



North Olmsted City Schools

Welcome to the North Olmsted City Schools – *Home of Eagle Pride!*

You are joining a district that is focused on promoting excellence in academics, the arts, athletics and service to the community.

If you have questions or need further information there are a number of ways to find answers or details, including:

- ❖ Visit the website at www.northolmstedschools.org.
- ❖ Reference the annual calendar for dates and events and use the directory in the back of the calendar for frequently-used phone numbers.
- ❖ Read the quarterly School Zone newsletter for district information and updates.
- ❖ Contact your building principal for school-related questions.
- ❖ Call the Superintendent (440-779-3548) for district questions, concerns, and comments.
- ❖ Attend school and district events, meetings, and conferences to support your child's school experience.

We look forward to working with you as we move forward together to build a solid future for the leaders of tomorrow.

Dr. Cheryl Dubsky
Superintendent

North Olmsted City Schools
27425 Butternut Ridge Rd.
North Olmsted, Ohio 44070
Phone (440) 779-3563
Fax (440) 779-3591
Website <http://www.northolmstedschools.org/>

**ENTERING THE
NORTH OLMSTED CITY SCHOOLS
2011 – 2012 SCHOOL YEAR**

Registration is by appointment only at the Administration Building, 27425 Butternut Ridge Rd., North Olmsted, OH 44070. To schedule an appointment, please call (440) 779-3576.

*Please complete front and reverse sides of this form and **check all documents listed that are applicable to this registration. Your child may start school after all forms and documents are submitted.***

- Parent/Guardian must provide a passport/driver's license or a state picture I.D. as proof of identity. Only the legal guardian of the student may register the student. Legal documentation in the form of an original journal entry or a certified copy must be presented at the time of registration if there has been a separation or divorce.. **Attorney's copies and/or non-certified copies are not acceptable.** When more than one student is involved, one original and copies of same are permissible.
- Affidavit of Residency** must be submitted with documents proving residency. For the protection of all residents it is the obligation of parents/guardians seeking to enroll a student to prove they legally reside in the North Olmsted City School District. The district will *NOT* enroll without proof of residence. See the **Affidavit of Residency** for the required documents.
- Student's Birth Certificate** must be original or certified copy. In lieu of a birth certificate, a passport or attested transcript of a passport filed with a registrar of passports at a point of entry of the United States showing the date and place of birth of the student.
- Student's complete updated immunization records.** (Form included.)
- Student's Social Security Card.** (Recommended but optional.)
- A certified copy of any Court Order** establishing custody or guardianship from Domestic Relations Court, Probate Court, Juvenile Court, or any other court of competent jurisdiction which has issued an order regarding the custody of the student(s) being registered if applicable.

To verify guardianship or custody, the following are the only acceptable proofs:

- A. A certified, time-stamped court order indicating custody together with any modification (3313.672 ORC) attached to the Custody Form. (Form to be completed at time of registration.)
- B. A time-stamped notice of the application for appointment of guardian from probate court (valid for 60 days) attached to the Custody Pending Form. (Form to be completed at time of registration.)
- C. A certified copy of court placement orders for foster children attached to the Foster Children Form. (Form to be completed at time of registration.)

These are the only acceptable custody or guardian papers. Letter from current guardian giving temporary custody is **NOT** acceptable. Any changes or modifications in the custody orders must also be submitted

- Report Card** (gr. K-8) or a **COPY** of an unofficial high school transcript (gr. 9-12).
- All documents provided **MUST** be **officially** translated into ENGLISH.
- Students with Special Needs** (Provide copies of the following, if applicable).
 Multifactorial Evaluation (MFE)
 Individualized Education Plan (IEP)
 504 Plan
- Emergency Cards**(2) with current home, work, cell and emergency telephone numbers.

The Superintendent or his designee shall take all steps necessary to confirm the accuracy of the information provided in the registration process including the Affidavit of Residency. If it is discovered that a parent or legal guardian has made false statements in the registration process, the North Olmsted School District may notify the prosecuting attorney.

The policy shall apply to all students of the North Olmsted City Schools grades preschool through twelfth grade.

