



WELCOME TO NORDONIA HILLS CITY SCHOOLS CENTRAL REGISTRATION

9370 Olde Eight Road
Northfield, OH 44067
(330) 467-0580
www.nordoniaschools.org

If you have any questions or concerns, please contact:
REGISTRATION
(330) 467-0580
fax (330) 468-0152

Joe Clark, Ph.D
Superintendent

www.nordoniaschools.org

Please call for a Registration Appointment	
Date & Time	
Location	

YOU WILL NEED TO BRING THE FOLLOWING ITEMS:

- ◆ Parent/Guardian Driver's License/State I.D.
- ◆ Original Certified Birth Certificate
- ◆ Immunization Records
- ◆ Social Security Card
- ◆ Custody Papers (if applicable, "court stamped" document)
- ◆ Proof of Residency (Lease/Purchase Agreement or Building Contract or Deed)
- ◆ Last Report Card (grades K-12)
- ◆ Unofficial High School Transcript (grades 9-12)
- ◆ Withdrawal Certificate from previous school
- ◆ Special Education/Special Needs, I.E.P., E.T.R., 504 Plan (if applicable)
- ◆ **COMPLETED FORMS**
 - ◆ Pupil Registration Record Card
 - ◆ Authorization for Release of School Records
 - ◆ Bus Information Form
 - ◆ Home Language Survey

**REQUIRED
SUMMER READING
Grades K-12**
visit
www.nordoniaschools.org
for more information

***HIGH SCHOOL SCHEDULING MEETING: to be held after all forms are received.
Call (330) 468-4603 to schedule an appointment with a counselor.
Please Note: A Parent or Guardian must attend this meeting with their student.***



**NORDONIA HILLS CITY SCHOOL DISTRICT
PUPIL REGISTRATION RECORD**
Building: LV NF RW LE MS HS (circle one)

For Office Use Only

Entry Grade _____
Student ID# _____
Date Transcript Sent For _____

STUDENT DATA: (TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN)

Student Legal Name _____ Phone Number w/Area Code _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Sex: M _____ F _____ Social Security # _____

Place of Birth: City _____ State _____ Zip _____

Ethnic Origin: Asian or Pacific Islander _____ Black, Non Hispanic _____ Multiracial _____ Hispanic _____ White _____

Previous School _____ City _____ State _____ Zip _____

Language Spoken by Student: _____ Language Spoken by Parent/Legal Guardian(s): _____

Does your child have a current IEP? _____ 504 plan? _____

Does your child attend a special program? _____ Title 1 Reading _____ Tutoring _____ Other _____ (please specify)

Has your child ever been retained? _____ At what Grade Level? _____ Former student of Nordonia Schools? _____

HEALTH DATA: Known or suspected conditions: (please check any that apply)

Heart Condition _____	Medication Required? _____	Name/Type of Medication _____
Seizure Disorder _____	Medication Required? _____	Name/Type of Medication _____
Diabetes _____	Medication Required? _____	Name/Type of Medication _____
Severe Allergies _____	Medication Required? _____	Name/Type of Medication _____
Vision _____ Glasses: Yes _____ No _____	Hearing _____	Aid(s): Yes _____ No _____
Other _____		

FAMILY DATA: (With Whom the Student Resides)

Email Address: _____

(Circle one) Father/Legal Guardian, Other: _____

(Circle one) Mother/Legal Guardian, Other: _____

Name _____

Name _____

Name of Employer _____ Occupation _____

Name of Employer _____ Occupation _____

Employer's Address _____

Employer's Address _____

Work Phone w/Area Code _____

Work Phone w/Area Code _____

Mother's Status: (check as many as apply) Married ___ Single ___ Widowed ___ Separated ___ Divorced ___ Remarried ___ Deceased ___

Father's Status: (check as many as apply) Married ___ Single ___ Widowed ___ Separated ___ Divorced ___ Remarried ___ Deceased ___

Shared Parenting ___ If checked, include information for other parent: Name _____

Address _____

Phone w/Area Code _____

Student's Brothers _____

Student's Sisters _____

(Name) (Birthdate) (School)

(Name) (Birthdate) (School)

State Law requires that school districts have documents on file by the first day of attendance, when a divorce or separation exists.

Currently in litigation date filed _____ (only valid for 60 days from file date)

Date Finalized Judgement/Journal/Probate Letter _____

Journal # _____ Final Custody Papers must be on file with the school by _____ the first day of attendance.

