

Chagrin Falls Exempted Village Schools

**400 East Washington Street
Chagrin Falls, OH 44022**

Welcome to Chagrin Falls Schools

Registration Information

As Superintendent of the Chagrin Falls Exempted Village Schools, I would like to welcome you to our district. Enclosed you will find information regarding registering your child within our district. We are proud of the many accomplishments of our district faculty and students and we welcome you to further explore the many opportunities we offer. We strive to provide the best education possible to each and every student as we work in partnership with our parents and community to provide exceptional educational and extracurricular opportunities for our students. We look forward to working in partnership with you as we continue the tradition of excellence at Chagrin Falls Schools.

Sincerely,

**William G. Koons, Ph.D.,
Superintendent**

Registration Information

In order to register your child you will need the documents listed on the *Documents Needed for Registration Checklist*. Registration packets containing all necessary forms can be picked up at the Central Office or the Pupil Services Office (Room S-114) located within the Middle School/High School complex. Forms are also available for download via our website at www.ChagrinSchools.org.

All parents/guardians enrolling their children in the Chagrin Falls Exempted Village Schools must register in person at the Pupil Services Office located in Room S-114 of the Middle School/High School complex at 400 East Washington Street. *Persons may register by appointment at the Pupil Services Office between the hours of 8:00 -3:30 Monday-Friday during the school year and on Tuesday and Wednesday between the hours of 8:00 - 3:30 during the summer.* Please call the Pupil Services Office at 440/247-4564 for an appointment or if alternate arrangements are necessary.

The mission of the Chagrin Falls Schools is to provide a comprehensive range of learning opportunities through which students, staff and community, in partnership, can develop each student's knowledge, confidence and responsibility leading to individual success and lifelong learning.

Chagrin Falls Exempted Village Schools 400 East Washington Street Chagrin Falls, OH 44022 Documents Needed for Registration		Last Name		
		First Name		
		Grade		
Item	Description			
<i>Student Registration Form</i>	The completed Student Registration Form must be presented at registration.			
<i>Photo Identification</i>	The Parent/Guardian registering the student must present current photo identification.			
<i>Birth Certificate</i>	An original or an Official Birth Certificate must presented at registration.			
<i>Proof of Residency - Only legal residents of the district may enroll - Misrepresentation may result in prosecution.</i>	<p>Home Owner - 2 of the following: Tax Bill, Mortgage Coupon, Insurance Statement, Pay Check Stub, Bank Statement Signed Purchase Agreement with Occupancy Date</p> <p>Tenant - Signed Lease Agreement with lessor contact information plus 2 of the following: Utility Bill, Pay Check Stub, Insurance Statement, Bank Statement</p> <p>If parent/guardian residing with student in home of family or friends, Sworn Statement of Residency Form required along with Proof of Residency of Home Owner and 2 forms of residency verification for parent/guardian.</p> <p>Contact Registrar for additional information regarding extenuating circumstances.</p>			
<i>Custody Decree</i>	Current legal documentation showing the original or attested copy of the entry must be presented at the time of registration. Notify registrar of any future revisions.			
<i>Guardianship</i>	Current original, legal court documents must be presented at the time of registration.			
<i>Request for Records</i>	The signed and dated Request for Records Form must be presented at registration. Enrollment may be delayed until documentation is received from the prior district.			
<i>Immunization Record</i>	Immunizations must be complete in accordance with Ohio State Law. A complete record of immunizations indicating month, day and year of each inoculation must be provided. All incoming 7th graders must show proof of their second MMR inoculation.			
<i>Emergency/Media Authorization Form</i>	Completed Emergency Medical contact information and medical and media authorization form must be presented at time of registration.			
<i>Health Questionnaire</i>	The completed Student Health Questionnaire Form must be turned in at registration.			
<i>Home Language Survey</i>	The Home Language Survey Form must be completed for all students new to the district.			
<i>Ohio Testing History</i>	All Ohio students Grades 3-12 must present a historical record of scores for required Ohio Tests (state achievement, Proficiency, Ohio Graduation Test). An official request will be made to the previous school; however, having the information during registration facilitates a smoother transition.			
<i>Food Service Registration Form</i>	The Food Service Registration Form must be completed to participate in the school lunch program.			
<i>Optional PTO / Directory</i>	Optional Student Directory Listing / PTO Notification form may be submitted at registration.			
<i>The following documents are needed if applicable:</i>				
<i>Non-United States Citizenship Documents</i>	A legal, current Passport and Visa must be presented at the time of registration as well as the aforementioned items.			
<i>Individualized Education Program (IEP) Plan, Evaluation Team Report, Section 504 Accommodation Plan, Gifted Identification</i>	The current Evaluation Team Report (ETR), also known as the Multifactorial Evaluation (MFE), and Individualized Education Program (IEP) Plan for students with disabilities or the current Section 504 Accommodation Plan, or Gifted Identification information should be presented at the time of registration, if applicable. An official request will be made to the previous school for these documents as appropriate; however, having the documents upfront facilitates a smoother transition.			
Office Use Only	Building Notified	ETR	IEP	504
	Entered in eSIS	LEP	G/T	PTO 01/12