Nothing in these policies shall preclude the North Olmsted City Schools from exercising the discretion granted to it in Ohio Revised Code 3313.64 with regard to admission of students who are living with their grandparents, and nothing in this policy shall deem a grandparent to be legal guardian absent a Court Order.

The student(s) who is(are) being registered with the North Olmsted City Schools must not be expelled or excluded from any other school pursuant to Ohio Revised Code 3313.66, nor have been permanently excluded from attending any of the public schools in the State of Ohio pursuant to Ohio Revised Code Sections 3301.121 and 3313.662.

As the parent or legal guardian of the student(s) being registered, you have a continuing duty to immediately inform the North Olmsted City Schools of any change of residence and/or standing as to legal custody of the student(s) or to provide the North Olmsted City Schools with a certified copy of any court order which affects the custody or residency of said student(s) which have been issued or may be issued in the future.

Be it understood that in a case of legal custody and/or guardianship, it must be determined by a court of competent jurisdiction **BEFORE** a student will be admitted to the North Olmsted City Schools.

I have read the above enrollment procedures and instructions. I understand them and I agree to notify the North Olmsted City School District of any changes that may occur as outlined above.

(Signature of Parent or Legal Guardian)

(Date)

NORTH OLMSTED CITY SCHOOLS REGISTRATION FORM



Registration Appt. Date _____ I.D. # _____
(Office Use)

Former School _____ Address _____ City/State _____

If child attended North Olmsted Schools before, give month/year/grade at withdrawal _____
Month Year Grade

Last Name _____ First _____ Middle _____

Address _____ Apt. # _____

City _____ State _____ Zip _____ Sex _____

Phone () _____ Unlisted (Y/N) _____ Soc. Sec. No. _____

Birth Date ____/____/____ Birth City, State (Country) _____ Grade _____ U.S. Citizen _____
Mo/Day/Year Yes/No/Foreign Exch.

Is this student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	Race _____ (Choose one or more.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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Primary Language Spoken in Home: _____

FAMILY INFORMATION: Student Lives With:

Mother _____ Father _____ Step-Parent _____ Single Parent _____ Guardian _____ Independent _____ Other _____

Father _____ Home Phone _____ Business () _____ Ext. _____

Father's Cell _____ Father's email _____

Mother _____ Home Phone _____ Business () _____ Ext. _____

Mother's Cell _____ Mother's email _____

Step Parent/Guardian _____ Home _____ Business () _____ Ext. _____

Step Parent/Guardian Cell _____ Step Parent/Guardian email _____

If student lives in the same household with someone other than **BOTH** his/her natural mother and father, complete the reverse side.

Other children attending in the district:

Last Name	First Name	School	Last Name	First Name	School
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Last Name	First Name	School	Last Name	First Name	School
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I acknowledge that all of the above information is correct.

Signature of Person Enrolling Student

Printed Name of Person Enrolling Student

If there is a disability, please read and sign the following: (Please circle one)

Disability Conditions:

- | | | | | | |
|-------------------|-------------------|----------------|-----------------------------|--------------------------------------|---------------|
| 01 Multi-handicap | 02 Deaf-Blind | 03 Hearing | 04 Visually | 05 Speech | 06 Orthopedic |
| 08 ED (Emotional) | 09 CD (Cognitive) | 10 SLD | 12 Autism | 16 Pre-School (Age 3-5 w/disability) | |
| 13 TBI | 14 OHI (Major) | 15 OHI (Minor) | Other IEP or 504 Plan _____ | | |

Signature of Parent/Guardian _____

***** FOR OFFICE USE ONLY *****

First Active Date of Attendance _____ New/Reenr _____ School _____ Grade _____

Teacher _____ HMRM _____ Counselor _____ Dir Rel _____

If there is a separation or divorce, please complete the following:

Name of parent with legal custody of the student. If neither parent has legal custody of the student, list the person or government agency with legal or permanent custody:

Name _____ Relationship _____ Phone (____) _____

Natural Mother is:

_____ Living

_____ Deceased

_____ Divorced

_____ Remarried

Natural Father is:

_____ Living

_____ Deceased

_____ Divorced

_____ Remarried

If divorced: Date of final decree _____ in the court of _____
City County State

A copy of signed decree caption awarding custody is required for the school records.