Signature of Parent/Guardian _____ Date _____



AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

TO: _____ Date: _____
 (Name of Previous School)

 (Address)

**9370 Olde Eight Road
 Northfield, OH 44067**

 (City, State, Zip)

www.nordoniaschools.org

 (Phone) (Fax)

THE FOLLOWING STUDENT HAS ENROLLED IN THE NORDONIA HILLS CITY SCHOOL DISTRICT. YOU ARE AUTHORIZED TO RELEASE THE RECORDS FOR THE FOLLOWING STUDENT.

 Student's Name Signature of Parent/Guardian

 Grade Entering Date of Birth

**THE RELEASE HAS BEEN GRANTED FOR THE FOLLOWING SPECIFIC RECORDS:
 PLEASE SEND RECORDS TO THE SCHOOL CHECKED BELOW:**

- *Academic Records
- *Health & Immunization Records (State Law)
- *Grades-to-Date of Withdrawal (transcript, report cards)
- *Standardized Achievement Test Scores
- *Proficiency/Competency Test Scores
- *I.E.P. for Special Education → → → → → → → → → →
- *Psychological Reports/Multi-Factored Evaluation → → → →

**Nordonia Hills Board of Ed.
 FOR SPECIAL ED. RECORDS
 9370 Olde Eight Road
 Northfield, OH 44067
 Phone: 330-468-4600
 Fax: 330-908-6299**

Ledgeview Elementary
 9130 Shepard Road
 Macedonia, OH 44056
 Phone: 330-467-0583
 Fax: 330-468-4647

Northfield Elementary
 9374 Olde Eight Road
 Northfield, OH 44067
 Phone: 330-467-2010
 Fax: 330-468-5216

Rushwood Elementary
 8200 Rushwood Lane
 Sagamore Hills, OH 44067
 Phone: 330-467-0581
 Fax: 330-468-4631

Lee Eaton Elementary
 115 Ledge Road
 Northfield, OH 44067
 Phone: 330-467-0582
 Fax: 330-468-5218

Nordonia Middle School
 73 Leonard Avenue
 Northfield, OH 44067
 Phone: 330-467-0584
 Fax: 330-468-6719

Nordonia High School
 8006 South Bedford Road
 Macedonia, OH 44056
 Phone: 330-468-4603
 Fax: 330-908-6038

Nordonia Hills Transportation Dept.
7943 South Bedford Road
Macedonia, OH 44056

****FORM MUST BE COMPLETED FOR EVERY STUDENT****

Grade: Kindergarten ALL DAY
1 2 3 4 5 6 7 8 9 10 11 12 (circle one)
School: LV NF RW STB LE MS HS *Other* (circle one)
**ELIGIBLE TO K-8 STUDENTS WHOSE HOME ADDRESS
IS OVER TWO MILES FROM BUILDING OF ATTENDANCE**

Transportation 330-468-4710 Fax 330-908-1789

****PLEASE ALLOW TWO WEEKS FOR PROCESSING****

BUS STOP REQUEST FORM

_____ **New Student** _____ **Request change to current stop**

Student Name: _____

Parent Name: _____

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Daytime Telephone: _____

Effective Date: _____ Cell Phone (optional): _____

Please check the appropriate responses regarding transportation for your child.

Please Note: *Students are scheduled for one designated pick-up and one designated drop-off location. These locations need to be the same five days per week for the semester.*

TO SCHOOL

_____ I will drive my child to school. _____ Requesting pick-up by the bus.

_____ My child will be bused from the following daycare or caregiver: _____
(List name of daycare/person, address, telephone number)

New stop location requested _____

FROM SCHOOL

_____ I will pick up my child from school. _____ Requesting drop off by the bus.

_____ My child will be bused to the following daycare or caregiver: _____
(List name of daycare/person, address, telephone number)

New stop location requested _____

Parent's Signature: _____ Date: _____

After bus stop assignments are made an additional completed form will be requested for any additional changes in pick up or drop off location. This form can be obtained from your school office or at www.nordoniaschools.org.

IMPORTANT DAY CARE INFORMATION

For your planning purposes, school bus transportation is provided to/from the following school/day care centers:

<u>Ledgeview</u>	<u>Northfield</u>	<u>Rushwood</u>	<u>Lee Eaton</u>	<u>St. Barnabas</u>
Kindercare	First Class	First Class	First Class	First Class
YMCA	Kindercare	NF Presbyterian	Nordonia Hills	Kindercare
Goddard School	NF Presbyterian			NF Presbyterian
	Nordonia Hills			

CTD:	OFFICE USE ONLY		
REMOVE FROM AM ROUTE			
REMOVE FROM PM ROUTE			Central Reg. Approval _____
ADD TO:			
AM ROUTE / PM ROUTE	EFFECTIVE DATE:		Expected Start Date _____
NEW STOP / EXISTING STOP	_____		
FAX TO SCHOOL			

