



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:
Pupil Services Dept.
(330) 908-6224 or (330) 468-4600
fax (330) 468-0152

J. Wayne Blankenship
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., M.F.E., 504 Plan (if applicable)
- ◆ **COMPLETED FORMS**
 - ◆ Pupil Registration Record Card
 - ◆ Authorization for Release of School Records
 - ◆ Bus Information Form
 - ◆ Home Language Survey
 - ◆ Schedule of Encore Classes Form (grades 7-8) & immunization (grade 7)
 - ◆ Immunization Requirements: (grades 1 through 12)

**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 _____

Information regarding Ethnicity is required by the Ohio Department of Education

Is the Student of Hispanic/Latino Heritage (Circle one) Y N (Below please check all that apply)

Ethnicity: White _____ Black _____ Asian _____ Pacific Islander/Hawaii _____ Amer. Indian/Alaskan Native _____

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 (in district)

Student's Sisters (in district)

_____ (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:**

FOR SPECIAL ED. RECORDS

I.E.P. for Special Education

Psychological Reports/Multi-Factored Evaluation

**Nordonia Hills Board of Ed.
9370 Olde Eight Road
Northfield, OH 44067
Phone: 330-468-4600
Fax: 330-468-0152**

Academic Records

- *Health & Immunization Records (State Law)
- *Grades-to-Date of Withdrawal (transcript, report cards)
- *Standardized Achievement Test Scores
- *Proficiency/Competency Test Scores

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

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

Grade: Kindergarten HALF DAY ALL DAY (circle one)
Grade: 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)

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

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 (NOT APPLICABLE FOR AM KINDERGARTEN)

_____ 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	God's Little Angels	God's Little Angels	God's Little Angels
	Nordonia Hills			
	God's Little Angels			

CTD:

REMOVE FROM AM ROUTE
REMOVE FROM PM ROUTE

ADD TO:

AM ROUTE / PM ROUTE

NEW STOP / EXISTING STOP
FAX TO SCHOOL

OFFICE USE ONLY

Central Reg. Approval _____

EFFECTIVE DATE: _____

Expected Start Date _____



Nordonia Hills City Schools
Transportation Department Passenger Information Sheet

Please complete this form only if your child receives Special Education Services

EMIS Code: District to be billed:

Name of school student will be attending: LV NF RW LE MS HS RV NR Other

School Psychologist: Phone

Name of student Age Sex Pre-school student weight:

Address: City State Zip

Phone () Cell phone ()

In case of Emergency:

List names and phone of at least three (3) other people to be contacted in case of emergency:

- 1. 2. 3. 4.

Physical Strengths / Limitations: Indicate S- strength (no limitations, complete use), L-limitations (partial or poor control, paralysis)

Hands: left right Legs: left right Vision: Partial Total

Hearing: Partial Total

Mobility/Assistance: Type of assisting device:

None Needs watched Verbal prompts Partial Physical

Assistance required by individual to get on and off the bus:

None Needs watched Verbal prompts Partial Physical Total Physical

Describe assistance:

Communication Skills: Verbal Device Sign Language Other

Behavioral skills:

Typical Behavior(s) - Describe:

Challenging Behavior(s) - Describe:

Behavior Management Techniques by Attendant and or Driver:

Parent / Driver Arrangements: Driver to complete

Bus Seat Adaptive Equipment: Wheelchair Car Seat Seat Belt

Pickup Location:

Special Arrangements:

Parent's absence reported by parent/guardian (how):

Drop Off Location:

Special Arrangements:

Emergency Arrangements (when no one is home):

IMMUNIZATION REQUIREMENTS - GRADES 1 THROUGH 12

Name of Student _____ School _____
Grade / Teacher _____

Dear Parent/ Guardian:

According to our records, your child does not meet Ohio minimum immunization requirements for school. If your child **has** received the required immunizations, please record them on the form below. If your child **has not** received the immunizations, they may be obtained through your physician or the Summit County Health District by appointment, 330-926-5713.

The immunizations marked below are not complete on your child's record. Please record the **Month/Day/Year** for each vaccine received.

_____ DPT, DTaP, DT, Td _____ (_____)
Minimum 4 doses required, 5th dose strongly encouraged.

_____ TDaP (Tetanus, diphtheria, and acellular pertussis) _____
1 dose required for 7th grade Fall, 2010, and progressively thereafter, (i.e.) 7th – 8th grades Fall, 2011, etc.

_____ Polio (OPV, IPV) _____
4 doses required.

_____ Measles, Mumps, Rubella (MMR) _____
2 doses required (1st dose is given on or after 1st birthday, 2nd dose must be at least 28 days after 1st dose.)

_____ Hepatitis B _____
3 doses required for K – 11 Fall, 2010, Fall, 2011, K – 12
(2nd dose must be at least 28 days after the first. The 3rd dose must be 2 months after the 2nd and at least 4 months after the 1st dose and administered at least at six months of age.)

_____ Varicella _____
2 doses required for Kindergarten Fall, 2010, progressively thereafter, (i.e.) K-1st grade Fall, 2011, other grades recommended. (Or history of chickenpox infection.)

Signature of Parent/Guardian

According to Ohio law, children who do not have required immunizations or an approved exemption **are to be excluded** from school attendance.

Please return the completed form to your **child's school within one week**. If you have any questions, please call the health district, 330-926-5615.

Thank you for your cooperation.

Date

Public Health Nurse / Phone number

School Health Program

SUMMIT COUNTY HEALTH DISTRICT

1100 Graham Road Circle
Stow, Ohio 44224-2992
(330)-926-5615
1-877-687-0002

Immunizations, 7th Grade Students

Effective with the school year beginning Fall, 2010, Ohio Immunization Laws have a new requirement that all students have a booster dose of Tetanus, Diphtheria, and acellular Pertussis (TDaP) or Tetanus and Diphtheria (TD adult) vaccine before they start 7th grade. The law states that children who do not have this immunization MUST be excluded from school attendance.

The immunization is available from your doctor, or one of the Health District clinics. For more information, call 330-926-5615, or 1-877-687-0002.

Please use this form to report the TDaP or TD dose. In addition, if your child has any other immunizations since he/she started school, please attach a copy of the Immunization Record and give the information to your school as soon as possible.

Name of Student

Date of Birth

School District

School

Grade in September

Signature of Parent

Daytime Phone for Parent

Please note the **MONTH/DAY/YEAR** given:

TDaP _____

OR

TD _____

Public Health Nurse/ Phone

School Health Program
SUMMIT COUNTY HEALTH DISTRICT
1100 Graham Road Circle
Stow, Ohio 44224-2992
(330)-926-5615
1-877-687-0002