Custody of this student has been given to:

Type of Custody: Sole Custody _____ Shared Parenting _____ Guardian _____

Non-custodial parent mailing address: _____

If custody has not been determined or is in the process of changing, supply the school with a certified journal entry reflecting the filing of this application.

Date Received _____

Final custody/guardianship documents are required within 60 days.

Date Received _____

***** **High School Independent Student Only** *****

If student is living independent of his/her family, he/she must be living on/by their own means. Validation requires the following:

Monthly Income

Monthly Expenses

_____ W-2 form or paycheck stub showing withholding taxes. (We will call to validate)
_____ R.I.T.A.

_____ Property tax bill, rental lease (We will call to validate)

_____ Check stub from investment dividends

_____ If driving to school, we'll copy Ohio insurance card

_____ Check stub from social security or other public assistance

_____ Utility Bills

The following documents are required before your child(ren) can start school:

- _____ Birth Certificate
- _____ Parent/Guardian Picture ID
- _____ Immunization Records
- _____ 3 Proofs of Residency
- _____ Guardianship/Custody Documents (if applicable)
- _____ MFE/IEP/504 Plan (if applicable)
- _____ Report Card/High School Transcript
- _____ Emergency Cards



North Olmsted City Schools
 Pupil Services Department
 27425 Butternut Ridge Road
 North Olmsted, Ohio 44070
 (440) 779-3563

HOME LANGUAGE SURVEY

STUDENT INFORMATION: To be completed by Parent/Guardian

DATE _____

Last Name _____ First _____ Middle _____

Address _____ Apt.# _____

City _____ State _____ Zip Code _____ Sex _____

Date of Birth _____ Place of Birth (city, state, country) _____

Father/Guardian Last Name _____ First Name _____

Mother/Guardian Last Name _____ First Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

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? _____

If the answer to question 1-4 is "English", you have completed the form. Otherwise, Continue with question 5-11.

5. What date did your child enter the United States? _____

6. Country of origin _____

7. Has your child attended school in the past? Yes _____ No _____

8. Schools attended **outside** the United States? Include name, address, dates and grade(s). _____

9. Schools attended **in** the United States? Include name, address, dates and grade(s). _____

10. Is there an adult in the home who speaks/reads/writes English? _____

Name

Address

Phone

Email

Signature of Parent Guardian

Date

Office use only:

School _____ Grade _____

Send a copy of this form and the registration form to the Learning Resource Supervisor.

Registrar _____

North Olmsted City Schools
27425 Butternut Ridge Rd.
North Olmsted, Ohio 44070
Phone (440) 779-3576
Fax (440) 779-3591
Website <http://www.northolmstedschools.org/>

AFFIDAVIT of RESIDENCY
For the purpose of establishing school residence (To be completed by parent or legal guardian)

Please Print

I, _____, certify that I am the owner/tenant of the dwelling/apartment located at:
(Parent's or Legal Guardian's Full Name)

(Street Number and Name) (Apartment Number)

(City) (State) (Zip Code) (Telephone Number) (Date of Occupancy)

I, _____, certify that I am a full-time resident of the above address located within
(Signature of Parent of Legal Guardian)
the North Olmsted City School District, and do not maintain a separate residence elsewhere.

Verification of the above address must be provided to school officials. The proof is limited to items listed below without exceptions. A minimum of three (3) forms are required. Your name must appear on all proof of residency documents. Photostat copies will not be accepted

If you are a new North Olmsted resident, one item must be:

____ Rental/lease agreement signed by manager and renter/lessee and a letter from manager

If an informal rental agreement is in place, the signature of the property owner must be notarized on the agreement and letter.

____ Purchase agreement signed by all concerned parties and a letter from lending institution or realtor

____ Construction contract signed by all concerned parties and a letter from contractor or realtor

If you are a current North Olmsted resident, one item must be:

____ Rental/Lease agreement signed by manager and renter/lessee

____ Property Tax Bill

____ Purchase agreement signed by all concerned parties

____ Mortgage/Escrow Statement

____ Construction contract signed by all concerned parties

and the remaining items must be two of the following:

____ Proof of Insurance

____ Gas Bill

____ Cable/Internet/Phone Bill

____ Pay Stub

____ Electric Bill

____ Water Sewer Bill

____ Municipal Income Tax

(To obtain letters of verification of utility start-up, call **Electric** 1-800-646-0400 x1327; **Gas** 1-800-362-7557)

Name(s) of Student(s) To Be Registered At This Time: (Please Print)

_____ (Last)	_____ (First)	_____ (M.I.)	_____ (Date of Birth)	_____ (Grade)
_____ (Last)	_____ (First)	_____ (M.I.)	_____ (Date of Birth)	_____ (Grade)
_____ (Last)	_____ (First)	_____ (M.I.)	_____ (Date of Birth)	_____ (Grade)

Total number of students to be enrolled at this time _____.

