys – 1 Box Gallon Baggies – Ziploc

Girls – 1 Box Quart Baggies – Ziploc

Please consider purchasing a few extra supplies to keep at home for mid-year when students may need to replenish them. It is always less expensive during "back to school" sales.







**Norton City Schools  
2018-2019 School Calendar  
Events**

August						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

January						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

- Aug. 16 Teacher Work Day  
 Aug. 17 Teacher Work Day  
 Aug. 20 Convocation  
 Aug. 21 Students First Day (Pre-K, Gr. 1-12)  
 Aug. 27 Kindergarten First Day  
 Sept. 3 Labor Day - No School  
 Oct. 11 Conference K-12 4pm-7pm  
 Oct. 12 NEOEA Day - No School  
 Oct. 15 Staff Development - No School  
 Nov. 8 Conferences K-4 4pm-7pm  
 Nov. 9 Conferences K-4 8:30am-11:30am (K-4 Only - No School)  
 Nov. 21 Staff Development - No School  
 Nov. 22-26 Thanksgiving Break - No School  
 Dec. 21 Records Day - No School  
 Dec. 24-Jan. 4 Winter Break - No School  
 Jan. 21 Martin Luther King Day - No School  
 Feb. 18 President's Day - No School  
 March 7 Conferences K-12 4pm-7pm  
 March 8 Staff Development - No School  
 April 1-5 Spring Break - No School  
 April 19 Good Friday - No School  
 April 22 Conference Comp Day - No School  
 May 27 Memorial Day - No School  
 May 30 Students Last Day  
 May 31 Records Day

Save The Date

Forms Day:

Primary Aug. 13  
 Elementary Aug. 14 & Aug. 15  
 Middle School Aug. 16

Open House:

Primary Aug. 20 (Preschool)  
 Elementary Aug. 20  
 Middle Aug. 16 (Grades 5-8)  
 High School Aug. 21

Orientation:

Kindergarten Aug. 24  
 Freshmen Aug. 16

Grading Periods

[ ]

Aug. 21—Oct. 19 =41  
 Oct. 22—Dec. 20 =40  
 Jan 7—Mar 15 =47  
 March 18—May 30 =46