



**CENTRAL REGISTRATION
Nordonia Board of Education**

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

Grades K-12

Welcome to Nordonia Hills City Schools. This checklist is provided to assist you before making an appointment with this office. Registrations are done by appointment only.

Scheduling the registration appointment:

- Parent(s)/legal guardian must appear in person to register their child.
- Entire enrollment packet is completed prior to your appointment.
- You must have all required documents in order to register your student(s).
- The appointment will last for a maximum of 30 minutes and will be at the Board Office.
- Please call 330.467-0580 to schedule your appointment. Office hours are 7:30 am to 2:30 pm.

*** Only original documents are accepted ***

___ All appropriate attached forms completed before your scheduled appointment.

___ Proof of Nordonia residency:

- If you are a Property Owner: Property Taxes or Mortgage Statement
- If you rent or lease: Signed lease/rental agreement
- If none of the above apply, see website under additional residency forms, for D&V (Residency Declaration-Residency Verification)

➤ We **CAN NOT** accept driver's license, utility bills or checks.

___ Birth Certificate, Passport/Visa, Adoption or I-95 Immigration documents.

NO OTHER DOCUMENTS WILL BE ACCEPTED

___ Court documents showing proof of custody in cases of divorce, separation, guardianship or court placement. (*Certified time-stamped court order*)

___ Health/ Immunization Records

___ Social Security Card

___ Parent/Guardian Driver's License/State I.D.

___ Last Report Card (grade K-12)

**** For High School students the last report card is necessary for scheduling and the registration process will be delayed without this information.**

SPECIAL NEEDS STUDENTS

___ IEP students must bring a copy of their most recent IEP and ETR in order to continue services.

___ 504 plan.



NORDONIA HILLS CITY SCHOOL DISTRICT – STUDENT REGISTRATION FORM

PLEASE PRINT LEGIBLY

Student's Name: _____
Legal Last Legal First Legal Middle

Also Known As _____ **Gender:** Male Female

Birthdate: _____ - _____ - _____ **Birth City:** _____

Indicate Proof of Age: Legal Birth Certificate Passport Other _____

Student Address: _____ Apt/Lot # _____
City _____ State _____ Zip _____ Phone _____

Is this your current address? Yes No if no, explain _____

Parent with whom child resides:
 Both Parents Father Mother Guardian Stepfather Stepmother Other _____

Ethnicity:
Is the student of Hispanic/Latino heritage? (H) Yes No

Race (must choose one or more below)
 White (W)
 Black or Africa American (B)
 Asian (A)
 American Indian or Alaskan Native (I)
 Native Hawaiian or Other Pacific Islander (P)

Previous School _____ **City** _____ **State** _____ **Zip** _____

Does your child have a current **IEP** **504 plans** **Gifted**
Does your child attend a special program? **Title 1 Reading** **Tutoring** **Other** _____
Has your child ever been retained? At what Grade Level? _____
Former student of Nordonia? Withdraw date _____

Siblings in Nordonia City Schools
Name _____ Grade _____ Name _____ Grade _____
Name _____ Grade _____ Name _____ Grade _____

Check here if there are any court orders in regard to custody of this student. If so, you must provide a copy of court custody orders (see Enrollment Checklist for details)

Signature of person enrolling child Relationship to Child Date

FOR OFFICE USE ONLY

ID #	School Code:	Grade:	Entry Date:
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PARENT(S) / GUARDIAN INFORMATION

ALL CALL PRIMARY PHONE NUMBER () _____ - _____

Student Name _____ Grade _____

Mother's Name: _____ Maiden Name _____ Active Military
 Single Married Divorced Separated Remarried Deceased
Address: _____
Workplace: _____ E-mail: _____
Home Phone: _____ Work Phone: _____ Cell Phone _____
 Residential Parent Non-Residential Parent - Dual Mailing / Emergency Contact Yes No