I further certify that:

1. The above information is true and accurate and not made up for the purposes of circumventing the attendance laws of the State of Ohio or the policies of the North Olmsted Board of Education requiring legal residency in order to attend the North Olmsted City Schools.
2. I understand and agree that if the above noted address ceases to be my legal residence and my new residence is outside the North Olmsted City School District, I will withdraw this/these student(s) from the North Olmsted City School District and will enroll this/these student(s) in the new district of residence.
3. I have read and understand the City of North Olmsted Ordinance No. 2007-71(see reverse side) and accept the consequences of violating that City Ordinance.
4. I understand that North Olmsted City Schools will attempt to verify my residency and investigate any questions raised about my residency. If it is determined that I am not a resident of the North Olmsted City School District, I understand that this/these student(s) will be withdrawn from the North Olmsted City School District. I will also be responsible for and will pay the court costs and current full tuition rate to the Treasurer of the North Olmsted City School District pursuant to Section 3317.08 of the Ohio Revised Code for that part of the school year that this/these student(s) was(were) enrolled in the North Olmsted City School District.

Signature of Parent or Legal Guardian Relationship to Student Date

**CITY OF NORTH OLMSTED
ORDINANCE NO. 2007 - 71**

BY: Mayor O'Grady and Council Members Ryan and Barker

AN ORDINANCE CREATING NEW SECTION 525.21 OF THE GENERAL OFFENSES CODE ENTITLED "FALSE INFORMATION," IN ORDER TO PROHIBIT PROVIDING FALSE INFORMATION TO PUBLIC OFFICERS OR EMPLOYEES FOR THE PURPOSE OF OBTAINING TUITION FREE ASSISTANCE AT PUBLIC SCHOOLS OR OTHER PUBLIC BENEFITS.

WHEREAS, representatives of the North Olmsted School District have presented complaints to the North Olmsted City Prosecutor regarding persons who have provided false familial or residential information to school officials and employees in order to receive tuition free attendance at North Olmsted public schools; and

WHEREAS, it is the recommendation of the City Prosecutor that this Council create a new provision in the City General Offenses Code prohibiting persons from providing false information to public officers or employees to obtain public benefits, including providing such false information in order to obtain tuition free attendance at the North Olmsted public schools; and

WHEREAS, it is the desire of this Council, acting upon the recommendation of the City Prosecutor, to prohibit persons from providing false information to public officers or employees to obtain public benefits, including providing such false information in order to obtain tuition free attendance at the North Olmsted public schools, and to provide for criminal penalties for such wrongful acts;

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF NORTH OLMSTED, COUNTY OF CUYAHOGA AND STATE OF OHIO:

SECTION 1: That there be and hereby is created new Section 525.21 of the General Offenses Code, entitled "False Information," which, as created, shall read as follows:

525.21 FALSE INFORMATION.

(a) No person, for the purpose of obtaining for any person tuition free attendance at a public school or for the purpose of obtaining any other public service, admission or benefit for any person, or to avoid any public duty or obligation of any person, shall knowingly give or assist in giving to any public officer or employee any false or incorrect name, address, family relationship or other false or incorrect information.

(b) Whoever is convicted of or pleads guilty to a violation of this Section is guilty of a misdemeanor of the first degree and shall be fined not more than one thousand dollars (\$1,000) or imprisoned not more than six (6) months or both. In addition to any imprisonment or fines, any person convicted of a violation of this Section shall be ordered by the court to fully reimburse the school district or other public office for the total dollar amount of the public benefit that was wrongfully obtained by providing such false information to the school or other public office in violation of this Section. Each day of a continuing violation shall be considered a separate offense.

