Olmsted Falls Board of Education

TODD F. HOADLEY, Ph.D.
Superintendent

DAVID L. LEWIS, M. Ed.
Chief Operating Officer

JAMES L. LLOYD, Ed. D.
Assistant Superintendent

TIMOTHY J. ATKINSON
Director of Business Affairs

26937 BAGLEY ROAD
P.O. BOX 38010
OLMSTED FALLS, OHIO 44138-0010

(440) 427-6000
FAX (440) 427-6010

www.ofcs.net

MARK S. HULLMAN, CPA, MBA
Treasurer/CFO

Dear Parent or Guardian:

Welcome to the Olmsted Falls Schools. We are pleased to have you in our District and confident that you will find the educational community here of the highest quality. The Ohio Department of Education has consistently awarded Olmsted Falls Schools top rankings on the Local Report Card. The Olmsted Falls School District has been named among the "Best Communities for Music Education in America" for five consecutive years by the NAMM Foundation. *Cleveland Magazine* also consistently names Olmsted Falls Schools as one of the top educational systems in the greater Cleveland area in its annual "Rating the Suburbs" issue. In 2011, we were proud to have Olmsted Falls High School listed among the Top 500 High Schools in the United States by *Newsweek* magazine.

Olmsted Falls Schools prides itself on outstanding academic programs, highly-qualified staff, talented students and well-maintained facilities. Our District is comprised of five buildings: **Olmsted Falls Early Childhood Center** (grades Pre-K & K); **Falls-Lenox Primary School** (grades 1 to 3); **Olmsted Falls Intermediate School** (grades 4-5); **Olmsted Falls Middle School** (grades 6-8); and **Olmsted Falls High School** (grades 9-12).

Review and completion of this registration packet is the first step in the enrollment process for your child/children. The next step is to contact the building(s) in which your child/children will be enrolled to schedule a convenient registration appointment. Building contact information is attached.

We look forward to the opportunity to educate your child/children and encourage you to become an active participant in the Bulldog tradition of *Excellence In Education*.

Yours in education,

Todd F. Hoadley

Todd F. Hoadley, Ph.D.
Superintendent

Enrollment Procedures for Students Entering Olmsted Falls City Schools

Registration is by appointment only. Please call the school your child will be attending to schedule a registration appointment. Contact numbers for each school building are listed below. (*Note: Kindergarten Registration takes place beginning each March for the next school year.)

Early Childhood Center (Pre-K – Kindergarten)	440-427-6360
Falls-Lenox Primary School (Grades 1-3)	440-427-6400
Olmsted Falls Intermediate School (Grades 4-5)	440-427-6500
Olmsted Falls Middle School (Grades 6-8)	440-427-6200
Olmsted Falls High School (Grades 9-12)	440-427-6100

The following documents are required for enrollment. Your child may start school after all forms and documents are submitted. All documents provided MUST be officially translated into English.

☐ **Parent/Guardian Picture ID:** The 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.

☐ **Proof of Residency:** Parents/guardians must submit 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 Olmsted Falls City School District. The district will NOT enroll without proof of residence. The only documents accepted for proof of residency are:

- Rental/lease agreement signed by the manager and renter/lessee
- Purchase agreement signed by all concerned parties
- Construction contract signed by all concerned parties
- Property tax bill
- Mortgage/Escrow statement
- Electric, Gas, and/or Sewer/Water bill
- Residency affidavit (included in this packet)

☐ **Guardianship/Custody Documents (if applicable):** 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. To verify guardianship or custody, the following are the only acceptable proofs:

- A certified, time-stamped court order indicating custody together with any modification (3313.672 ORC) attached to the Custody Form.
- A time-stamped notice of the application for appointment of guardian from probate court (valid for 60 days)

- 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. A letter from current guardian giving temporary custody is NOT acceptable. Any changes or modifications in the custody orders must also be submitted.

☐ **Student's Birth Certificate:** The parent/guardian must present an original or certified copy. In lieu of a birth certificate, a birth affidavit, a passport or an 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 may be accepted.

☐ **Student's Complete and Updated Immunization Records**

☐ **Student's Report Card and/or copy of High School Transcript**

☐ **Students with Special Needs Records, if applicable:** Provide copies of the following:

- Evaluation Team Report (ETR)
- Individualized Education Plan (IEP)
- 504 Plan

☐ **Physician's Form (Kindergarten only):** This form is attached. Please have your physician complete it and then bring it to your registration appointment.

☐ **Registration Form:** This form is attached. Please complete it, print it out, and bring it to your registration appointment.

