



SCHNEE LEARNING CENTER
Success For All

CONVERSION Community School

2222 Issaquah Street
 Cuyahoga Falls, Ohio 44221
 330-922-1966
 Fax: 330-945-4059

Today's Date: _____

REQUEST FOR TRANSFER OF SCHOOL RECORDS

Student's Name: _____ Birth Date: _____

To: Last High School Attended: _____

Previous High Schools Attended: _____

Phone #: _____ Fax #: _____

The above named student is being enrolled in Schnee Learning Center. I hereby request and give my consent to the transfer of copies of the student's records to:

Schnee Learning Center
 2222 Issaquah Street
 Cuyahoga Falls, Ohio 44221

Please specify those records which are to be released:

- Permanent Records such as Attendance History, Grade Cards, Nine Week Grades, Test Results, etc.
- Personal Records such as birth certificate, social security card, Immunization Records, etc.
- Other Records such as any psychological testing, 504, ETR, IEP, etc.

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____

- Parent
- Legal Guardian
- Age of Majority (18 year-old student)

Please note that your signature permits your student to be withdrawn from _____ and enrolled at _____ (Fill in School Name) Schnee Learning Center.

Date Records Received: _____ For Office Use Only Received By: _____

Date Data Released: _____ Released By: _____

This form shall be maintained as part of the student's permanent record.

**SCHNEE LEARNING CENTER
ENROLLMENT FORM/RECORD CHANGE**

(office use only)		
DATE ENROLLED _____	SCHOOL _____	STUDENT # _____
NEW STUDENT _____	CHANGE OF INFO _____	GRADE _____ HOMEROOM _____ LOCKER # _____

STUDENT INFORMATION

NAME: _____ MALE FEMALE
(LAST) (FIRST) (MIDDLE - REQUIRED)

ADDRESS: _____ PHONE: _____ UNLISTED
(STREET NUMBER & NAME)

CITY: _____ STATE: OH ZIP: _____

DATE OF BIRTH: _____ PLACE OF BIRTH _____
(CITY & STATE - REQUIRED)

STUDENT'S SS# _____ / _____ / _____ MOTHER'S MAIDEN NAME _____

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

If "No", what is the student's race? Mark one or more races to indicate what this person considers himself/herself to be:

Am. Indian/Alaskan Native (I) White (Non-Hispanic) (W) Black or African American (Non-Hispanic) (B)

Asian (A) or Native Hawaiian or other Pacific Islander (P)

Is the student receiving Special Education Services? YES NO

If yes, please indicate the type(s) of services received: _____

Does the student have any medical/health or other concerns that the school should be aware of? YES NO

If yes, please explain: _____

Does the student need to take any medication(s) at school? YES NO 1ST POLIO IMMUN. DATE: _____

Native Language: _____ Primary language spoken by student: _____

Citizenship Status: US Citizen _____ Exchange Student _____ Other, Non-US Citizen _____

PREVIOUS SCHOOL EXPERIENCE	CURRENT SCHOOL
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Has student attended Cuyahoga Falls City Schools before?
 YES NO

If yes, where? _____
 When? _____

Name of School: _____ / Name of Building: _____

Years attended: _____

PARENT INFORMATION

Father's Name _____ Address: _____ Phone: _____

Mother's Name: _____ Address: _____ Phone: _____

Legal Guardian: _____ Address: _____ Phone: _____

Are parents divorced? Yes No Never Married? Student is in custody of: _____

Student lives with: Mother Father Foster Parent Legal Guardian Other _____

SIBLING INFORMATION

List other children in the family:

NAME	SEX M/F	DOB	SCHOOL ATTENDING, IF ANY
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Parent Signature _____ Date _____

Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.		Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
	School	Grade		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: _____ 7-DIGIT CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [SCHOOL, HOMELESS LIAISON, or MIGRANT COORDINATOR] at [EMAIL] or [PHONE NUMBER].

Homeless Migrant Runaway

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/ quarterly
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.

Please check a box: Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

Signature of Parent/Guardian: _____ Date: _____

Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of your Social Security Number: _____ I do not have a Social Security Number

Part 7. Children's ethnic and racial identities: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian
- White
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Black or African American

Do not complete this section. Intended for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice per Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining/Approval Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____

Verification Result: No Change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free _____ Reduced Price to Paid _____

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

INCOME ELIGIBILITY GUIDELINES 2020-2021			
Household size	Yearly	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You are not required to provide information, but if information is not provided, the state agency cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Ohio Works First (OWF) case number or other identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

'2021-2022' STUDENT EMERGENCY FORM

This form MUST be completed at the beginning of every school year. This information must be ACCURATE at all times.

STUDENT'S INFORMATION

Name _____ FIRST _____ MIDDLE _____ LAST _____

Address/City/Zip _____

Date of Birth _____

Phone _____ Grade _____

Who has legal custody of this student? _____

Check here if address is new

Student Resides With	
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Mother	<input type="checkbox"/> Grandfather
<input type="checkbox"/> Father	<input type="checkbox"/> Aunt
<input type="checkbox"/> Guardian	<input type="checkbox"/> Uncle
<input type="checkbox"/> Foster	<input type="checkbox"/> Aunt
<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Sister
<input type="checkbox"/> Step-Father	<input type="checkbox"/> Brother

ALERTNOW

The contact numbers will be used to notify you of a building closure and emergency calls for Cuyahoga Falls City Schools.

Primary Number ()	Direct Dial Numbers (No Extensions)
Emergency Number ()	
Emergency Number ()	
Emergency Number ()	

Primary Contacts

Relationship to Student _____

First Name _____ Home Phone _____

Last Name _____ Cell Phone _____

Address _____ Work Phone _____

Relationship to Student _____

First Name _____ Home Phone _____

Last Name _____ Cell Phone _____

Address _____ Work Phone _____

PURPOSE: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured under school authority.

