



Norton High School
1 Panther Way
Norton, OH 44203

Norton City Schools
2019/2020 High School Enrollment Packet
(Grades 9-12)

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 special education IEP/ETR/504 (if any).
- Copy of marriage certificate if last name differs from birth certificate.
- Student transcript or grade card from previous school.**
(*Withdrawal grades if enrolling after the beginning of the school year.*)
MUST BE PRESENTED NOW - NO EXCEPTIONS!

*Once registration process is complete, parents/guardians are required to set up a scheduling appointment with their child's guidance counselor: Mrs. Williams (last names A-K) / Mrs. Colecchi (last names L-Z)
Please call 330 825-6104 to schedule this appointment.

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



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

Welcome to Norton City Schools!

IMPORTANT INFORMATION!

STUDENT SCHEDULING—PARENT MUST CALL FOR SCHEDULING APPT.*



Norton City Schools

4218 Cleveland Massillon Road
Norton, OH 44203

Laura Danko
Enrollment/EMIS Coordinator
330 706-2723 Direct Dial
330 825-4537 FAX
ldanko@nortonschools.org

PLEASE NOTE—VERY IMPORTANT!

After the registration process is complete, newly enrolled Norton High School parent/guardians must call the Guidance Office to set up an appointment for student scheduling before your student may begin attending Norton High School.

*****Prior school's transcript is required.*****

***Please call the High School Guidance Office at 330 825-6104 to set up this appointment.**

GUIDANCE DEPARTMENT

330 825-6104

Last Names A-K: Mrs. Jessica Williams, Counselor
Last Names L-Z: Mrs. Tracey Colecchi, Counselor

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.



Norton City Schools
Family Information Disclosure

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.

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.

| | |
|--|---|
| Student Name: <i>(First Name and Last Name)</i> _____ | Student Date of Birth: <i>(mm/dd/yyyy)</i> _____ |
| <p>Communication Preferences 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>Language Background 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>Prior Education 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>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p> | |
| Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____ | |

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>Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p> | _____ |
| <p>Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p> | _____ |
| <p>Potential English learner 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>Immigrant student status 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

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 / / |
|----------------|--|---------------------------|

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"/> YES , my child receives regular medical/health care for the following conditions: | | | <input type="checkbox"/> NO 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 / / |
|-------------------|-------------------------|----------|



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:

- Directory Information
- Health Records
- Transcript//Grades/Schedule (PLS SEND ASAP!)**
- Permanent/Cumulative Record
- Gifted/Title I Services
- All Special Education Information (IEP, ETR, 504)
- Attendance Totals for HB410 reporting-NEW!**
- Other: _____

REASON FOR REQUEST:

- Enrollment
- Other: _____



PLEASE RETURN RECORDS TO:

Norton High School
Attn: Guidance Office
1 Panther Way
Norton, OH 44203
FAX: 330 706-0369
ghosbach@nortonschools.org
Phone: 330 825-6104

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 ____/____/____
(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: _____ 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