Father's Name: _____ Active Military
 Single Married Divorced Separated Remarried Deceased
Address: _____
Workplace: _____ E-mail: _____
Home Phone: _____ Work Phone: _____ Cell Phone _____
 Residential Parent Non-Residential Parent - Dual Mailing / Emergency Contact Yes No

Legal Guardian **Step Parent** **Foster Parent** **Other:** _____
Name: _____
Address: _____
Workplace: _____ E-mail: _____
Home Phone: _____ Work Phone: _____ Cell Phone _____
 Social Worker (If Applicable): _____

Legal Guardian **Step Parent** **Foster Parent** **Other:** _____
Name: _____
Address: _____
Workplace: _____ E-mail: _____
Home Phone: _____ Work Phone: _____ Cell Phone _____
 Social Worker (If Applicable): _____

I hereby certify, under penalty of perjury, that all of the information that I have given correct in all respects to the best of my knowledge.

Date: _____ Parent/Legal Guardian/Independent Student: _____

Signature

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i>	Student Date of Birth: <i>(mm/dd/yyyy)</i>
<p>Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>
<p>Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>
<p>Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year</p>
<p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p>	
<p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____</p>	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



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(Appendix A, continued)

COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

<p>Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p>Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p>Potential English learner See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.</p>
<p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district



9370 Olde Eight Road
Northfield, OH 44067

www.nordoniaschools.org

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

IRN No. 050047

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

(Address)

(City, State, Zip)

(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
- Home Language Survey
- Third Grade Reading Guarantee Scores and RIMPs
- Health & Immunization Records (State Law)
- Grades-to-Date of Withdrawal (transcript, report cards)
- Standardized Achievement Test Scores
- Proficiency/Competency Test Scores
- I.E.P. & ETR or 504 Plan
- Not on Track /on Track Assessments Scores

[]
**Nordonia Hills Board of Ed.
 FOR SPECIAL ED. RECORDS
 9370 Olde Eight Road
 Northfield, OH 44067
 Phone: 330-468-4600
 Fax: 330-468-0152**

[]
 Ledgerview 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

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

ID# _____

School: LV NF RW (circle one)

Grade: K PART-TIME KG FULL-TIME

Nordonia Hills Transportation Dept.

7943 South Bedford Road

Macedonia, OH 44056

P: 330-468-4710

F: 330-908-1789

eforman@petermannbus.com

khrelja@petermannbus.com

ELIGIBLE TO KINDERGARTEN STUDENTS WHOSE HOME ADDRESS IS OVER ONE MILE OR MORE FROM BUILDING OF ATTENDANCE

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

BUS STOP REQUEST FORM _____ New Student _____ Re-Enroll _____ Request change to current stop

Student Name: _____

Parent Name: _____

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Daytime Telephone: _____

Effective: _____ Cell Phone (optional): _____

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.

Full - Time

Part - Time

<p>TO SCHOOL</p> <p>_____ I will drive my child</p> <p>_____ Requesting pick-up by the bus</p> <p>_____ My child will be bused from the following daycare or caregiver (name, address, phone):</p> <p>_____</p> <p>_____</p>	<p>TO SCHOOL (Start 9:00 AM)</p> <p>_____ I will drive my child</p> <p>_____ Requesting pick-up by the bus</p> <p>_____ My child will be bused from the following daycare or caregiver (name, address, phone):</p> <p>_____</p> <p>_____</p>
<p>FROM SCHOOL</p> <p>_____ I will pick-up my child</p> <p>_____ Requesting drop off by the bus</p> <p>_____ My child will be bused to the following daycare or caregiver (name, address, phone):</p> <p>_____</p> <p>_____</p>	<p>FROM SCHOOL (Ends 11:45 AM)</p> <p>_____ I will pick-up my child</p> <p>_____ Requesting drop off by the bus</p> <p>_____ My child will be bused to the following daycare or caregiver (name, address, phone):</p> <p>_____</p> <p>_____</p>

Parent's Signature: _____ Date: _____

“After bus stop assignments are made any additional changes in pick-up or drop-off location must be submitted in writing to the Transportation Department with a corrected Transportation form. Please allow TWO weeks for processing”