Name	Relationship	Phone # 1 ()	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	Phone #2 ()	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Name	Relationship	Phone # 1 ()	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	Phone #2 ()	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Name	Relationship	Phone # 1 ()	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	Phone #2 ()	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work

PART I OR II AND PART III MUST BE COMPLETED

Part 1: To Grant Consent I hereby give my consent for the administration of any treatment deemed necessary by the preferred physician, dentist, specialist and/or hospital listed below: OR In the event the designated preferred practitioner or hospital is not available, by another licensed physician or dentist or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Physician _____ Phone _____ ** Dentist _____ ** Hospital _____

Signature of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Part II: Refusal to Consent (DO NOT complete if Part 1 above is completed.) 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: _____

Part III: Medical History/ Allergies/ Medications
 Any changes in medications, must be updated on EMA. Please notify the office for changes.

Student's Name _____

Medical History _____

Allergies _____ Medications _____

Health Conditions: The following information will be shared with the school nurse, medical assistant, your child's teacher(s) and the administration as necessary to assist in the safety and health of your child during school hours.

Please place a check beside any of the following that your child has had:

- | | | |
|--------------------------------------|---|---|
| _____ Abnormal spinal curvature | _____ Diabetes | _____ Meningitis or Encephalitis |
| _____ Allergies/ hay fever | _____ Diarrhea or Constipation (Frequent) | _____ Orthopedic Problems |
| _____ Anemia | _____ Eczema | _____ Seizures/ Epilepsy |
| _____ Arthritis | _____ Emotional Problems | _____ Sickie Cell Disease |
| _____ Asthma | _____ Headaches (Frequent) | _____ Skin Rashes (Frequent) |
| _____ Behavior Problems | _____ Heart Disease | _____ Stool Soiling |
| _____ Birth/ Congenital Malformation | _____ Hypoglycemia | _____ Throat Infections (Frequent) |
| _____ Blood disorder, type _____ | _____ Kidney Disease | _____ Tics/ Nervous Twitches |
| _____ Cancer, type _____ | _____ Learning Disability | _____ Urinary Tract infections |
| _____ Chickenpox | _____ Lung Disorder, type _____ | _____ Wetting (Daytime _____ Night _____) |

Does your child have a bee/insect or food allergy? Yes _____ No _____
 If yes, explain the reaction _____

Does your child require an emergency injection such as an "Epi-pen" for his/her allergic reaction? Yes _____ No _____

Vision & Hearing:
 Frequent ear infections? Yes _____ No _____ if yes, which ear? _____ Tubes currently in place? Yes _____ No _____

Reduction in hearing? Yes _____ No _____ If yes, which ear? _____ Last exam? _____

Wears glasses? Yes _____ No _____ Contacts? Yes _____ No _____ Last exam? _____

Medication:
 Does your child require medication while at school? Yes _____ No _____

Please remember that if your child requires prescription or over-the-counter medications of any kind during school hours, you will need to request a medication form from the office which will require information and signatures from both a legal guardian and your child's physician. There is a specific law that allows for students to carry inhalers on their person if and only if the proper forms have been completed. For the most part, medications will be dispensed from the clinic. Medications of any type need to be delivered to the school in their original container with directions on the label matching the directions given by the physician on the medication form.

Limitations:
 Does your child have any health problems that limit/interfere with school/gym activities? Yes _____ No _____

If yes, please explain _____

Please list any orthopedic, prostheses, or other assistive devices that your child needs during school hours _____

Signature of Parent/Legal Guardian _____ Date _____

SCHNEE LEARNING CENTER

CHILD CUSTODY FORM

In order to comply with the legal requirements concerning school residency (Ohio Revised Code Section 3313.64 B), it is necessary for the school to know the legal custodian of the child being enrolled.

Your child may not enter school until the requirements below have been completed.

Parents are: Separated Divorced Never Married

_____ is in the custody of:
(Name of child) (Birthdate)

(Name of Family)

(Address)

(Address)

(Telephone)

_____ attended _____ School in _____ county when he/she was removed from his/her biological family or custodial parent _____ who resided at _____
(Name of parent)

_____ I have been granted legal custody. A copy of the court decree will be provided for the school records within two weeks.

_____ Legal custody of the child is pending. A legal notarized document must be provided for the school records within two weeks.

It is the parent's responsibility to inform the school of any changes of custodial care of minor children.

(Social Worker's Signature, if applicable) (Children's Services Board) (Date)

(Guardian's Signature, if applicable) (Date)

Is student currently receiving Special Education Services? Yes No
If so, please include most recent IEP and MFE.

Note: For all students who are placed with a guardian, whether it be through legal, temporary, or permanent custody, it is a necessary to report the address or school district of residence at the time custody was removed from the biological parents. This information is vital to the billing process for court-placed students and in no way affects the status of the student's enrollment at Cuyahoga Falls City Schools. Only when a student is legally adopted by the guardian(s) is this information no longer required.

(Attach court documents and send copies of all to EMIS Coordinator)



Authorization for Parent-Teacher E-mail Communications

Dear Parent(s),

The Schnee Learning Center provides its teachers with access to electronic mail (e-mail) for educational purposes and district-related business. The district believes that access to e-mail and other technological resources provide the ability to gather and disseminate information, as well as to enhance home/school communication.

While e-mail may be an easy way communicating with your child's teacher, it should not be assumed that e-mail correspondence is entirely private and confidential. The district undertakes a number of measures to ensure the security and integrity of its technological resources. However, e-mail travels over the Internet where unauthorized individuals may be able to access an e-mail exchange between a parent and a teacher.

Additionally, any e-mail message may be forwarded to the wrong person or e-mail address. Therefore, it may still be best for parents to utilize another method of communication when informing a teacher of particularly sensitive material or requesting a teacher to provide the same.

To protect the privacy of our students, we ask parents who wish to communicate with staff via e-mail to authorize such communication by providing an e-mail address to be used by our teachers and agreeing to the terms below.

Subject to the above understandings, I wish to communicate via e-mail. The following e-mail address is the address that I wish any e-mail correspondence relating to my child to be sent to:

E-mail address: _____

I understand that my child's teacher may not respond to inquiries I make from any other e-mail address. I agree that if the e-mail address I have provided changes for any reason, I will notify the teacher **immediately**.

