



Norton City Schools
Administration Office
4128 Cleveland-Massillon Road
Norton, OH 44203

Norton City Schools

2016/2017 High School Enrollment Packet

(Grades 9—12)

Registration Requirements:

***ALL REQUIRED DOCUMENTS
MUST BE PRESENTED IN ORDER
TO ENROLL YOUR CHILD!***

- ☐ Completed enrollment packet.
- ☐ Copy of your child's state-issued birth certificate.
- ☐ Copy of your child's social security card.
- ☐ 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.
- ☐ **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: 330 825-0929
ldanko@nortonschools.org



Hours: 6:45-11:30 AM / 12:30-3:00 PM

Welcome to Norton City Schools!

Norton High School



Home of the Panthers

Registration Packet

Grades 9 - 12

NORTON HIGH SCHOOL
Registration Requirements for Students

IN ORDER TO BE OFFICIALLY ENROLLED IN NORTON CITY SCHOOLS, STUDENTS MUST MEET THE FOLLOWING REQUIREMENTS IN ACCORDANCE WITH SECTION 3313.672 OF THE REVISED CODE OF OHIO.

1. Are you the custodial parent/Guardian? ____ Yes ____ No
The parent or legal guardian must be present at the time of enrollment and **MUST** provide appropriate identification. (Driver's license or other photo identification.)
2. Do you have proof of custody? ____ Yes ____ No
You must provide proof of custody.
3. A foster parent must provide certification of custody and copy of the Journal Entry from the court. These forms must be returned **prior** to enrollment. The case worker and foster parent must be present at enrollment.
4. A legal guardian, other than parent, must present a certification of guardianship/custody.
5. If guardianship/custody is pending, a copy of the official application to the court is required **BEFORE** enrollment.
6. Are you a Norton resident? ____ Yes ____ No
Proof of Residence: **Two** official documents that verify your residence in the district (i.e., driver's license, real estate transaction or deed, lease agreement, current utility bill, etc.) If you do **not** reside in the Norton City School District, you must apply for Open Enrollment. Please call (330) 825-0863 for an Open Enrollment application. You must be accepted for open enrollment prior to registration.
7. If your child is receiving special education services, you **must** provide a copy of the current IEP and MFE **at time of enrollment**.
8. A copy of your child's birth certificate or other evidence of birthdate must be presented.
9. Proof of immunization required by Ohio State Law must be submitted within fourteen (14) days of enrollment (Student will be excluded from school if immunizations are not obtained within fourteen days).
10. Copy of current transcript or grade card. Withdrawal grades are required if entering after the beginning of the school year. Foreign exchange students must have a transcript in English.
11. A copy of your child's Social Security Card.

The entire registration packet must be completed prior to enrollment. Final registration may be scheduled with a counselor upon the completion of the above requirements. You must schedule an appointment to enroll your child. You can do so by calling the Guidance Office at 825-6104.

I certify that the above information is true and correct to the best of my knowledge.

Student Name (please print)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

NORTON HIGH SCHOOL

Speech/Language hearing and Special Education Information (To be completed by Parent/Guardian)

Child's Name _____ Birth Date _____

Grade _____ HR _____ Date of Enrollment _____

Parent(s) Name(s) _____

Phone _____

Does your child have a speech or language problem? _____ Yes _____ No

If yes, please explain: _____

Does your child have a past history of hearing problems? _____ Yes _____ No

If yes, please explain: _____

Does your child have a hearing problem at the present time? _____ Yes _____ No

If yes, please explain: _____

Has you child been receiving any special education services at his/her previous school?

_____ Yes _____ No

Does your child have a current IEP? _____ Yes _____ No

If yes, please explain: _____

Does your child have any special medical concerns? _____ Yes _____ No

If yes, please explain: _____

OHIO GRADUATION TEST (OGT)

(If applicable)

Student name: _____ Today's Date: _____

Please list the Ohio school(s) you attended 10th through 12th grade (these are the schools where you would have participated in OGT testing):

As you know, every student is required to pass the Ohio Graduation Test in order to graduate from high school. Please complete the bottom portion of this form so that our staff can take immediately action to assist you in accomplishing this requirement *(if needed)*.