IMPORTANT DAY CARE INFORMATION

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

Ledgeview

Kindercare

YMCA

Goddard School

Northfield

Stepping Stone

Kindercare

NF Presbyterian

Learn Laugh Love

Baby Steps

Rushwood

Stepping Stone

NF Presbyterian

ID# _____

Nordonia Hills Transportation Dept.
7943 South Bedford Road
Macedonia, OH 44056
P: 330-468-4710
F: 330-908-1789
eforman@petermannbus.com
khrelja@petermannbus.com

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)

ELIGIBLE TO K-12 STUDENTS WHOSE HOME ADDRESS IS OVER ONE MILE OR MORE FROM BUILDING OF ATTENDANCE
****PLEASE ALLOW TWO WEEKS FOR PROCESSING****

BUS STOP REQUEST FORM _____ New Student _____ Re-Enroll _____ Request change to current stop

Student Name: _____

Parent Name: _____

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Daytime Telephone: _____

Effective Date: _____ Cell Phone (optional): _____

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 any additional changes in pick-up or drop-off location must be submitted in writing to the Transportation Department with a corrected Transportation form. Please allow TWO weeks for processing”

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	Stepping Stone	Stepping Stone	Stepping Stone	Stepping Stone
YMCA	Kindercare	NF Presbyterian	Baby Steps	Kindercare
Goddard School	NF Presbyterian			NF Presbyterian
	Learn Laugh Love			
	Baby Steps			

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

HEALTH HISTORY FORM

To be completed by parent for every student upon enrollment.

STUDENT NAME:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE:
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FAMILY HEALTH HISTORY: Please list allergies, heart problems, diabetes, cancer, or other serious health conditions.

FATHER: _____

MOTHER: _____

SIBLINGS: _____

BIRTH AND DEVELOPMENT HISTORY: There is no unusual birth or developmental history.

Did the mother have any unusual physical or emotional illness during this pregnancy? YES NO

Was the infant born full term? YES NO

Did the infant have any illness or problems? YES NO Briefly explain: _____

How does child's development compare to that of other children, i.e. siblings, playmates? About the same Delayed Advanced

STUDENT HEALTH CONDITIONS:

There are **NO** medical conditions, OR

YES, this child receives regular medical/health care for the following medical conditions:

<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Allergies <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/> Autism <input type="checkbox"/> Behavior/Emotional Concerns <input type="checkbox"/> Birth/Congenital Malformations <input type="checkbox"/> Blood disorder <input type="checkbox"/> Bone/Muscle/Joint Problems <input type="checkbox"/> Bowel/Bladder Problems	<input type="checkbox"/> Cancer <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Problem/Hearing Difficulty <input type="checkbox"/> Headaches (frequent) <input type="checkbox"/> Heart Problems <input type="checkbox"/> Hepatitis <input type="checkbox"/> Juvenile Arthritis <input type="checkbox"/> Migraines	<input type="checkbox"/> Meningitis/encephalitis <input type="checkbox"/> Neuromuscular Disorder <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Skin Conditions/Eczema <input type="checkbox"/> Sore throat (frequent) <input type="checkbox"/> Speech Problems <input type="checkbox"/> Tooth aches/dental problems <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Vision Problems (Wears Glasses/Contacts) <input type="checkbox"/> Other: _____
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Please explain any conditions indicated above or any reasons for hospitalizations: _____

ALLERGIES:

Allergy Type	Reaction	School Restrictions or Recommended Actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

HEALTH HISTORY FORM

To be completed by parent for every student upon enrollment.