SECTION 2: That any Ordinance, or part of any Ordinance, that is in conflict or inconsistent with any provision of this Ordinance is, to the extent of any such conflict or inconsistency, repealed.

SECTION 3: That this Ordinance shall take effect and be in force from and after the earliest period allowed by law.

TO BE COMPLETED BY PARENTS

**NORTH OLMSTED CITY SCHOOLS
HEALTH QUESTIONNAIRE
2011 – 2012**

Name _____ Male/Female (circle one) Date of Birth _____

Address _____ Parent Phone # _____

School _____ Grade _____ Previous School _____

Name of Physician _____ Phone # _____

IMMUNIZATION INFORMATION

*Dates must include day, month and year:

Required vaccines (list mo/day/yr)	1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose
<u>DPT- Diphtheria, Tetanus, Pertussis</u> 4 doses – required for grades 1 – 12 Kindergarten: 5 doses if the 4th dose was given before the 4th birthday					
<u>Tdap or Td</u> (given starting at 11 yrs old) 1 dose – prior to entering 7 th grade					
<u>Polio – IPV or OPV</u> 3 doses – required for grades 1 – 12 Kindergarten: 4 doses minimum with the last dose after the 4 th birthday					
Hepatitis B 3 doses – required for grades K – 11 (If 3rd dose before 6 months of age – a 4th dose is required)					
<u>MMR – Measles, Mumps, Rubella</u> Two doses – required grades K – 12 **Must be given on or after 1 st birthday					
<u>Varicella – Chicken Pox</u> Two doses – required for K-1 One dose – grades 2-4					

Had Chicken pox disease ____ If Yes - Date _____

Hepatitis A: 1. _____ 2. _____ Other: _____

Tuberculin test: Date (most recent) _____ Type _____ Results: Positive ____ Negative ____

Health History

Check Boxes of all that apply:

Allergies (including insect stings/bites, foods, animals, plants, latex, medications):

List: _____ Type of Reaction: _____ Treatment: _____

List: _____ Type of Reaction: _____ Treatment: _____

Asthma:

Symptoms: _____ Triggers: _____ Medications: _____

Diabetes:

Type: _____ Age of onset: _____ Treatment: _____

Seizures/Epilepsy:

Type of seizure: _____ Frequency: _____ Medication: _____

Please complete back side of form also

Ear Infections:

Frequency: _____ Age of last infection: _____ PE Tubes: _____

Hearing Loss (temporary or permanent):

Describe: _____ Hearing Aids: Yes ___ No ___

Vision Problems:

____ Near vision ____ Far vision ____ Amblyopia ____ Strabismus ____ Other ____ Glasses

Other treatment – Describe: _____

Heart Disease:

Describe: _____ Restrictions: ___ No ___ Yes (Describe)

Bone/Joint/Muscle Disorders:

Describe: _____ Restrictions: ___ No ___ Yes

Blood Disorders: Type: _____

History of Cancer: Explain: _____

Kidney Disease/ Bladder Problems: Describe: _____

Stomach/Intestinal Disorders: Describe: _____

Neurological/Psychological Concerns

____ ADHD ____ Tourette’s Syndrome ____ Bipolar Disorder ____ Eating Disorder ____ Depression

____ Other – Describe: _____

____ Medication: _____

Other disorders:

____ Cerebral Palsy ____ Spina Bifida ____ Muscular Dystrophy ____ Cystic Fibrosis ____ Other

Describe condition: _____

Other educationally relevant health concerns: Describe: _____

History of significant hospitalizations or surgeries: _____

Medications – Please List (other than previously listed):

Name: _____ Dose: _____ Time taken: _____ Reason given: _____

Name: _____ Dose: _____ Time taken: _____ Reason given: _____

Name: _____ Dose: _____ Time taken: _____ Reason given: _____

My child has no medical concerns.

*****Please Note:** Ohio Revised Code (sec. 3313.671) requires “exclusion” on the 15th day after school entrance of all students who do not meet the above requirements. **Your child will be excluded from school, as required by law, if written verification of having received these immunizations is not received in the school office within this time frame.**

If you have any questions, please call your school nurse. These immunizations can be obtained from your private health care provider or by calling the Cuyahoga County Board of Health at (216) 201-2041 and asking for an appointment at a clinic near you.