Parent's signature: _____

Child's name: _____



2021-2022
SCHNEE LEARNING CENTER
Safe and Drug Free School Grant



CONSENT TO EXCHANGE CONFIDENTIAL INFORMATION

Student Name: _____ **Date:** _____
Date of Birth: _____ **Social Security Number:** _____

I AUTHORIZE THE FOLLOWING GRANT PARTICIPANTS TO EXCHANGE INFORMATION:

- Schnee Learning Center
- Community Health Center
- Child Guidance and Family Solutions
- YMCA

To do the following:

- Share identifying information for the benefit of service coordination and service delivery for the child and family. Identifying information: name, birth date, sex, address, telephone numbers, social security number.
- Share General Medical: Medical records (except for HIV, AIDS) disability, type of services being received and name of agency providing services
- Share Social History: Treatment/service history, psychological evaluations and other personal information regarding the individual named above.
- Share School Information: grades, attendance records, IEP (individual education plan), MFE (multi factored evaluation), IFSP (individualized family service plan), COEDI (children's Ohio eligibility determination instrument), OEDI (Ohio eligibility determination instrument – adult), transition plans and vocational assessments regarding the individual named above.
- Measure outcomes related to the grant and its services
- Participate in drug, alcohol and/ or mental health services at school including individual and group counseling
- Share Alcohol/Drug Abuse services including client status, appointment times, and recommendations

NOTE: This information has been disclosed to you from records protected by federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. parts 160 and 164. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.) The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I understand that knowledge so obtained will be treated in a confidential manner. A photostatic copy of this authorization shall be considered valid. I hereby state that I have read and fully understand the above statements as they apply to me and do herein expressly consent to disclosure for the purpose or need and the extent or nature as stated above. I further understand that I may revoke this consent at any time in writing to Schnee Learning Center, except where disclosure has already been made.

Date

Student Signature

Date

Witness

Date

Parent/Legal Guardian

NOT VALID AFTER ONE YEAR UNLESS OTHERWISE SPECIFIED

**COMPUTER NETWORK AND INTERNET
ACCEPTABLE USE POLICY AND AGREEMENT**

Please read the following carefully before signing this document. This is a legally binding document.

The Cuyahoga Falls City School District is pleased to make available to ALL USERS access to interconnected computer systems within the district and to the Internet, the world-wide network that provides various means of accessing significant educational materials and opportunities.

In order for the school district to be able to continue to make its computer network and Internet access available, all USERS must take responsibility for appropriate and lawful use of this access. USERS must understand that one USER's misuse of the network and Internet access may jeopardize the ability of all USERS to enjoy such access. While the school's ADMINISTRATION and other staff will make reasonable efforts to supervise use of network and Internet access, they must have USER cooperation in exercising and promoting responsible use of this access.

Below is the Computer Network and Internet Acceptable Use and Safety Policy and Agreement ("Policy and Agreement") of the school district and the Information Technology Center, (aka NEO net) that provides Internet access to the school district. Upon reviewing, signing, and returning this Policy and Agreement as the USERS have been directed, each student will be given the opportunity to have Internet access at school and is agreeing to follow the Policy. If a USER is under 18 years of age, he or she must have his or her parents or guardians read and sign the Policy. The school district cannot provide access to any USER who, if 18 or older, fails to sign and submit the Policy to the school as directed or, if under 18, does not return the Policy and Agreement as directed with the signatures of the USER and his/her parents or guardians.

Listed below are the provisions of your agreement regarding computer network and Internet use. If you have any questions about these provisions, you should contact the person that your school has designated as the one to whom you can direct your questions. If any USER violates this Policy and Agreement, the USER's access will be denied, if not already provided, or withdrawn and she/he may be subject to additional disciplinary action. **The signature(s) at the end of this document is (are) legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.**

Personal Responsibility

By signing this Policy and Agreement, the USER (and parent, where applicable) are agreeing to follow the rules contained in this Policy and to report any misuse of the network to the person(s) designated by the school or district for such reporting. Misuse means any violation of this Policy or any other use that is not included in the Policy but has the effect of harming the system or the property of others.

Term of the Permitted Use

A USER who submits to the school, as directed, a properly signed Policy and follows the Policy to which he or she has agreed will have computer network and Internet access. Access to the computer network and the Internet will expire when the student is no longer enrolled in the district or when the parent or guardian revoke their Agreement in writing.

Internet - Terms and Conditions

1. **Acceptable Use** - The school district is providing access to its computer networks *only* for educational purposes. If the USER has any doubt about whether a contemplated activity is for educational purposes, he or she may consult with the person(s) designated by the school to assist the USER in deciding if a use is appropriate.
2. **Privileges** - The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. (Each student who receives an account must attend an inservice which will include discussion on the proper use of the network.) The system administrators will determine what inappropriate use is and their decision is final. Also, the system administrators may close an account at any time as required. School administrators may deny, revoke or suspend through the System Administrator the use of an account. Faculty and staff of the Cuyahoga Falls City School District may also request the appropriate school administrator to deny, revoke, or suspend specific USER's accounts.
3. **Unacceptable Use**- Among the uses of the network that are considered unacceptable and which constitute a violation of this Policy are the following:

The use of accounts must be in support of education and academic research and consistent with the educational objectives of the Cuyahoga Falls City School District. Use of other organizations' networks or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulation is prohibited. These include but are not limited to: copyrighted

material, threatening and obscene material, or material protected by trade secret. Use for commercial activities is not acceptable. Use of product advertisement or political lobbying is prohibited. The use of obscene, pornographic, vulgar, threatening, harassing, abusive, defamatory language or other graphic communications, which creates a substantial risk of materially and substantially disrupting the Cuyahoga Falls City Schools, or of creating liability for the schools, in either public or private messages, is expressly forbidden. The staff of the Cuyahoga Falls City Schools will be the primary arbiter of what constitutes such impermissible or other communication. Users shall immediately cease and desist activity upon request, pending resolution of any issues concerning the messages in question. Complaints about any Internet resource shall be made to the building principal per the Board of Education Policy regarding complaints concerning instructional materials.

