



**Norton Elementary**  
3390 S Cleveland-Massillon Rd.  
Norton, OH 44203

**Norton City Schools**  
**2019/2020 Elementary Enrollment Packet**  
(Grades 1 - 4)

**Registration Requirements:**

- Completed enrollment packet.
- Copy of your child's **state-issued** birth certificate.
- Copy of your child's social security card. (*Voluntary*)
- Copy of your child's shot record.
- Copies of (2) proofs of residency (*i.e., utility bill, voter's registration card, mortgage, rental or bank statement, or any government-issued document*).
- Copy of parent/guardian's driver license.
- Copy of court date-stamped custody papers, (if any) naming residential parent.
- Copy of current special education IEP/ETR/504 (if any).
- Copy of marriage certificate if last name differs from birth certificate.

*All forms and required documents must be fully completed in order for your child's registration process to begin.*

**Please return completed registration packet and required documents to:**

Mrs. Laura Danko, Enrollment  
Norton City Schools  
Administration Office  
4128 Cleveland-Massillon Road  
Norton, OH 44203

Direct Dial: 330 706-2723  
FAX: 330 825-4537  
[ldanko@nortonschools.org](mailto:ldanko@nortonschools.org)

Hours: 7:00-11:30 AM / 12:30-3:15 PM



**Welcome to Norton City Schools!**



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

**Norton City Schools**

**STUDENT REGISTRATION FORM**

Primary  Elementary  Middle  High School

Date Enrolled \_\_\_\_\_ Re-Enrolled?  Yes  No **Grade Level** \_\_\_\_\_

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

**Please print STUDENT INFORMATION**

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

(Name as stated on birth certificate)

Student's SS # \_\_\_\_\_ (voluntary)  Male  Female

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

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

Address \_\_\_\_\_

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

Unlisted?  Y  N

Mother's Cell ( ) \_\_\_\_\_ Father's Cell ( ) \_\_\_\_\_

Unlisted?  Y  N

Unlisted?  Y  N

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

If your child is currently on an IEP/ETR/504, your child **MUST** continue with plan in place until exited.

Is your child receiving special education services (IEP/ETR, 504)?  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: \_\_\_\_\_

(OVER)



# Alert Calling System

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

**PRIMARY** number(s) will be called for standard AND emergency calls (including weather cancellations/snow days).

**EMERGENCY** number(s) will be called ONLY in an emergency and should include any additional numbers (not listed under PRIMARY) that you would like to receive **EMERGENCY** calls.

*All numbers will be dialed simultaneously.*

## DIRECT NUMBERS ONLY – NO EXTENSIONS!

**Parent/Legal Guardian Numbers Only:**

**Relationship to Student:**

Primary number ( )	
Primary number ( )	
Emergency number ( )	
Emergency number ( )	
Primary email address:	
Add'l primary email address:	
<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.*

**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i>	<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i>
<p><b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>
<p><b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>
<p><b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States?  <input type="checkbox"/> Yes   <input type="checkbox"/> No          If yes, how many years/months? _____          If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States?   <input type="checkbox"/> Yes   <input type="checkbox"/> No          If yes, when did your child first attend a school in the United States?          _____ / _____ / _____          Month      Day      Year</p>
<p><b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.</p>	
<p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____</p>	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



**\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\***

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

<p><b>Student's native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	_____
<p><b>Student's home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	_____
<p><b>Potential English learner</b> See Language Usage Survey Questions 2-4.</p>	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
<p><b>Immigrant student status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of validating school employee

**Norton City Schools**  
Name of school or school district



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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 Road, Norton OH 44203  
330 825-0863 PH - 330 825-4537 FAX

## VERIFICATION OF FOSTER PLACEMENT

\_\_\_\_\_, \_\_\_\_\_, is in  
Name of Child Date of Birth

The temporary custody of \_\_\_\_\_ County Children  
Services Board and is in a foster placement with:

\_\_\_\_\_  
Name of Foster Family

\_\_\_\_\_  
Street Address

\_\_\_\_\_, Ohio \_\_\_\_\_  
City Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_ attended \_\_\_\_\_ School in \_\_\_\_\_  
County when he/she was removed from his/her biological family or custodial parent.

### THE FOLLOWING INFORMATION MUST BE PROVIDED:

\_\_\_\_\_  
Biological Parent's Name

\_\_\_\_\_  
Biological Parent's Street Address, City, State and ZIP-Code

\_\_\_\_\_  
Social Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Worker's Telephone Number

Is student currently receiving Special Education Services?  YES\*  NO



\*If yes, please include most recent IEP/ETR/MFE or 504.

**A court date-stamped copy of the journal entry stating the district responsible for tuition/education of the student MUST accompany this form before student can be enrolled at Norton City Schools.**



# 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. <hr/>		
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.  

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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.

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Form completed by	Relationship to student	Date / /
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# Norton City Schools

## RECORDS REQUEST

*Parent/Guardian: Please complete top portion, sign and return with registration packet. District personnel will send records request to previous school.*

TO: \_\_\_\_\_  
School Previously Attended

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Phone FAX

### YOU ARE AUTHORIZED TO RELEASE RECORDS FOR:

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/20

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/20

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/20

\_\_\_\_\_  
\*\*  
Signature of Parent

**\*\*NOTE:** According to the Family Rights and Privacy Act (Buckley Amendment 99.31, P.L. 93-380 dated June 17, 1976, vol.41, No. 188, Page 24673), parental permission is no longer required when records are requested by authorized school personnel.

### SPECIFIC RECORDS TO BE RELEASED:

### REASON FOR REQUEST:

- Directory Information
- Health Records
- Withdrawal Grades/Grades in Progress
- Permanent/Cumulative Record
- Gifted/Title I Services
- All Special Education Information (IEP, ETR, 504)
- Attendance Totals for HB410 Reporting-NEW!
- Other: \_\_\_\_\_

- Enrollment
- Other: \_\_\_\_\_



### PLEASE RETURN RECORDS TO:

**Primary Elementary**  
Attn: Records  
3163 Greenwich Road  
Norton, OH 44203  
330 825-5133  
330 825-0794 (FAX)

**Norton Elementary**  
Attn: Records  
3390 Cleveland-Massillon Rd.  
Norton, OH 44203  
330 825-3828  
330 825-3817 (FAX)

ADMISSION DATE: \_\_\_\_\_ ENROLLING AS:  RESIDENT  OPEN ENROLLMENT  
IRN 044552  COURT PLACED/FOSTER





# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
(month / date / year)

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: \_\_\_\_\_ 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 Elementary

# Yearly Forms

You will need to pick up an additional set of "yearly forms" to complete when you return packet to the enrollment office.

These additional forms are color-coded for staff use and not included in on-line packet.

Thank you!