Chagrin Falls Exempted Village Schools 400 East Washington Street Chagrin Falls, OH 44022				Student Registration Form		Entry Date	
Legal Last Name			First		Middle		
Date of Birth		Phone		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Grade*	Proof of Residency						
<i>* Grade placement is subject to Chagrin Falls School policy when evaluating transfer credits.</i>							
Student Address				County			
City			State		Zip		
Citizenship <input type="checkbox"/> US <input type="checkbox"/> Other (Specify)					Visa Type		
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian							
Language Spoken at Home <input type="checkbox"/> English <input type="checkbox"/> Other (Specify)							
Place of Birth (City)		(State)		(Country)			
Last School Attended							
Previous School Address							
City			State		Zip		
Parent/Guardian Information							
Mother's Name		Lives with Family <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer		Business Phone	Cell Phone	
Address			City		State	Zip	
e-mail							
Father's Name		Lives with Family <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer		Business Phone	Cell Phone	
Address			City		State	Zip	
e-mail							
Parent's Marital Status <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> never married <input type="checkbox"/> mother deceased <input type="checkbox"/> father deceased							
If applicable, which parent has custody? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint <input type="checkbox"/> Other							
If applicable, would the nonresidential parent like to receive school correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name of Spouse of Custodial Parent							
Employer			Business Phone		Cell Phone		
If the child is not living with both parents, is there a temporary or permanent order/decreed allocating parental rights and responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If YES, you must provide a certified copy of that order and/or a certified copy of any future modification order to the school registrar. If no order is available because of pending legal action, a notarized letter stating the date of court proceedings from your attorney must be presented. If you are not a parent and are in the process of obtaining custody, you must present a notarized statement from your attorney that you are an adult legal resident of the district and have begun legal measures for custody of the child.							
To the best of my knowledge, all the above information is correct and may be filed with my child's school records.							
Parent/Guardian Signature _____						Date _____	
01/12							

Chagrin Falls Exempted Village Schools
Office of Pupil Services
400 East Washington Street
Chagrin Falls, OH 44022
Student Request for Records Form

Student Name		
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Present Grade	Last Date of Attendance	
Old Address		
City	State	Zip
New Address		
City	State	Zip
Previous School	Phone	
Previous School Address		
City	State	Zip
<input type="checkbox"/> Yes <input type="checkbox"/> No Does student receive special education services through an Individualized Education Program (IEP) Plan?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does student have a Section 504 Accommodation Plan?		
RECORDS RELEASE AUTHORIZATION:		
<p>I hereby request and authorize the transfer of this student's records to the Chagrin Falls School District. <i>This release includes current psychological test data (Multifactorial Evaluation(MFE) or Evaluation Team Report) and Individualized Education Program (IEP) Plan or Section 504 Accommodation Plan, if applicable for student.</i> I understand that I have a right to receive a copy at my cost if requested, the right to a hearing to challenge the contents if requested, and that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my written consent.</p> <p>Please send records to the Office of Pupil Services at the address listed above.</p>		
Signature _____	Date _____	
(Parent, Legal Guardian, Self (if 18 or over))		
Received By/Date	Permanent Records Requested (Date/Initials)	
	Records Received (Date/Initials)	
	Records Sent to Building (Date/Initials)	
		02/06