4. **Netiquette** - All USERS are expected to abide by the generally accepted rules of network etiquette. These include (but are not limited to) the following:
 - a. Be polite. Do not get rude or abusive in messages to others.
 - b. Use appropriate language. Do not swear or use vulgar, suggestive, obscene, belligerent, threatening, harassing or any other inappropriate language.
 - c. Avoid language and uses which may be offensive to other users. Do not use access to make, distribute, or redistribute jokes, stories, or other material which contains or is based on slurs or stereotypes relating to race, gender, ethnicity, nationality, religion, disability, or sexual orientation.
 - d. Do not assume that a sender of any data transmission (e-mail, social network, etc.) is giving his or her permission to forward or redistribute the message to third parties or to give his or her identifiable information to third parties. This should only be done with permission or when it is known that the individual would have no objection.
 - e. Do not use the network in such a way that would disrupt the use of the network by other users.
 - f. Be considerate when sending attachments (when this is permitted). Be sure that the file is not too large to be accommodated by the recipient's system and is in a format which the recipient can open.

Internet Safety

1. **General Warning; Individual Responsibility of Parents and Users.** All USERS (and their parents/guardians) are advised that access to the electronic network may include the potential for access to materials that are inappropriate for school-aged pupils. Every USER must take responsibility for his or her use of the computer network and Internet and stay away from these sites. Parents of minors are the best guide to materials to avoid. If a USER finds that others are visiting offensive or harmful sites, he or she should report such use to the person designated by the School.

2. **Personal Safety.** Be safe. In using the computer network and Internet, users should not reveal personal information, such as a home address or telephone number. Users should not use their real last name or reveal any other information that might allow a person to locate the user without first obtaining the permission of a supervising teacher. Users should not arrange a face-to-face meeting with someone they "meet" on the computer network or Internet without parental permission (if under 18). Regardless of age, users should never agree to meet a person they have only communicated with on the Internet in a secluded place or in a private setting.

3. **"Hacking" and Other Illegal Activities.** It is a violation of this Policy to use the school's computer network or the Internet to gain unauthorized access to other computers or computer systems, or to attempt to gain such unauthorized access. Any use that violates state or federal law relating to copyright, trade secrets, the distribution of obscene or pornographic materials, or that violates any other applicable law or municipal ordinance, is strictly prohibited.

4. **Vandalism and Harassment.** Vandalism or harassment may result in the cancellation of privileges. Vandalism is defined as any attempt to harm or destroy hardware, data of another user, the Internet or network that are connected to the Cuyahoga Falls City Schools. This includes, but is not limited to, the uploading or creation of computer viruses.

Harassment is defined as persistent annoyance of another user, or the interference of another user's work. Harassment includes, but is not limited to, the sending of unwanted mail. Vandalism or harassment is also subject to disciplinary consequences in accord with the Cuyahoga Falls City School District Code of Conduct.

5. **Confidentiality of Student Information.** Personally identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian or, if the student is over 18 years of age, the

permission of the student himself/herself. Users should never give out private or confidential information about themselves or others on the Internet, particularly credit card numbers and social security numbers. A supervising teacher or administrator may authorize the release of directory information, as defined by O.R.C. §3319.321, for internal administrative purposes or approved educational projects and activities.

6. **Active Restriction Measures.** The school, either by itself or in conjunction with the Information Technology Center providing Internet access, will utilize filtering software or other technology protection measures to prevent all users from accessing visual depictions that are (a) obscene, as that term is defined in 18 U.S.C. §1460; or (b) child pornography, as that term is defined in 18 U.S.C. §2256; and (c) to prevent students from accessing visual depictions and other materials that are harmful to minors. The school will also monitor the online activities of students, through direct observation and/or technological means, to ensure that students are not accessing such depictions or any other material that is inappropriate for minors, as determined by the Board and/or the Superintendent or designee.

Internet filtering software or other technology-based protection systems may be disabled by the Superintendent or designee, as necessary, for purposes of bona fide research or other educational projects being conducted by students age 17 and older.

The term "harmful to minors" is defined by the Communications Act of 1934 (47 U.S.C. §254(h)(7)), as meaning any picture, image, graphic image file, or other visual depiction that:

- taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion;
- depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals; and
- taken as a whole, lacks serious literary, artistic, political, or scientific value as to minors.

The school district shall provide education to all students about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms and cyber bullying awareness and response.

District Ownership of its Network and its Resources

Network and Internet access is provided as a tool for education. The school district reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of the school district and no user shall have any expectation of privacy regarding such materials.

Warranties/Indemnification

The Cuyahoga Falls City School District makes no warranties of any kind, either express or implied, in connection with its provision of access to and use of its computer networks and the Internet provided under this Policy. It shall not be responsible for any claims, losses, damages or costs (including attorney fees) of any kind, suffered directly or indirectly, by any user or his or her parent(s) or guardian(s) arising out of the user's use of its computer networks or the Internet under this Policy. By SIGNING this Policy, users are taking full responsibility for their use, and the user who is 18 or older or, in the case of a user under 18, the parent(s) or guardian(s) are agreeing to indemnify and hold the Cuyahoga Falls City School District, the school, and the Information Technology Center that provides computer and Internet access to the school district and all of their Board members, administrators, teachers, and staff harmless from any and all loss, costs, claims or damages resulting from the user's access to its computer network and the Internet, including but not limited to any fees or charges incurred through purchases of goods or services by the user. The user or, if the user is a minor, the user's parent(s) or guardian(s) agree to cooperate with the school in the event the school initiates an investigation of the user's use of his or her access to its computer network and the Internet, whether that use is on a school computer or on another computer outside the school district's network.

Charges

The user will be responsible for any monetary charges incurred for use or purchase through computer accounts.

Failure to Follow Policy

The user's use of the computer network and Internet is a privilege and not a right. A user who violates this Policy shall, at a minimum, have his or her access to the computer network and the Internet terminated, which the school district may refuse to reinstate for the remainder of the student's enrollment in the school district. A user violates this Policy by his or her own actions or by failing to report any violations by other users that come to the attention of the

user. Further, a user violates this Policy if he or she permits another to use his or her account or password to access the computer network or Internet, including any user whose access has been denied or terminated. The school district may also take other appropriate disciplinary action.