Siblings in district – Names: _____

Please Be Sure to Sign This Form ...

Parent/Guardian Signature: _____ **Date:** _____

NORTH OLMSTED CITY SCHOOLS
PUPIL SERVICES DEPARTMENT
27425 Butternut Ridge Rd.
North Olmsted, Ohio 44070
(440) 779-3563
Fax – (440) 779-3591

Dr. Cheryl L. Dubsky
Superintendent

Lisa Ryan Curtin
Director of Pupil Services

Dear Parents/Guardians:

Under State law, Federal Law, and School Board Policy #5013, the North Olmsted Schools must release “directory information” to any person or organization requesting that information without your prior consent, except when the request is for a profit making plan or activity. Directory information includes the following:

- | | |
|---|---|
| 1. student's name | 7. student's achievement awards or honors |
| 2. names of the student's parent/guardian | 8. student's weight/height, if a member of an athletic team |
| 3. student's address | 9. student's photograph |
| 4. student's date of birth | 10. the school or district which the student attended before enrollment in North Olmsted City Schools |
| 5. student's class designation | 11. phone number only when directory information is requested by the military for recruitment purposes for grades 10, 11, & 12. |
| 6. student's extra-curricular participation | |

If you wish to prevent the release of your child's directory information, you must fill out the form below thereby refusing to let us release the information. You must advise the District **annually** within **two weeks** of receiving this notice. Please note that under the No Child Left Behind Act (federal legislation), directory information requested by the military includes phone numbers.

We urge each parent to consider the options carefully and to return this form within two weeks. Because PTA and other school affiliated groups provide such valuable support to our students, we would encourage you to authorize release of information to them. We will do all we can to protect the privacy, rights and safety of your child and to act in the manner you wish.

If you have any questions or concerns, please feel free to call your child's principal or my office at 440-779-3563.

Sincerely,

Lisa Ryan Curtin
Director of Pupil Services

RELEASE OF DIRECTORY INFORMATION

Unless instructed otherwise below, the district will release directory information to eligible persons or groups.

_____ **YES**, I do wish directory information released for my child, but only for use by school affiliated groups such as PTA, booster clubs, athletic teams, school sponsored emergency calling systems, or school related honors or press publications.

_____ **NO**, I do not want any directory information released for my child, under any circumstances.
(this means to absolutely no one, not even for the yearbook.)

Name of Child

School Year

School

Grade

Parent Signature

Date

North Olmsted City Schools
27425 Butternut Ridge Rd.
North Olmsted, Ohio 44070
Phone (440) 779-3576
Fax (440) 779-3591
Website <http://www.northolmstedschools.org/>

REQUEST FOR RELEASE OF STUDENT RECORDS

Please Print

TO: _____
Previous School Name _____

Previous School Address _____

Previous School City/State/Zip Code _____

Area Code/Phone Number _____ Area Code/Fax Number _____

Previous School
*Please return this form with
the student records*

It is requested that an official copy of the student records of:

Student's Full Name _____ Birth Date _____
Last Grade Attended _____ Date Last Attended _____

**Be released to: North Olmsted City Schools
Pupil Services
27425 Butternut Ridge Rd.
North Olmsted, OH 44070**

Please include this form and all applicable information for the above named student as follows:

Academic grades or reports of progress including preschool records
Grades to date of withdrawal
Grades for previously completed marking period (sports eligibility)
Standardized test scores (achievement/ability, competency, etc.)
State Achievement Test Results
Attendance records
Health/immunization records
Psychological reports and/or Evaluation Team Reports (if any)
Individual Educational Plan (I.E.P.) (if any)
504 Plan (if any)
Speech/hearing/language evaluation
School profile explaining credits and grading system
Other _____

(Signature of Parent or Legal Guardian)

(Date)

(Signature of Student - 18 years of Age or Older)

(Date)

Note: Neither state nor federal law requires consent or parental signature to transfer student records to an educational institution for legitimate educational purposes. ORC 3319.321 (c) 20 USCA 1232g (b) (1) (B)

School Official Signature/Title

(Date)

Office Use Only: _____ (Date Mailed) _____ (Grade)

