

# Olmsted Falls Board of Education

TODD F. HOADLEY, Ph.D.  
Superintendent

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

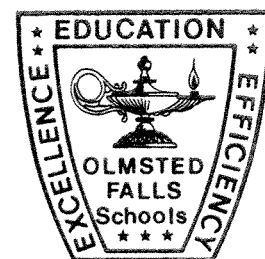
JAMES L. LLOYD, Ed. D.  
Assistant Superintendent

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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 the top ranking on the Local Report Card. Our most recent ranking of "Excellent with Distinction" marked the tenth consecutive year of this District receiving top honors from the ODE. The Olmsted Falls School District has been named among the "Best Communities for Music Education in America" for four 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.

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.**

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,

A handwritten signature in cursive script that reads "Todd F. Hoadley".

Todd F. Hoadley, Ph.D.  
Superintendent

## **Enrollment Procedures for Students Entering Olmsted Falls City Schools**

*Registration is by appointment only.* Registration will be available during the two-week period in June after school is over (June 9-22) and during the two-week period in August before school begins (August 8-19). There will also be registration on June 30 and August 4 from 8:30am to 11:30am and from 12:30pm to 3:00pm. Please call the school to schedule a registration appointment.

|                                   |              |
|-----------------------------------|--------------|
| Early Childhood Center            | 440-427-6360 |
| Falls Lenox Primary School        | 440-427-6400 |
| Olmsted Falls Intermediate School | 440-427-6500 |
| Olmsted Falls Middle School       | 440-427-6200 |
| Olmsted Falls High School         | 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

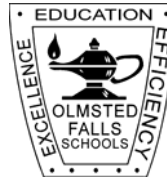
\_\_\_\_ **Physician's Form (Kindergarten only):** This form is attached. Please have your physician complete it and then bring it to your registration appointment.

\_\_\_\_ **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



Grade \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

Assigned \_\_\_\_\_

Date Entered \_\_\_\_\_

Re-Entry \_\_\_\_\_

O.F. ID # \_\_\_\_\_

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

|  |   |                    |   |
|--|---|--------------------|---|
| <b>Student Name</b>  | Last Name   | First Name         | Middle Name   |
| <b>Social Security # (optional)</b>  |   | <b>Birth Date:</b> |   |
| <b>Student Home Address</b>  | Number  | Street             | City Zip Code<br>Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. # |
| <b>Parent/Guardian</b>   | Name  |                    | Home Phone Number   |
| <b>Previous school attended</b><br><ul style="list-style-type: none"> <li>Kindergarten students include preschool if attended</li> <li>Include home schooling</li> </ul> | Name of School  |                    | School District City State  |
|  | Address of School   |                    |   |
|  | Type of School<br><input type="checkbox"/> Public School <input type="checkbox"/> Private <input type="checkbox"/> Home School<br>Has the student been enrolled in an Ohio public school since 2003? <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |   |

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

|  |  |  |
|--|--|--|
| <b>Student Lives With (check all that apply)</b> | <input type="checkbox"/> Mother<br><input type="checkbox"/> Father<br><input type="checkbox"/> Step-Parent<br><input type="checkbox"/> Other (explain):  | <input type="checkbox"/> Guardian<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Self  |
| <b>Legal Custody (check all that apply)</b>      | <input type="checkbox"/> Mother<br><input type="checkbox"/> Father<br><input type="checkbox"/> Foster Parent<br>Court Journal Entry: ( / / )<br>County: _____<br>District Bearing Cost(for Foster/Court Placed Children only): | <input type="checkbox"/> Guardian<br><input type="checkbox"/> Cuyahoga County Dept. of Job & Family Services<br><input type="checkbox"/> Other (explain):<br><input type="checkbox"/> Probate Court <input type="checkbox"/> Juvenile Court<br>Restrictions: _____ |

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

## PARENT(S) / GUARDIAN INFORMATION

**STUDENT NAME:**

|  |  |  |                                  |                                   |                                    |                                    |                                   |
|--|--|--|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <b>Natural Mother</b>  |  | <input type="checkbox"/> Single  | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Remarried | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Residential<br><input type="checkbox"/> Non-Residential |  | Dual Mailing:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                  | Last Name                         |                                    | First Name                         |                                   |
| Address  |  | Number   | Street                           | City                              | State                              | Zip Code                           |                                   |
| Workplace  |  |  |                                  | Email                             |                                    |                                    |                                   |
| Home Phone   |  |  | Work Phone                       |                                   |                                    | Cellular Phone                     |                                   |

|  |  |  |                                  |                                   |                                    |                                    |                                   |
|--|--|--|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <b>Natural Father</b>  |  | <input type="checkbox"/> Single  | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Remarried | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Residential<br><input type="checkbox"/> Non-Residential |  | Dual Mailing:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                  | Last Name                         |                                    | First Name                         |                                   |
| Address  |  | Number   | Street                           | City                              | State                              | Zip Code                           |                                   |
| Workplace  |  |  |                                  | Email                             |                                    |                                    |                                   |
| Home Phone   |  |  | Work Phone                       |                                   |                                    | Cellular Phone                     |                                   |

|  |  |   |            |   |       |  |  |
|--|--|---|------------|---|-------|--|--|
| <input type="checkbox"/> <b>Legal Guardian</b> |  | <input type="checkbox"/> <b>Step Parent</b> |            | <input type="checkbox"/> <b>Foster Parent</b> |       | <input type="checkbox"/> <b>Other:</b> |  |
| 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 use legal means to verify my residence.*

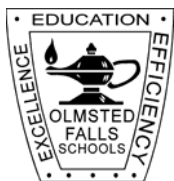
\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

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



Student's First Day of School: \_\_\_\_\_

|                                 |                   |            |  |
|---------------------------------|-------------------|------------|--|
| <b>Student Name</b>             | Last Name         | First Name | Middle Name  |
| <b>Parent/Guardian Name</b>     | Last Name         | First Name | Birth Date   |
| <b>Former Home Address</b>      | Number            | Street     | City   |
|                                 |                   |            | Zip Code   |
|                                 |                   |            | Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. # |
| <b>Previous School Attended</b> | 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.

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

Na \_\_\_\_\_ me 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 \_\_\_\_\_ He \_\_\_\_\_ moglobin \_\_\_\_\_  
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: \_\_\_\_\_