Updates

Users, and if appropriate, the user's parents/guardians, may be asked from time to time to provide new or additional registration and account information or to sign a new Policy to reflect developments in the law or technology. Such information must be provided by the user (or his/her parents/guardians) or the new Policy must be signed if the user wishes to continue to receive service. If, after account information has been provided, some or all of the information changes, the user must notify the person designated by the school to receive such information.

Acceptance of Terms and Conditions

All terms and conditions as stated in this document are applicable to the Cuyahoga Falls City School District. These terms and conditions reflect the entire agreement of the parties and supersedes all prior oral or written agreements and understandings of the parties. These terms and conditions shall be governed and interpreted in accordance with the laws of the State of Ohio, and the United States of America.

Additional Rules and Regulations

Additional Rules and Regulations will be developed from time to time as conditions warrant. Users will be expected to comply with the rules.

Release

In consideration for the privilege of using the Cuyahoga Falls City Schools Computer Network and in consideration for having access to the information contained on it, every account user releases the Cuyahoga Falls City Schools, its operators and administrators from any and all claims of any nature arising from his/her use, or inability to use, the Cuyahoga Falls City Schools Computer Network.

PARENT'S OR GUARDIAN'S AGREEMENT

Student's Name

To be read and signed by parents or guardians of students who are under 18:

As the parent or legal guardian of this student, I have read, understand, and agree that my child or ward shall comply with the School District's Terms and Conditions for Use of the Internet set forth above. I understand that this access is being provided for educational purposes only. I also recognize that it is impossible for the Cuyahoga Falls City Schools to restrict access to all offensive and controversial materials and understand and acknowledge my child's or ward's responsibility to abide by this Policy. I am therefore signing this Policy and agree to indemnify and hold harmless the School, the School District, and the Information Technology Center that provides the opportunity to the School District for computer network and Internet access against any and all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such networks or his or her violation of the foregoing Policy, and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is outside the school setting. I hereby give permission to issue an account for my child or ward to access the School District's computer network and the Internet and certify that the information contained on this form is correct.

Parent or Guardian (please print): _____

Home Phone: _____

Signature _____ Date ____ / ____ / ____

Address: _____

APPLICATION PORTION OF DOCUMENT

User's Full Name (please print): _____

User's Social Security Number: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

I am a Cuyahoga Falls City School District student and will graduate in _____

Attendance, Absence & Truancy

The School's educational program requires students to be continuously present so the student may receive instruction and actively participate in the educational process. In accordance with Ohio law, the School requires attendance of all students enrolled in the School during the days and hours the School is in session. To be considered in attendance, a student must be either within the School facilities or in place where School is in session by the School's authority.

In developing this policy, the School has consulted with the Judge of the Juvenile Court, parents, guardians, custodians, students, and all appropriate state and local agencies.

Parental Responsibility & Procedure for Reporting Absences

A student's parents or guardians are primarily responsible for a student's attendance at school. Should a student be absent, the student's parent or guardian is required to notify the School on the day the student is absent unless previous notification has been given in accordance with the School procedure regarding excused absence.

In case a student is absent, the procedure for reporting absences should be as follows:

The parent must call the School within the first hour that the School is in session to report the student's absence.

If a parent fails to call the School, school personnel must make a good faith attempt to contact within 120 minutes of the start of the school day, the parent/guardian of a student who is absent from school without legitimate excuse.

The School must make at least one good faith attempt to contact the parent, guardian, or caretaker.

A good faith attempt shall include, but not be limited to, contacting the parent by:

- (1) An actual or automated telephone call;
- (2) A notification sent through the school's automated student information system;
- (3) A text message;
- (4) An email;
- (5) An actual visit to the student's residence; or
- (6) Any other method adopted by resolution of the School's governing authority.

If the parent/guardian responds to any of those attempts but is unable to participate, the Head Administrator or Designee shall inform the parent of the parent's right to appear by the designee.

If an automated calling system is used, it must include verification that each call is placed, and whether the call was answered by the intended recipient or the system leaves a voicemail containing notice of the student's absence.

The notification requirement does not apply to students participating in College Credit Plus, or other “off-campus activities” as well as students receiving home-based, online, or Internet- or computer-based instruction.

To facilitate policy, parents or guardians must provide the School with their current home, work, and/or cellular telephone numbers; home address; and emergency telephone numbers.

Absences

Excused Absences. The Governing Authority recognizes the following absences as excused:

- the student’s physical or mental illness;
- instruction at home from a person qualified to teach the student due to a child’s disability;
- illness in the family necessitating the student’s presence;
- serious illness or death in the family;
- observing religious holidays and consistent with the student’s truly held beliefs;
- medical or dental appointment;
- college visitation;
- quarantine;
- required court appearance;
- inability of the parent to employ help in the parent’s family business;
- farm work of the parent or guardian at necessary times; or
- emergency or other circumstances the School determines reasonable.

If the student is absent or will be absent for one of the above reasons, the student must provide a written note upon returning/prior to leaving the School or the absence will be considered unexcused. The statement must be from a parent and explain the cause for absence. At his or her sole discretion, the Head Administrator or his/her designee may investigate each individual absence. A student, whose extended absence is due to a medically-documented physical or mental impairment, will not be disciplined. As provided by law, such students may be entitled to receive an education tailored to their individual needs or abilities.

Limited Excuse Absence. Students absent solely to participate in an out-of-state School-approved activity shall constitute a limited excused absence. Limited excuse absences are to be treated as an excused absence provided: (1) the absences are limited to a maximum of twenty-four hours per school year, (2) the student must complete any missed classroom assignments, (3) and if the activity will cause the student to be absent for four or more consecutive school days, teachers must accompany the student for instructional assistance.

Unexcused Absence. A student’s absence is unexcused if it is not an excused or limited excused absence. A student who is repeatedly has unexcused absences will be subject to disciplinary action.

Tardiness. A student is tardy when a student is more than five minutes late for school or is late for the start of class. If student misses more than half a class, the student shall be considered absent for the class. A student who is repeatedly tardy will be subject to disciplinary action.

Truancy

No student of compulsory school age shall be habitually truant.