(Attending School)

District Phone Numbers

Birch Primary	24100 Palm Dr.	440-779-3570
Principal	Mr. Frank Samerigo	
Secretary	Mrs. Kim Stanko	
Butternut Primary	26669 Butternut Ridge Rd.	440-779-3523
Principal	Mr. Christopher Caleris	
Secretary	Mrs. Pat Komar	
Chestnut Intermediate	30395 Lorain Rd.	440-779-3641
Principal	Mr. Scott Moore	
Secretary	Mrs. Barb Anezinis	
Forest Primary	28963 Tudor Dr.	440-779-3527
Principal	Mr. Brent Monnin	
Secretary	Mrs. Loretta Christafaris	
Maple Intermediate	24101 Maple Ridge Rd.	440-779-3533
Principal	Mr. James Alexandrou	
Secretary	Mrs. Norma May	
Pine Intermediate	4267 Dover Center Rd.	440-779-3536
Principal	Ms. Terese D'Amico	
Secretary	Mrs. Donna Miller	
Spruce Primary	28590 Windsor Dr.	440-779-3541
Principal	Mrs. Denise Ressler	
Secretary	Mrs. Linda Winners	
North Olmsted Middle School	27351 Butternut Ridge Rd.	440-779-8501
Principal	Mr. Thomas Dreiling	
Secretary	Mrs. Cindy Hauk	
Asst. Principal	Mr. Benjamin Hegedish	
Guidance Office	Guidance Counselors	440-779-8768
North Olmsted High School	5755 Burns Rd.	440-779-8820
Principal	Mr. Jeff Stanton	
Secretary	Mrs. Marilyn Cicchiani	
Assoc. Principal	Mr. Bryan Busold	
Asst. Principal	Ms. Tracy Kuhn	
Asst. Principal	Mr. James Koontz	
Guidance Office	Counselors	440-779-3517
Athletic Director	Mr. Tim Carras	440-779-8797
Secretary	Mrs. Julie Zergott	
Community Services		
Adult Basic Education Classes (ABLE)		440-891-7647 (press 8 for information)
GED Classes		440-891-7647 (press 8 for information)
English as a Second Language Classes (ESOL)		440-891-7647 (press 8 for information)

Board of Education Members

John Lasko	BOE President	440-777-0331 j.laskojr@att.net
Joanne DiCarlo	BOE Vice President	440-235-3607 joannedicarlo@yahoo.com
Mike Raig	BOE Member	440-779-5797 mikeraig@aol.com
Tom Herbster	BOE Member	440-777-9145 tomherbster@msn.com
Terry Groden	BOE Member	440-777-6503 wgroden@sbcglobal.net

Administration

Dr. Cheryl Dubsky	Superintendent	440-779-3548 Cheryl.Dubsky@nocseagles.org
Mr. Robert Matson	Treasurer	440-779-3551 Robert.Matson@nocseagles.org
Mrs. Anne Pyros	Associate Superintendent Curriculum	440-779-3511 Anne.Pyros@nocseagles.org
Mrs. Vera Brewer	Communications / Grants Manager	440-779-3513 Vera.Brewer@nocseagles.org
Mr. Michael Diamond	Director of Human Resources	440-779-3560 Mike.Diamond@nocseagles.org
Mrs. Lisa Ryan Curtin	Director of Pupil Services	440-779-3563 Lisa.RyanCurtin@nocseagles.org
Mrs. Michelle Kocar	District Learning Resource Supervisor	440-779-3563 Michelle.Kocar@nocseagles.org
Mrs. Lori Govich	School Social Worker	440-779-3563 Lori.Govich@nocseagles.org
School Psychologist Office	School Psychologists	440-779-3563
Mr. Michael McDade	Buildings & Grounds Supervisor	440-779-3519 Michael.McDade@nocseagles.org
Mrs. Kathy Alm	Director of Transportation Services	440-779-3582 Kathy.Alm@nocseagles.org
Bridget Garran	Transportation Services Supervisor	440-779-3579 Bridget.Garran@nocseagles.org

NEW STUDENT REGISTRATION

Pupil Services

440-779-3563

PLEASE PRINT (Both Sides)

NORTH OLMSTED CITY SCHOOLS

Teacher _____

EMERGENCY AUTHORIZATION FORM

School Year _____

STUDENT _____

Birth Date _____ Grade _____

ADDRESS _____

Home Phone (____) _____

In accordance with the Missing Children's Act, the school needs a phone number where a parent or guardian can be reached during school hours. We need the parent's first and last name, area code, phone number and extension (if necessary). Please indicate whether it's a Work (W), Pager (P), or Home (H) number.