Immunization Summary for Child Care, Head Start, Pre-School and School Attendance

VACCINES	<i>FALL 2011</i> IMMUNIZATIONS FOR CHILD CARE/HEAD START AND PRE-SCHOOL ATTENDANCE	<i>FALL 2011</i> IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DTP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	4 doses of DTaP, DTP, or DT or any combination.	Kindergarten 5 doses of DTaP, DTP, or DT, or any combination, if the fourth dose was administered prior to the 4 th birthday Grades 1-12 3-4 doses of DTaP, DTP, DT or Td or any combination. Grades 7-8 1 dose of Tdap or Td vaccine must be administered prior to entry.
POLIO	3 doses of OPV or IPV or any combination of OPV or IPV.	K-1 3 or 4 doses of IPV, the final dose must be administered on or after the 4 th birthday regardless of the number of previous doses; 4 doses if a combination of OPV and IPV was administered. Grades 2-12 4 doses if a combination of OPV and IPV was administered. 4 doses of all OPV or all IPV is required if the third dose of either vaccine was administered prior to the 4 th birthday.
MMR Measles, Mumps, Rubella	1 dose of MMR administered on or after the first birthday	K-12 2 doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.
Hib <i>Haemophilus Influenzae</i> Type b	3 or 4 doses depending on the vaccine type, the age when the child began the 1 st dose and the last dose must be after 12 months or 1 dose if given on or after 15 months of age	None
HEP B Hepatitis B	3 doses of Hepatitis B	K-12 3 doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
Varicella (Chickenpox)	None	K-1 2 doses of varicella vaccine must be administered prior to entry. Grade 2-5 1 dose of varicella vaccine must be administered on or after the first birthday

NOTES:

- **The 4 day “grace” period applies to all age and interval minimums. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.**
- **The Tdap and Varicella requirements will be progressive.**
- **Only full doses of vaccine using proper intervals shall be counted as valid doses.**
- **For additional information please refer to the Ohio Administrative Code 5101:2-12-37 for Child Attendance. These documents list required and recommended immunizations and indicate exemptions to immunizations.**
- **Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.**

Chagrin Falls Exempted Village Schools

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Chagrin Falls, OH 44022**

**Student Medical Record
(To Be Completed By Physician)**

Child's Last Name	First Name	Date of Birth				
Address						
IMMUNIZATIONS (Include month, day and year for each)						
DTap/DTP/DT/Tdap/Td 1)	2)	3)	4)	5)		
Tdap/Td Booster						
POLIO	1)	2)	3)	4)	5)	
MMR	1)	2)				
Chicken Pox Vaccine	1)	2)				
HIB	1)	2)	3)	4)		
Hepatitis B	1)	2)	3)			
Other Immunizations						
Physician Signature			Telephone			
Physician's Name (Please Print)						
Address						
EXAMINATION (OPTIONAL) Results						
Tuberculin Test	Date	Height	Weight			
	Eyes	Vision R. 20/	L. 20/	Ears		
	Referred to ear/eye specialist:	Yes	No	Hearing Test Type	R	L
	Nose		Hernia			
	Mouth		Genitalia			
	Teeth		Skin			
	Is Dental Work Indicated?	Yes	No	Posture		
	Throat		Orthopedic			
	Neck		Nervous System			
	Heart		Urinalysis			
	Lungs		General Condition			
Abdomen						

Chagrin Falls Exempted Village Schools
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Immunization Exemption

Child's Last Name

First Name

Address

Date of Birth

Current Grade

As required under the Compulsory Immunization Law (Ohio Revised Code, Section 3133.671) I hereby signify by my signature that I object for the reason(s) stated below, to the immunization of my child against the diseases noted below.

I am aware that my child is subject to exclusion from school in the event of any outbreak of the communicable disease(s) that I have listed below, and that this exclusion may last for the duration of the outbreak, which could extend over a period of two to four weeks.