Habitual Truancy – a student is absent without a legitimate excuse for any of the following:

- thirty (30) or more consecutive school hours, or
- forty-two (42) or more school hours in one (1) month, or
- seventy-two (72) or more school hours in one (1) year.

Notification and Absence Intervention Team

The School's Attendance Officer must notify a child's parent, guardian or custodian if the child has "excessive absences" which shall be defined as *nonmedical* excused absences and unexcused absences with or without legitimate excuse for 38+ hours in one school month or 65+ hours in a school year. This notice shall be made in writing within 7 days after the date of the absence that triggered the notice.

If the student continues to be truant after the notification and surpasses the threshold for habitual truancy, the School must assign the student to an absence intervention team within 10 days after the absences surpass those for habitual truancy. This team must develop an intervention plan for the student to reduce or eliminate further absences within 14 school days after the student is assigned to the team. Absence intervention plans incorporate academic and non-academic supports to help the student and remove barriers to regular attendance. They shall also include counseling for those students classified as a habitual truant.

The team must make at least three (3) meaningful good faith attempts to secure participation in this process and any recommended truancy prevention mediation programs from the student's parent, guardian or custodian.

A good faith attempt shall include, but not be limited to, contacting the parent by:

- (1) An actual or automated telephone call;
- (2) A notification sent through the school's automated student information system;
- (3) A text message;
- (4) An email;
- (5) An actual visit to the student's residence; or
- (6) Any other method adopted by resolution of the School's governing authority.

The parent is permitted to participate through a designee. If the parent fails to respond or participate, then the School is required to investigate as to whether the failure to respond trigger mandatory reporting to JFS and the team must develop the plan without parent participation.

The School has the discretion to extend the intervention plan or process over the summer months.

Disciplinary Consequences for Truancy

On the 61st day after implementing the absence intervention plan, the Attendance Officer must file a complaint in the juvenile court if all of the following apply:

1. The student is absent without excuse for 30+ consecutive hours, 42+ hours in a school month or 72+ hours in a school year;
2. The School has made meaningful attempts to reengage through the absence intervention plan and any offered alternatives to adjudication;
3. The student has refused to participate in or failed to make satisfactory progress on the plan, as determined by the absence intervention team, or any offered alternative adjudication.

A complaint regarding a habitual truant where the parent, guardian, or custodian fails to get the child to attend school must be filed jointly against the student and the parent, guardian, or custodian. If the student is absent without excuse for 30+ consecutive hours or 42+ in a school month but the absence intervention team has determined that the student has made substantial progress on the absence intervention plan, the Attendance Officer is not required to file a complaint.

The School shall also make notification to the registrar of motor vehicles pursuant to ORC 3321.13, if applicable, and shall also initiate legal action under ORC 2919.222, 3321.20, and/or 3321.38, if applicable to the student's situation.

Pursuant to the Ohio Revised Code, the School shall not suspend, expel, or remove a student from school solely on the basis of the student's absences from school without legitimate excuse. A student who is habitually truant will be excused for the absences if it is determined that: (1) the student was enrolled in another school, or (2) the student's absence was excused by law or this policy, or (3) the student has received an age and schooling certificate.

Attendance Officer Responsibilities

The Attendance Officer responsibilities shall be held by the Head Administrator or his/her designee. The School's Attendance Officer shall investigate all nonattendance, shall be vested with police powers, may serve warrants, and may enter workshops; factories; stores; and all other places where children are employed and do whatever is necessary in the way of investigation or otherwise to enforce the laws relating to compulsory education and the employment of minors. The Attendance Officer may also take into custody any youth of compulsory school age not legally employed on an age and schooling certificate who is not attending school and shall conduct such youth to the school he has been attending or should rightfully attend.

Withdrawal

By law, a student will be withdrawn automatically if the student fails to participate in seventy-two (72) consecutive hours of learning opportunities and the absence is not excused pursuant to O.R.C. 3314.03(A)(6)(b). Upon a student's withdrawal pursuant to this provision, the School shall automatically notify the student's school district of residence pursuant to any applicable Ohio laws, rules and regulations.

A student may be voluntarily withdrawn if a parent submits a written Voluntary Withdrawal notice to the Head Administrator.

Reporting Requirements

The School must report to the Ohio Department of Education any of the following occurrences:

1. When student is absent 38+ hours in a school month or 65+ hours in a school year and the School sends notice to the parent, guardian or custodian;
2. When the child has been absent without legitimate excuse the number of hours to classify as a habitual truant;
3. When the child is adjudicated an unruly child for being habitual truant violates the court order regarding that adjudication; and
4. When an absence intervention plan has been implemented for a child.

Ohio: R.C. 2152.02, R.C. 2152.011, R.C. 3313.668, R.C. 3313.672, R.C. 3326.22, R.C.3321, et seq., O.A.C. 3301-69-02.

Cross Reference: Policy 3820, Resolving Issues with Attendance; Policy 4203, Emergency School Closings & Calamity Days; Policy 3540, Promotion and Retention of Students

Emergency School Closings & Calamity Days

The Head Administrator or his/her designee shall make all decisions regarding calamity days that require the School to be closed. Closings may be made because of hazardous weather, disease epidemic, utility failure, or other conditions that jeopardize the health and safety of those affiliated with the School. As deemed necessary, the Head Administrator may close the School, delay the opening of the School, or dismiss School early. Should a calamity day be declared, School-related activities will be canceled.

Cross Reference: Policy 3820, Resolving Issues with Attendance; Policy 4201, Attendance, Absence, & Truancy; Policy, 4630 School-Sponsored Trips.



Schnee Learning Center

Meets Standards

Districts and schools report information for the Ohio School Report Cards on specific marks of performance, called measures, within broad categories called components. Dropout Recovery Program schools receive ratings for up to eight measures and four components.

2018

Progress

The Progress component looks closely at the growth that all students are making during the school year.



Does Not Meet Standards

Meets Standards

The High School Test Passage Rate component represents the number of students who passed all five state tests that are required for graduation.