Father _____ Home _____ Work (____) _____ Cell _____

Mother _____ Home _____ Work (____) _____ Cell _____

SECTION A - EMERGENCY MEDICAL AUTHORIZATION (Section A and Section B must both be completed).

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

In the event reasonable attempts to contact me(name) _____ at (phone #) _____ or other parent (name) _____ at (phone #) _____ have been unsuccessful:

SECTION B - ADDITIONAL EMERGENCY CONTACTS

Please list two relatives/neighbors who are willing to assume the responsibility for your child if you cannot be reached.

NAME _____ Phone #1 (____) _____

ADDRESS _____ Phone #2 (____) _____

NAME _____ Phone # 1(____) _____

ADDRESS _____ Phone # 2(____) _____

If parents are divorced, which parent has legal custody? _____

May non-custodial parent be contacted? Yes _____ No _____ Non-custodial parent's name _____

If custodial parent is remarried, may the school contact the step-parent in regard to school related matters?

Yes _____ No _____ Name _____ Phone # (____) _____

"Significant health concern information may be shared confidentially with appropriate school personnel to ensure the student's health and safety."

(Part I or Part II Must be completed)

PART I - TO GRANT CONSENT

I hereby give my consent for:

1. The administration of any treatment deemed necessary by :

(Preferred Physician) Dr. _____ Phone No. _____

(Preferred Dentist) Dr. _____ Phone No. _____

or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and,

2. The transfer of my child to _____ (preferred hospital) or any hospital that is reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed. Facts concerning the child's medical history including allergies, medications being taken and physical impairments to which a physician should be alerted: _____

PARENT SIGNATURE _____ DATE _____

PART II - REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I want the school authorities to TAKE NO ACTION or to follow this procedure: _____

PARENT SIGNATURE _____ DATE _____



REVISED NORTH OL MSTED CITY SCHOOLS

2011-2012 School Year
***Changes made 8-17-11**
See Notes Below

August

August 26 Convocation – All Personnel
 August 29 First Day of School
 August 31 First Day of Kindergarten

September

September 5 Labor Day

October

October 14 NEOEA Day - No School

November

November 8 Staff Development – No School
 November 23 Staff Day
 November 24 - 25 Thanksgiving Vacation

December

***December 19th & 20th Regular School Day - All Staff, All Students**
 December 21 - 30 Winter Vacation

January

January 16 Martin Luther King Day
 January 20 Teacher In-Service - No School

February

February 17 Staff Day
 February 20 Presidents' Day

March

March 26 - 30 Spring Vacation

April

April 6 Good Friday
***April 9th Regular School Day - All Staff, All Students**

May

May 28 Memorial Day

June

June 3 High School Graduation
 June 6 Last Day of School
 June 7 Teacher/Clerical Day

Grading Periods

August 29 - October 28 43 days
October 31 - January 19 47 days
January 23 - March 23 44 days
April 2 - June 6 46 days

● Teacher Days - with no students
 ■ Holidays - no school
 □ End of 9-week grading period

AUGUST 2011

S	M	T	W	Th	F	S
	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 2012

S	M	T	W	Th	F	S
			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			

SEPTEMBER 2011

S	M	T	W	Th	F	S
				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	

MARCH 2012

S	M	T	W	Th	F	S
				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

OCTOBER 2011

S	M	T	W	Th	F	S
					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 2012

S	M	T	W	Th	F	S
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					

NOVEMBER 2011

S	M	T	W	Th	F	S
		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 2012

S	M	T	W	Th	F	S
			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	

DECEMBER 2011

S	M	T	W	Th	F	S
				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 2012

S	M	T	W	Th	F	S
					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

JANUARY 2012

S	M	T	W	Th	F	S
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				

JULY 2012

S	M	T	W	Th	F	S
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				