Disease(s) Included in Immunization Exemption:

Reason(s) for my objection:

Parent/Guardian Signature

Date:

Telephone Number:

School Year	AUTHORIZATION FORM Chagrin Falls Exempted Village Schools		
Last Name	First Name	Middle Name	Grade
Date of Birth	County of Residence	Village or Township	Home Phone
Street Address		Post Office	Zip
			Mother Cell Phone Father Cell Phone
Mother/Guardian First and Last Name	Child Lives With	Employer	Daytime Business Phone and/or Pager
Father/Guardian First and Last Name	Child Lives With	Employer	Daytime Business Phone and/or Pager
If a parent or guardian cannot be contacted and it is advisable to send my child home due to minor illness or injury, he/she can be released in the custody of			
1.	Relationship	Phone	
2.	Relationship	Phone	
3.	Relationship	Phone	
EMERGENCY MEDICAL AUTHORIZATION			
PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.			
PART I OR PART II MUST BE COMPLETED.			
Part I: TO GRANT CONSENT			
I hereby give consent for the following medical care providers and hospital to be called:			
PHYSICIAN		PHONE	
DENTIST		PHONE	
LOCAL HOSPITAL			
In the event reasonable attempts to contact parent(s)/guardian(s) listed above have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery.			
Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:			
DATE		SIGNATURE OF PARENT OR GUARDIAN	
Part II: REFUSAL OF CONSENT (do not complete this part if you completed Part I)			
I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:			
DATE		SIGNATURE OF PARENT OR GUARDIAN	
As a parent or guardian, I give my consent for my child's picture/name to appear on the District Web Page, newspaper, annual report, newsletter, media publications and or via distance learning activities.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Signature of Parent or Guardian _____			
E-MAIL CORRESPONDENCE CONSENT AUTHORIZATION			
With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed through electronic correspondence, I authorize you to correspond via e-mail regarding educational information, including special education needs, to the following address(es):			
Name	_____	E-Mail Address	_____
Name	_____	E-Mail Address	_____
Date	_____	Signature of Parent or Guardian	_____

Chagrin Falls Exempted Village Schools

Student Health Questionnaire

The information requested below begins your child's school health record. This record is required for all new students, regardless of grade level. In order for each child to be given the best individual attention, we ask that you please provide information regarding your child's medical history and physical development. This form should be completed by the parent/guardian and returned with the registration packet. This information will be kept on file with the school nurse.

Last Name	First Name	Date of Birth	
Address			
City	State	Zip Code	
Parent/Guardian Information			
Father Last Name	Father First Name		
Mother Last Name	Mother First Name		
Guardian Last Name	Guardian First Name		
School	Grade	Gender	
Transferred From (Name of School)			
Name of Physician	Telephone		
Name of Dentist	Telephone		
Medical History			
Has your child had any of the following diseases/conditions? If so, please list approximate year below checked box.			
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seasonal Allergies
<input type="checkbox"/> Mumps	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bee Sting Allergy
<input type="checkbox"/> Regular Measles	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Food/Medicine Allergies (Please list)
<input type="checkbox"/> German Measles	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Skin Conditions (hives, eczema)	
Please list any hospitalizations (reasons and dates) and/or any disabilities/medical conditions			
Ear Infections	Hearing Difficulties		
Visual Difficulty	Wears Glasses/Contacts		
Date of Last Examination by Eye Specialist			
Speech Difficulty			
Eating, Sleeping, Bowel/Bladder Problems			
Parent Signature	Date		
<i>Please Return Completed Form with Registration Packet to the Pupil Services Office, 400 E Washington Street 06/05</i>			

Chagrin Falls Exempted Village Schools Home Language Survey	Date:	
	School:	Grade:

SECTION A: STUDENT INFORMATION : To be completed by Parent/Guardian

Student's Last Name:	First Name:	Middle Initial:
Date of Birth:		
Place of Birth: City:	State:	Country:
Father/Guardian Last Name:	First Name:	
Mother/Guardian Last Name:	First Name:	
Home Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
What language did your child speak when he/she first learned to talk?		
What language does your child use the most at home?		
What language do you use most often to speak to your child?		
What language do the adults at home most often speak?		
When did your child move to the United States?		

SECTIONS B AND C TO BE COMPLETED BY THE DISTRICT

If the answer to any of the first four questions above is language other than English, indicate the student's native/home language in EMIS Student Data Element (2.1.1.21), and proceed to assess the student's English language proficiency.

