



Norton Middle School
4108 Cleveland-Massillon Rd.
Norton, OH 44203

Norton City Schools
2019/2020 Middle School Enrollment Packet
(Grades 5– 8)

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

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.



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>	
<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>



(Appendix A, continued)

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.

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

THIS PAGE FOR STAFF USE.

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"/> Diabetes
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines
<input type="checkbox"/> Cystic fibrosis	<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 _____
<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

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

**EMERGENCY MEDICAL AUTHORIZATION FORM
NORTON CITY SCHOOLS**

IMPORTANT: PLEASE PRINT USING BLACK INK (NO GEL PENS PLEASE)!

Student Name _____ BLDG: _____ GRADE: _____

Address: _____ Sex: M F Birth Date ___/___/___

City/Zip: _____ Phone: _____ / _____

Parent/Guardian Email Address: _____ Student # _____

**Parents or Guardians: Authorize emergency treatment by signing ONE of the boxes below.
Part I or Part II MUST be completed.
Failure to sign either will give authorization for treatment.**

PART I: GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone _____ - _____

Dentist _____ Phone _____ - _____

Medical Specialist _____ Phone _____ - _____

Local Hospital _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, 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 reasonable accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring the necessity of surgery is obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

1. Medical Condition: _____

2. Allergies _____ EPI-PEN: YES ___ NO ___

3. Medications: _____

(if medication is required to be administered during school hours, please complete medication forms available on district website.)

4. Bus Driver Medical Information: _____

Signature of Parent/Guardian _____ Date: _____

PART II: REFUSE CONSENT

I DO NOT GIVE CONSENT for emergency medical treatment of my child. In the event of illness or injury regarding emergency treatment, I wish the school authorities to take the following action: _____

Signature of Parent/Guardian _____ Date: _____

PLEASE LIST ANYONE NOT PERMITTED TO HAVE CONTACT WITH YOUR STUDENT:

(Legal documentation must be provided to be valid.)

Name _____ Relationship to Student: _____

Name _____ Relationship to Student: _____

PLEASE COMPLETE REVERSE SIDE.

EMERGENCY CONTACTS

Please list parent/guardian information followed by relatives or neighbors who you give permission to provide temporary care for your student.

Parent/Guardian:

Name _____ Relationship to Student _____

Address _____

Daytime Phone _____ - _____ Cell Phone _____ - _____

Parent/Guardian:

Name _____ Relationship to Student _____

Address _____

Daytime Phone _____ - _____ Cell Phone _____ - _____

Additional Contact:

Name _____ Relationship to Student _____

Address _____

Daytime Phone _____ - _____ Cell Phone _____ - _____

Additional Contact:

Name _____ Relationship to Student _____

Address _____

Daytime Phone _____ - _____ Cell Phone _____ - _____

Additional Contact:

Name _____ Relationship to Student _____

Address _____

Daytime Phone _____ - _____ Cell Phone _____ - _____

**FOR PRESCHOOL, ELEMENTARY AND MIDDLE SCHOOL USE ONLY:
CHILD CARE PROVIDER**

Name _____ Relationship to Student _____

Address _____

Daytime Phone _____ - _____ Cell Phone _____ - _____

MILITARY FAMILY INFORMATION

IS THE STUDENT A DEPENDENT OF A MEMBER OF THE ACTIVE DUTY FORCES (FULL-TIME) ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, NATIONAL GUARD, OR RESERVE FORCES (ARMY, ARMY NATIONAL GUARD OF THE U.S., AIR NATIONAL GUARD OF THE U.S., NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Norton City Schools
Middle School and High School Technology Acceptable Use Agreement

The District network is to be used in a responsible, efficient, ethical, and legal manner. In order for students to use the District network and the Internet, students and their guardian must first read (Technology Acceptable Use Form found here: <http://www.nortonschools.org/FormsEnrollmentRegistration.aspx>), understand, and sign the following Acceptable Use Policy annually by September 30 of current school year. The School District reserves the right to refuse access to the District network.