To the best of your knowledge, please circle the correct score received on each test:
(All scores must be verified)

			# of attempts	date passed
WRITING	P	F	_____	_____
READING	P	F	_____	_____
MATH	P	F	_____	_____
SOCIAL STUDIES/CITIZENSHIP	P	F	_____	_____
SCIENCE	P	F	_____	_____

STUDENT # _____

Norton City Schools

STUDENT REGISTRATION FORM

☐ Elementary ☐ Middle School ☒ 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 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 (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.

Only the **primary** number will receive weather cancellation calls (snow days, etc.). All three 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 ()	
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.



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 4423
330 825-0863 PH - 330 825-0929 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.**



NORTON CITY SCHOOLS - 4128 CLEVELAND MASSILLON RD - NORTON OH 44203
330.825.0929 - WWW.NORTONSCHOOLS.ORG

NORTON CITY SCHOOL HOME LANGUAGE SURVEY

Date: _____

Name of Student: _____

Date of Birth: _____

Place of Birth: _____

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

PARENT/GUARDIANS

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?

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"/> 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"/> Asthma <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Behavior concerns <input type="checkbox"/> Birth/congenital malformations <input type="checkbox"/> Bone/muscle/joint problems <input type="checkbox"/> Blood problems <input type="checkbox"/> Bowel/bladder problems <input type="checkbox"/> Cancer <input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Diabetes <input type="checkbox"/> Depression <input type="checkbox"/> Ear problem/hearing difficulty <input type="checkbox"/> Emotional concerns <input type="checkbox"/> Headaches <input type="checkbox"/> Heart problems <input type="checkbox"/> Hemophilia <input type="checkbox"/> Juvenile arthritis <input type="checkbox"/> Lead poisoning <input type="checkbox"/> Migraines <input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Seizure disorder <input type="checkbox"/> Sickle cell anemia <input type="checkbox"/> Skin conditions <input type="checkbox"/> Speech problems <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Vision problems (glasses, contacts) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <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 / /
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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:

- ☒ Directory Information
- ☒ Health Records
- ☒ Withdrawal Grades/Grades in Progress
- ☒ Permanent/Cumulative Record
- ☒ Gifted/Title I Services
- ☒ All Special Education Information (IEP, ETR, 504)
- ☐ Other: _____

REASON FOR REQUEST:

- ☒ Enrollment
- ☐ Other: _____



PLEASE RETURN RECORDS TO:

Norton High School
Attn: Mrs. Neva Gibson
4108 Cleveland-Massillon Road
Norton, OH 44203
Email: ngibson@nortonschools.org
Phone: 330 825-6104

ADMISSION DATE: _____

____ RESIDENT

____ OPEN ENROLLMENT



NORTON CITY SCHOOLS

BUS TRANSPORTATION INFORMATION

LAST NAME _____ FIRST NAME _____

Resident Address _____

City/State/Zip _____

Parent's Names _____

Home Phone (330) _____ - _____ Birth date ____/____/____ Male ____ Female ____
(month / date / year)

Cell Phone _____ - _____ - _____

Date starting school _____ Grade ____ for school year: 20____ - 20____

(Pre-School - ____ AM ____ PM)

School: ☐ Grill ☐ Primary ☐ Cornerstone ☐ Middle School ☐ High School

☐ Open Enrollment ☐ Resident

Address to be **picked up**: _____

This stop is: ☐ Home ☐ Day Care ☐ Babysitter ☐ Other _____

Address to be **dropped off**: _____

This stop is: ☐ Home ☐ Day Care ☐ Babysitter ☐ Other _____

*****YOU WILL BE ASSIGNED THE CLOSEST STOP*****

*****BUSING ONLY IF AVAILABLE*****

THE BUS GARAGE WILL CONTACT YOU OF THE STOP AND TIME OF THE STOP.

Phone: 330-825-2226

Fax: 330-825-4802