Date Received By Pupil Services Office:	Student ID:
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SECTION B: INITIAL ENGLISH LANGUAGE ASSESSMENT

Communication Skill Proficiency Level

Listening Pre-Functional Beginning Intermediate Advanced Proficient

Speaking Pre-Functional Beginning Intermediate Advanced Proficient

Reading Pre-Functional Beginning Intermediate Advanced Proficient

Writing Pre-Functional Beginning Intermediate Advanced Proficient

***Comprehension** Pre-Functional Beginning Intermediate Advanced Proficient

(*Note: The comprehension score is calculated by averaging the listening and reading scores)

Assessment instrument(s) used:	Is Student LEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION C: TEST-TAKING STATUS

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (4.1.1.19).

If student has been in U.S. school for less than three years, is the student eligible for extended accommodations for statewide academic assessments?

Yes No

Mark EMIS Test-Taking Status Code "Y2" for each test for which the student receives the English-Limited exemption.

PLEASE SUBMIT THIS FORM TO THE PUPIL SERVICES OFFICE AFTER FAMILY COMPLETES SECTION A

Chagrin Falls Exempted Village Schools
400 East Washington Street
Chagrin Falls, OH 44022

Welcome to Chagrin Falls Schools Food Service

We utilize a debit system within food service which eliminates the need for students to carry cash to school. An account will be set up for your child in the cafeteria. Your child will be given an individual PIN number that will be used for purchasing lunch and snacks.

How can I put money in my child's account?

1. Please *mail a check payable to Chagrin Falls Schools* (include your child's name and grade on the check so that money is applied to the proper account) to:

Food Service Director
400 East Washington Street
Chagrin Falls, OH 44022

2. Please *send a check or cash* (no coins please) with your child to school in a marked envelope complete with the student's name, grade, and the amount of money enclosed *to the school office*. For security reasons, we recommend that advanced payments be made in the form of a check. Please Note: Money received in the office will be applied to your child's account in the afternoon and will not be available until the following school day for purchases.

3. Pay online using FSS PositiveID System that allows you to pay in advance for meals and/or a la carte items via an online system through Food Service Solution's website (www.myschoolaccount.com). You will be able to deposit money into your child's account by using a *credit or debit card*, or *electronic funds transfer*. You will need your child's account number to apply funds online. This number will be available from your child's school.

How much money may be deposited?

You determine the amount that is right for you. There is no limit to the amount of money that can be deposited into a debit account. We recommend that you deposit enough money for at least two weeks of meals in order to reduce paperwork and time for both you and the food service staff. Lunch prices range between \$2.15 - \$2.65 depending on school. A la carte pricing starts at \$0.60.

How do I know what my child is eating?

You can view up to one month's transactions on the transaction history page at www.myschoolaccount.com. All transactions, including payments that have been made to your child's account within the last 30 days, will be listed.

If you have restrictions you would like to place on your child's account with respect to purchase of snacks, allergy alerts, etc., please contact the Food Service Director.

If you have any questions regarding these procedures, please contact the Food Service Director, at 440/247-2453.

Chagrin Falls Exempted Village Schools

400 East Washington Street

Chagrin Falls, OH 44022

Optional Student Directory / PTO Notification Form

Child's Last Name

First Name

Current Grade

A directory of Chagrin Falls students is printed annually and is available for purchase at the beginning of each school year. These directories are for the private use of Chagrin Falls students, parents, and staff members. **If you are interested in having your information printed in the directory, please complete and return this form at time of registration.** Your signature authorizes the information to be printed in the directory on an annual basis.

In addition, the Chagrin Falls Parent Teacher Organization sponsors activities to help acclimate new students and families to the district. **If you would like your contact information shared with the PTO Welcoming Committee, please indicate below and return this form at time of registration.**

Mother/Guardian's Name

Phone

Address

City

State

Zip

email

Father's Name

Phone

Address

City

State

Zip

email

I would like the above information to appear in the Chagrin Falls School Directory.

Yes No

Parent Signature

Date

I would like this contact information shared with the Chagrin Falls PTO Welcoming Committee.

Yes No

Parent Signature

Date