Students

- I will use technology resources in a responsible, ethical, and legal manner. I will use technology resources only for school related purposes.
- I will not access, modify, or destroy other user's data. I will not knowingly spread a computer virus, impersonate another user, violate copyright laws, install or use unauthorized software, damage or destroy resources, or intentionally offend, harass, or intimidate others.
- *I will be a good digital citizen.* I will access the Internet only under appropriate supervision. I will only view sites that directly pertain to school-related assignments. I will not use school technology resources to create, distribute, download, or view sexually explicit, illegal, or inappropriate content. I will not plagiarize from the Internet. I will distribute copyrighted material only if I have the owners' written permission. I will immediately inform a staff member if I encounter material that is sexually explicit, illegal, or inappropriate.
- I will not use technology resources to engage in any commercial activity including the purchase of goods and services. I will not give out personal information (full name, address, phone number).
- I will not use data access other than that provided by the school district.
- I will use technology resources responsibly. I will not give out my passwords. I will not disrupt network usage by others. I will not monopolize technology resources, use print excessively, or use an excessive amount of data storage space.
- I will immediately notify a staff member or administrator if I am the subject of harassment while using technology resources or if I witness inappropriate use of technology resources.
- I have read, understand, and agree to abide by the Norton City Schools Acceptable Use Policy.

Student's Signature: _____

Date: _____

Please print student's first and last name: _____

School Building: _____ Grade: _____

Parents

- I have read the Norton City School's Technology Acceptable Use Policy.
- I have explained to my child what is expected.
- I understand that the teacher may be integrating educational technology resources in the classroom.
- I understand that Norton City Schools is not responsible for any lost or damaged data created by my child and additional charges on personal data plans are not the school's responsibility.

I give my child permission to use the technology resources according to the regulations set forth in that policy.

I **DO NOT** give my child permission to use the technology resources.

Parent's Signature: _____ Date: _____

Please return signature page to student's school or teacher.

Directory, Photo & Video Release Form

Dear Parent/Guardian,

The Federal Family Educational Rights and Privacy Act of 1974 permits the school district to release certain information, known as "directory information," to certain people or institutions, unless you request, in writing, that such information not be released. Please note, a request that the school not release directory information pertaining to your child must be submitted annually.

In many cases, requests for this type of information come from news publishers, colleges, recruiters, parent groups, etc. "Directory information" may include:

- Student's name, address and telephone number
- Student's date and place of birth
- Participation in officially-recognized activities and sports
- Student's achievement awards or honors
- Student's weight and height, if of athletic team members
- Major field of study
- Dates of attendance ("from and to" dates of enrollment)
- Date of graduation
- Most recent educational agency or institution attended by the student; and photographs or similar information.

Photographs and videos may occasionally be taken of students for use in the news media or in media presentations that are made available to other educational institutions or through cable television or network, school district publications, or the internet, as well.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/ her work. The law requires that we ask for your permission to use information about your child.

SCHOOL YEAR "DIRECTORY INFORMATION" INSTRUCTIONS
<i>Please check your preference:</i>
<input type="checkbox"/> I give my permission for directory and other information to be released during this school year.
<input type="checkbox"/> I do NOT wish my child's "directory information" released.
<i>Please check your preference:</i>
<input type="checkbox"/> I authorize the release of my child's picture/video and name to be released during this school year. I understand that I am giving permission for school-related videos/pictures to be shared on the Internet.
<input type="checkbox"/> I do NOT wish my child to appear in any photographs or videos. <small>(This includes yearbook and programs for co-curricular activities)</small>

Child's Name (please print) _____ Grade _____

School Attending _____

Parent/Guardian Signature _____ Date _____

***Return this completed form to your building principal by Sept.15th of the current school year.
This request must be submitted annually.***

It is the policy of this district that no student shall be discriminated against on the basis of race, color, religion, national-origin, or citizenship status, creed or ancestry, age, gender, disability, height, weight, or other protected characteristics.