☐ **Release of Records Form:** Complete the attached form and bring it to your registration appointment. This **form** will allow the district to obtain your child's education records.

☐ **Home Language Survey:** This form is required to determine if your child needs any special language services. Please complete it, print it out, and bring it to your registration appointment.

OLMSTED FALLS CITY SCHOOLS REGISTRATION FORM

Information supplied on this form is required under provisions of Ohio law and Ohio Department of Education regulations.

School _____
Date _____
Grade Assigned _____
Date Entered _____
Re-Entry _____
O.F. ID # _____

Student Name	Last Name First Name Middle Name		
Social Security # (optional)		**Birth Date:**	
Student Home Address	Number Street City Zip Code Up ☐ Down ☐ Apt. #		
Parent/Guardian	Name Home Phone Number		
Previous school attended • Kindergarten students include preschool if attended • Include home schooling	Name of School School District City State Address of School Type of School ☐ Public School ☐ Private ☐ Home School Has the student been enrolled in an Ohio public school since 2003? ☐ Yes ☐ No		

Ethnicity	Is this student Hispanic/Latino? ☐ No, not Hispanic/Latino ☐ Yes, Hispanic/Latino	**Race** (choose one or more)	☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander
Gender	☐ Male ☐ Female	**Citizenship**	☐ Dual National ☐ Non-Resident Alien ☐ Resident Alien ☐ U.S. Citizen ☐ Other please name:
Birthplace	City State Country	**Native / Primary Language**	☐ English ☐ Other please name:
List any serious health conditions		**List any life-threatening allergies**	

Student Lives With (check all that apply)	☐ Mother ☐ Father ☐ Step-Parent ☐ Other (explain):	☐ Guardian ☐ Spouse ☐ Self
Legal Custody (check all that apply)	☐ Mother ☐ Father ☐ Foster Parent Court Journal Entry: (____/____/____) County: _____ District Bearing Cost(for Foster/Court Placed Children only):	☐ Guardian ☐ Cuyahoga County Dept. of Job & Family Services ☐ Other (explain): ☐ Probate Court ☐ Juvenile Court Restrictions: _____

Is the child in gifted or Advanced Placement?	Yes ☐	No ☐	If yes, describe services:
Does the child have a 504 plan?	Yes ☐	No ☐	If yes, describe services:
Has the child ever had an ETR? (Need a copy)	Yes ☐	No ☐	If yes, list year of the most recent report:
Does the child have an IEP? (Need a copy)	Yes ☐	No ☐	If yes, indicate program:
Is the child suspended?	Yes ☐	No ☐	If yes, from what district?
Is the child expelled?	Yes ☐	No ☐	If yes, from what district?

PARENT(S) / GUARDIAN INFORMATION

STUDENT NAME:

Natural Mother	☐Single	☐Married	☐Divorced	☐Separated	☐Remarried	☐Deceased
☐Residential ☐Non-Residential	Dual Mailing: ☐Yes ☐No	Last Name		First Name		
Address: Number Street		City	State	Zip Code		
Workplace		Email				
Home Phone	Work Phone		Cellular Phone			

Natural Father	☐Single	☐Married	☐Divorced	☐Separated	☐Remarried	☐Deceased
☐Residential ☐Non-Residential	Dual Mailing: ☐Yes ☐No	Last Name		First Name		
Address: Number Street		City	State	Zip Code		
Workplace		Email				
Home Phone	Work Phone		Cellular Phone			

☐ **Legal Guardian**	☐**Step Parent**	☐**Foster Parent**	☐**Other:**
Last Name	First Name		
Address: Number Street	City	State	Zip Code
Workplace	Email		
Home Phone	Work Phone	Cellular Phone	
Social Worker (*If Applicable)*:			

PLEASE LIST ALL OTHER CHILDREN UNDER THE AGE OF 22 WHO LIVE AT THE HOME ADDRESS

Name	Grade	Date of Birth	Gender	Relationship To Student

To the best of my knowledge, all of the above information is true. I certify that the student's name listed on this form is his/her legal name, that I have legal custody and that I reside within the Olmsted Falls City School District Boundaries. I understand the Olmsted Falls School District may used legal means to verify my residence.