Students who Passed all Five Tests

46.2%

Overall

Does Not Meet Standards

Gap Closing

The Gap Closing component shows how well schools are meeting the performance expectations for our most vulnerable populations of students in English language arts, math and graduation.

Annual Measurable Objectives



Does Not Meet Standards

Graduation Rate

The Graduation Rate component looks at the percent of students who are successfully finishing high school with a diploma in four, five, six, seven, or eight years.

0.0%

64.5% is the weighted average of all graduation rates.



Exceeds Standards

Report Card Resources

Ohio School Report Cards Data Spreadsheets

The state's accountability system and Ohio School Report Cards for the 2019-2020 and 2020-2021 school years will look different because of short-term changes in Ohio law and the accountability waivers approved by the U.S. Department of Education. **Therefore, updated spreadsheets reporting the letter grades or ratings will not be available for the 2019-2020 or 2020-2021 school years.**

Available data can be found in the Download File (<https://reportcard.education.ohio.gov/download>) section of the report card. Data from the 2020-2021 school year will be released in October 2021.

The spreadsheets below contain all district, school, community school, schools operating dropout prevention and recovery programs, career-technical planning district and third grade reading guarantee grades from the **2018-2019 school year.**

All Districts (</getattachment/Topics/Data/Report-Card-Resources/DISTRICT-GRADES.xlsx.aspx>) | **Public Schools**
(</getattachment/Topics/Data/Report-Card-Resources/BUILDING-GRADES.xlsx.aspx>) | **Community Schools**
(</getattachment/Topics/Data/Report-Card-Resources/Community-Schools-GRADES.xlsx.aspx>) | **Dropout Prevention and Recovery Schools** (</getattachment/Topics/Data/Report-Card-Resources/DOPR-GRADES.xlsx.aspx>) | **Career Technical Schools** (</getattachment/Topics/Data/Report-Card-Resources/CTPD-GRADES.xlsx.aspx>) | **Third Grade Reading Guarantee**
(/getattachment/Topics/Data/Report-Card-Resources/TGRG_GRADES.xlsx.aspx)

Find Your District's or School's Report Card (<https://reportcard.education.ohio.gov/>)

Information on School and District Performance Management Data (</Topics/Data/Report-Card-Resources/Financial-Data>)

General Report Card Information

Ohio School Report Cards give your community a clear picture of the progress of your district and schools in raising achievement and preparing students for the future. They also include a performance management section users can access by clicking the "Financial Data" button at the top of each report card. The information measures district and school performance in the areas most critical to success in learning, as well as information on academic and financial performance metrics. Ohio School Report Cards data shows educators, school administrators and families where their schools are succeeding as well as areas where they need to improve.

Find Your District's or School's Report Card

(<https://reportcard.education.ohio.gov/>)

Ohio School Report Cards



Schnee Learning Center

Not Rated

School Rating

Schools that receive the dropout prevention and recovery report card receive ratings for up to eight measures and four components. The 2019-2020 report cards will not have grades or ratings. Limited data is available due to the coronavirus pandemic and ordered school-building closure.

Achievement Component

The Achievement component, previously called the High School Test Passage Rate component, represents the number of students who meet applicable criteria on assessments that are required for graduation. The data for this component is not available this year.

Students who Passed all Five Tests

0.0%

Gap Closing

This component shows how well schools are improving or meeting the performance expectations for all students in English language arts, math, graduation and English language proficiency. The data for this component is not available this year.



Not Rated

Rating

Progress

The Progress component looks closely at the growth all students are making during the school year. The data for this component is not available this year.



Not Rated

Rating



Not Rated

Rating

Graduation Rate

The Graduation Rate component looks at the percent of students who are successfully finishing high school with a diploma in four, five, six, seven or eight years. This data is available and was not impacted for the reporting years.



Not Rated

Rating

Graduation Rates

58.8% is the weighted average of all graduation rates.

Ohio School Report Cards



Graduation Rate

Not Rated

School Rating

The Graduation Rate component looks at the percent of students who are successfully finishing high school with a diploma in four, five, six, seven or eight years. The graduation rates are available, and data was not impacted for the reporting years; however, the combined component will not be rated.

4-Year Graduation Rate

The 4-year graduation rate applies to the Class of 2019 who graduated within four years, i.e. students who entered the 9th grade in the fall of 2015 and graduated by the summer of 2019.



30.3%

Not Rated

5-Year Graduation Rate

The 5-year graduation rate applies to the Class of 2018 who graduated within five years, i.e. students who entered the 9th grade in the fall of 2014 and graduated by the summer of 2019.



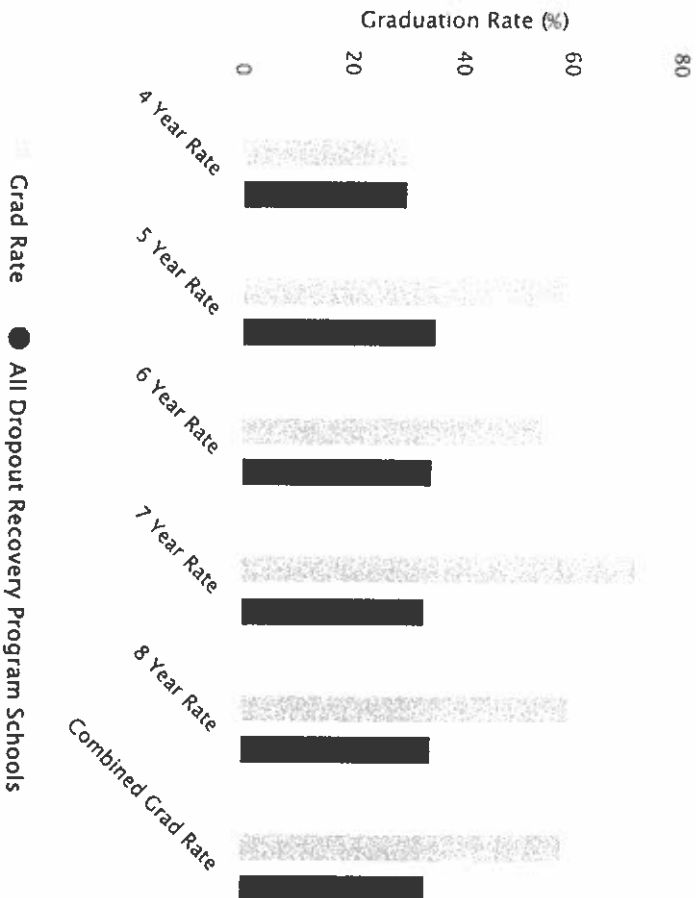
59.1%

Not Rated

6-Year Graduation Rate

The 6-year graduation rate applies to the Class of 2017 who graduated within six years, i.e. students who entered the 9th grade in the fall of 2013 and graduated by the summer of 2019.