MEDICATIONS:			
Please list any prescriptions and over-the-counter medications that your child takes on a regular basis.			
Medication	Dosage	Time	Reason

<p>ADDITIONAL INFORMATION:</p> <p>Do any health and/or medical conditions require school restrictions, modifications, and/or intervention? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please explain: _____</p> <p>_____</p> <p>_____</p> <p>Does the student require any special procedures and/or treatments for their health condition(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please explain: _____</p> <p>_____</p> <p>_____</p>

Please include any other information about your child's health or development that you think would be helpful for the school to know:

DATE OF LAST PHYSICAL EXAM: / /	Has this child had Chickenpox (Varicella)? <input type="checkbox"/> YES Age _____ <input type="checkbox"/> NO
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FORM COMPLETED BY:	RELATIONSHIP TO STUDENT:	DATE COMPLETED: / /
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IMMUNIZATION RECORD FORM

To be completed by parent for every student upon enrollment. Please include the month, day, and year for each immunization.

In lieu of completing this form, a copy of the child's immunization record may be submitted.

STUDENT NAME:			SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		BIRTHDATE: / /	
VACCINE	RECORD COMPLETE DATES (MONTH-DAY-YEAR) OF VACCINE DOSES GIVEN					
Diphtheria, Tetanus, Pertussis (DTP)						
DTaP, Tdap						
DT, Td						
Polio						
Hepatitis B (HBV)						
Measles, Mumps, Rubella, (MMR)						
Varicella (Chickenpox)						
Measles (Rubeola) only						
Rubella only						
Mumps only						
Haemophilus influenza Type b (Hib)						
Other						
THIS INFORMATION WAS PROVIDED BY: <input type="checkbox"/> HEALTH CARE PROVIDER <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> OTHER: _____						
SIGNATURE:						DATE: / /
PRINTED NAME:						

Students are required to be immunized in accordance with Ohio law (ORC 3313.67/3313.671).

09/19/14



PHYSICAL EXAMINATION FORM
KINDERGARTEN students only.

STUDENT NAME:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		BIRTHDATE: / /
HEIGHT:	WEIGHT:	BMI:		BP:
POSTURAL DATE PERFORMED: / /				
<input type="checkbox"/> NO ABNORMALITY NOTED <input type="checkbox"/> NO SCREENING NOT DONE <input type="checkbox"/> REFERRAL MADE		Comments: _____ _____ _____ _____ _____ _____ _____		

SPEECH /LANGUAGE

SPEECH ASSESSMENT COMPLETED YES NO

CHILD HAS NO DISCERNIBLE SPEECH PROBLEM YES NO

SPEECH EVALUATION RECOMMENDED CHILD HAS POSSIBLE PROBLEM WITH:

HEALTH HISTORY (SERIOUS OR CHRONIC ILLNESSES, INJURIES, OR SURGERIES):

PHYSICAL EXAMINATION	<input type="checkbox"/> ESSENTIALLY NORMAL
DATE OF MOST RECENT EXAMINATION / /	<input type="checkbox"/> ABNORMALITIES AS FOLLOWS: _____



KINDERGARTEN students only.

Please provide a copy of child's immunization record.

CHILD IS ABLE TO FULLY PARTICIPATE IN:	CLASSROOM AND ACADEMIC ACTIVITIES <input type="checkbox"/> YES <input type="checkbox"/> NO PHYSICAL EDUCATION CLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO CONTACT/COLLISION SPORTS <input type="checkbox"/> YES <input type="checkbox"/> NO	PLAYGROUND ACTIVITIES <input type="checkbox"/> YES <input type="checkbox"/> NO SWIMMING <input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIFY ANY LIMITATIONS: _____ _____		
LIST ANY PHYSICAL, DEVELOPMENTAL OR BEHAVIORAL ISSUES THAT MAY AFFECT THE CHILD'S EDUCATIONAL PROCESS: _____		

ALLERGIES: _____
DIETARY RESTRICTIONS: _____
MEDICATIONS: _____
DIAGNOSIS (INCLUDE ANY HANDICAPPING CONDITION) _____ _____

Comments: _____ _____ _____ _____ _____ _____ _____ _____
--

HEALTH CARE PROVIDER SIGNATURE: _____ DATE: _____
HEALTH CARE PROVIDER PRINTED NAME: _____ PHONE: _____
ADDRESS: _____
City: _____ State: _____ Zip Code _____