Parent/Guardian Signature

Date

Olmsted Falls City School District
Parent Consent Form For Release of Personally Identifiable Records

Student's First Day of School:_____

Student Name	Last Name First Name Middle Name		
Parent/Guardian Name	Last Name First Name	**Birth Date**	
Former Home Address	Number Street City Zip Code Up ☐ Down ☐ Apt. #		
Previous School Attended	Name of School School Phone Number Address of School City State Zip Code		

The school district named above is hereby authorized to release the specific personally identifiable information listed below concerning my child named above for the purpose of transferring records to:

☐ Olmsted Falls High School, Guidance Department, 26939 Bagley Road, Olmsted Falls, OH 44138, FAX 440-427-6110

☐ Olmsted Falls Middle School, Guidance Department, 27045 Bagley Road, Olmsted Falls, OH 44138, FAX 440-427-6210

☐ Olmsted Falls Intermediate School, 27043 Bagley Road, Olmsted Falls, OH 44138, FAX 440-427-6510

☐ Falls-Lenox Primary School, 26450 Bagley Road, Olmsted Falls, OH 44138, FAX 440-427-6410

☐ Olmsted Falls Early Childhood Center, 7105 Fitch Road, Olmsted Falls, OH 44138, FAX 440-427-6370

Information to be released:

☒ Immunization Records

☒ Educational and Other School Records (include most recent report card)

☒ Achievement Test Scores

☒ IEP and/or ETR

☒ State School Identification Number

☒ Speech and Language Records

☒ Psychological Records

_____ _____
Parent/Guardian Signature Date

_____ _____
Address in Olmsted Falls Phone number in Olmsted Falls

Olmsted Falls Schools

Home Language Survey

Federal guidelines require that this form be completed for all enrolled students.

Date:_____

Student Name:_____ Gender: ☐ Male ☐ Female

Grade:_____ Birth date:_____ Country of Birth:_____

Home Address:_____
(Street) (City) (ZIP)

Home Phone:_____

Parent/Guardian Names:

MOTHER: _____, _____
(Last Name) (First Name)

Cell Phone:_____ Work Phone:_____

FATHER: _____, _____
(Last Name) (First Name)

Cell Phone:_____ Work Phone:_____

Date Child First Entered United States: _____

Please answer the following questions:

1. What language did your child speak when he/she first learned to talk? _____
2. What language does your child speak most often at home? _____
3. What language do the adults in the home speak? _____
4. Does an adult in your home read English? ☐ YES ☐ NO
5. If the answer to No. 4 is "**NO**", what language(s) is read? _____
6. Has the child attended school? ☐ YES ☐ NO How many years? _____
7. Has the child attended a school in the USA? ☐ YES ☐ NO How many years? _____
8. Has the child studied English? ☐ YES ☐ NO How many years? _____

_____ _____
Date Signature of Parent/Guardian

FOR KINDERGARTEN STUDENTS ONLY!
Olmsted Falls School System
School Entrance Medical Record and Immunization Information
(To be completed by Physician)

Name:_____ Birthdate:_____ Grade:_____

Immunization Information

Please complete the entire date including, day, month and year.

DTP/DTAP	1. _____	2._____	3._____	4._____	5._____				
Td	1. _____	2._____							
OPV/IPV	1. _____	2._____	3._____	4._____	5._____				
HIB	1. _____	2._____	3._____	4._____	5._____				
Hepatitis B:	1. _____	2._____	3._____	4._____	5._____				
MMR	1. _____	2._____	**Hepatitis A**	1._____	2._____				
Other _____			**Varicella**	1. _____	2._____				

Height: _____ Weight: _____ Blood Pressure: _____

Examination: Date:_____ Normal_____ Abnormal_____

Remarks and recommendations concerning abnormal findings: _____

_____

Restrictions:_____ Development: Normal ____ Abnormal____

Chronic Health Concerns: Asthma ____ Seizure disorder____ ADD/ADHD____ Diabetes____

Medications:

Name of medication/Dosage/Frequency:_____

Reason for medication _____

Please complete form for medication administration if it is necessary for the child to receive prescription or OTC medication in school.

Was child referred to a specialist for any reason? Explain_____

Special Tests (at discretion of physician)

Urinalysis _____ Hemoglobin_____

Lead _____ Sickle Cell _____

Tuberculin test _____ Type_____ Results: Positive_____ Negative_____

Other _____

Hearing: Type of test_____ Results_____ Comments_____

Vision Acuity: Right – 20/ Left-20/ Strabismus: Yes____ No____ Comments:_____

Physician name (print):_____ Phone:_____

Address:_____ City/state/zip:_____

Based on examination consistent with EPSDT/Headstart/AAP guidelines, I certify this child to be in suitable condition for enrollment in school.

Physician Signature: _____ Date:_____