How Does this School Compare to the Other Dropout Recovery Program Schools in Ohio?



55.2%
Not Rated

7-Year Graduation Rate

The 7-year graduation rate applies to the Class of 2016 who graduated within seven years, i.e. students who entered the 9th grade in the fall of 2012 and graduated by the summer of 2019.

72.2%
Not Rated

8-Year Graduation Rate

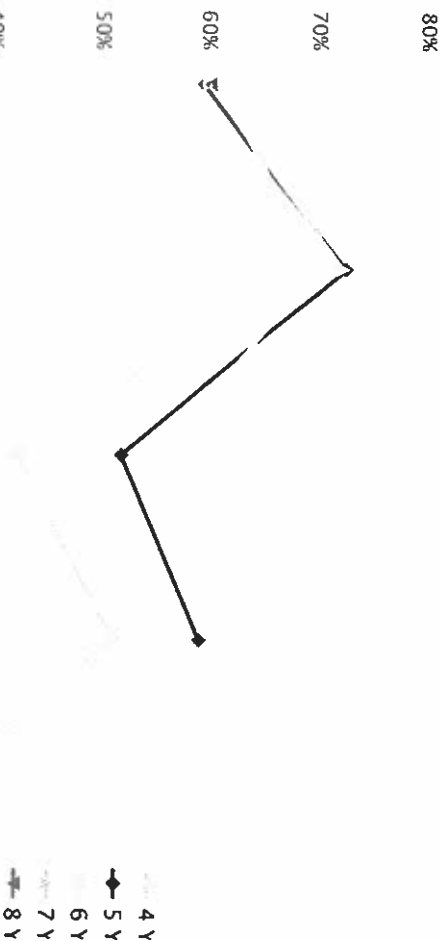
The 8-year graduation rate applies to the Class of 2015 who graduated within eight years, i.e. students who entered the 9th grade in the fall of 2011 and graduated by the summer of 2019.

60.0%
Not Rated

Combined Graduation Rate

This combined graduation rate is the weighted average of 4- through 8-year graduation rates.

58.8%
Not Rated



Note: Because the necessary data is not yet available to calculate every graduation rate, the 5-year graduation rate does not appear in the final year of this graph; the 6-year graduation rate does not appear in the final two years; the 7-year graduation rate does not appear in the final three years; and the 8-year graduation rate does not appear in the final four years.

PUBLIC RELEASE

Schnee Learning Center _____ today announced its 2020-2021 program year policy for **Breakfast and Lunch Program** for students unable to pay the full price of meals or milk served under the National School Lunch and School Breakfast, After School Care Snack or Special Milk Programs. Each school office and the central office has a copy of the policy, which may be reviewed by any interested party.

The Federal Income Eligibility Guidelines will be used to determine eligibility. Children from families whose annual income is at or below the federal guidelines are eligible for free and reduced-price meals or free milk if the school participates in the Special Milk Program.

Application forms are distributed to all homes in a letter to parents or guardians. To apply for free and reduced-price benefits, households should complete an application and return it to the school. Additional copies are available at the principal's office in each school. A complete application is required. Households which currently receive Special Nutrition Assistance Program Benefits (SNAP, formally known as food stamps) or Ohio Works First (OWF) funds for a child must provide the child's name, the SNAP or OWF case number and signature of an adult household member on the application. Households that do not receive SNAP or OWF funds must provide the names of all household members, the last four digits of the Social Security Number of the adult signing the application or state "none" if the adult does not have a Social Security Number, the amount and source of income received by each household member, (state the monthly income) and the signature of an adult household member. If any of this information is missing, the school cannot process the application.

FREE HEALTH CARE: Families with children eligible for school meals may be eligible for FREE health care coverage through Medicaid and/or Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call 1-800-324-8680 for more information or to request an application. Information can also be found on the web at <http://jfs.ohio.gov/ohp/consumers/familychild.stm>. Anyone who has an Ohio Medicaid card is already receiving these services.

The information provided on the application is confidential and will be used only for the purpose to determine eligibility and may be verified at any time during the school year by school or other program official. To discourage the possibility of misrepresentation, the application forms contain a statement above the space for signature certifying that all information furnished is true and correct. Applications are being made in connection with the receipt of federal funds. Schools or other officials may check the information on the application at any time during the school year. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable state and federal laws.

Households will be notified of the approval or denial of benefits.

Foster children are categorically eligible for free meal benefits regardless of the household's income. If a family has foster children living with them and wishes to apply for such meals or milk for them, contact the school for more information.

Under the provision of the policy, Mr. Anthony Pallija, Executive Director will review applications and determine eligibility. If a parent or guardian disagrees with the decision on the application or the result of verification, the decision may be discussed with the determining official on an informal basis. If a formal appeal is desired, the household has the right to a fair hearing. A fair hearing can be requested either orally or in writing from:

Mr. Anthony Pallija

2222 Issaquah Street, Cuyahoga Falls, Ohio 44221

330-922-1966_

The policy contains an outline of the hearing procedure.

Households may apply for benefits any time during the school year. If a household is not currently eligible and if the household size increases or income decreases because of unemployment or other reasons, the family should contact the school to file a new application. Such changes may make the children of the family eligible for free or reduced-price benefits if the family income falls at or below the levels shown above.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



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www.schneelearningcenter.org

ORC 3314.041

“The Schnee Learning Center school is a community school established under Chapter 3314. of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter contact the school administration or the Ohio Department of Education.”

“Molding Our Students to be Accepting, Insightful, and Compassionate”



