A Conversion Community School

SCHNEE LEARNING CENTER
Success For All

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Please note that your signature permits your student to be withdrawn from _____ and enrolled at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.

For Office Use Only

Date Records Received: _____ 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
Has student attended Cuyahoga Falls City Schools before? ☐ YES ☐ NO	Name of School: / Name of Building:
If yes, where? _____	_____/_____
When?_____	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

Parent Signature_____ Date_____

2020-2021 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (If more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes	Student? No	Foster Child	Homeless, Migrant, Runaway
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If NO > Go to STEP 3.

If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here

Child income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN ☐

STEP 4 Contact information and adult signature. Mail Completed Form To: Schnee Learning Center, 2222 Issaquah Street, Cuyahoga Falls, Ohio 44221

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic 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.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we 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), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out 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 How often? Weekly Bi-Weekly 2x Month Monthly **Household Size**

Categorical Eligibility ☐

Eligibility: Free Reduced Denied

Determining Official's Signature **Date** **Confirming Official's Signature** **Date** **Verifying Official's Signature** **Date**

SCHNEE LEARNING CENTER
Success For All

"20-21" 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 _____
_____

€ Check here if address is new

Date of Birth _____

Phone _____ Grade _____

Who has legal custody of this student? _____

Student Resides With

€	Both Parents	€	Grandmother
€	Mother	€	Grandfather
€	Father	€	Aunt
€	Guardian	€	Uncle
€	Foster	€	Aunt
€	Step-Mother	€	Sister
€	Step-Father	€	Brother

ALERTNOW

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

	Direct Dial Numbers (No Extensions)
Primary Number	( )
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 ( )	€ Home	€ Cell	€ Work	Phone #2 ( )	€ Home	€ Cell	€ Work
Name	Relationship	Phone # 1 ( )	€ Home	€ Cell	€ Work	Phone #2 ( )	€ Home	€ Cell	€ Work
Name	Relationship	Phone # 1 ( )	€ Home	€ Cell	€ Work	Phone #2 ( )	€ Home	€ Cell	€ Work

PART 1 OR 11 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 _____ Phone _____ ** Hospital _____

Medical Specialist _____ Phone _____

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: _____

Signature of Parent/Legal Guardian Date

SEE REVERSE FOR ADDITIONAL INFORMATION

Part III: Medical History/ Allergies/ Medications

Student's Name _____

Any changes in medications, must be updated on EMA. Please notify the office for changes.

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
_____ Allergies/ hay fever
_____ Anemia
_____ Arthritis
_____ Asthma
_____ Behavior Problems
_____ Birth/ Congenital Malformation
_____ Blood disorder, type _____
_____ Cancer, type _____
_____ Chickenpox

_____ Diabetes
_____ Diarrhea or Constipation (Frequent)
_____ Eczema
_____ Emotional Problems
_____ Headaches (Frequent)
_____ Heart Disease
_____ Hypoglycemia
_____ Kidney Disease
_____ Learning Disability
_____ Lung Disorder, type _____

_____ Meningitis or Encephalitis
_____ Orthopedic Problems
_____ Seizures/ Epilepsy
_____ Sickle Cell Disease
_____ Skin Rashes (Frequent)
_____ Stool Soiling
_____ Throat Infections (Frequent)
_____ Tics/ Nervous Twitches
_____ Urinary Tract Infections
_____ 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 _____
(Name of parent)
who resided at _____

_____ 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)

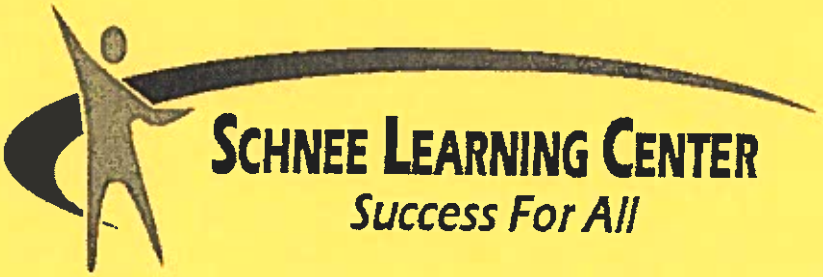
Is student currently receiving Special Education Services? _____ Yes _____ No
If so, please include most recent IEP and MFE.

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)

Revised 01/2020

2014-2015



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: _____

2019-2020 Enrollment Packet

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 propelty 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 inforn1ation 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 hmm 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 pern1ission 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 inf01mation, 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 propeliy 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 te1ms 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.

Adopted: September 6, 2017

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 fo1 1h 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 ce1 1ify that the info1mation 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_____

Ohio School Report Cards

Meets Standards

School Rating

Schnee Learning Center

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.

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

Meets Standards

Rating

Students who Passed all Five Tests **46.2%**

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.

Does Not Meet Standards

Rating

Annual Measurable Objectives **0.0%**

Progress

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

Does Not Meet Standards

Rating

Overall **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.

Exceeds Standards

Rating

64.5% is the weighted average of all graduation rates.

SCHNEE
LEARNING CENTER

2222 Issaquah Street
Cuyahoga Falls, Ohio 44221
Phone: 330.922.1966
Fax: 330.945.4059
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."

Title I Parent's Right-to-Know Letter

Dear Parent/Guardian,

At The Schnee Learning Center, we are very proud of our teachers and their ability to give your child a high-quality education. As a Title I school, we must meet federal rules related to teacher qualifications as defined in No Child Left Behind. These rules allow you to learn more about your child's teachers' training and credentials. We are happy to provide this information to you. At any time, you may ask:

- Whether the teacher met state qualifications and certification requirements for the grade level and subject he/she is teaching,
- Whether the teacher received an emergency or conditional certificate through which state qualifications were waived, and
- What undergraduate or graduate degrees the teacher holds, including graduate certificates and additional degrees, and major(s) or area(s) of concentration.

You may also ask whether your child receives help from a paraprofessional. If your child receives this assistance, we can provide you with information about the paraprofessional's qualifications.

Our staff is committed to helping your child develop the academic knowledge and critical thinking he/she needs to succeed in school and beyond. That commitment includes making sure that all of our teachers and paraprofessionals are highly skilled.

If you have any questions about your child's assignment to a teacher or paraprofessional, please contact me at 330-922-1966.

Sincerely,

Anthony Pallija
Executive Director

Admission Information

Admission is open to any individual between the ages of sixteen (16) and twenty-two (22) who, pursuant to state law, is entitled to attend school. In making admission decisions, the School shall not discriminate on the basis of race, color, creed, sex, or disabling condition.

If the number of applicants exceeds the capacity restrictions of the School, students will be admitted based on a lottery system, with the following students given preference:

- students who attended the School the previous year;
- siblings of students attending the School the previous year; and
- students who reside in the district in which the School is located.

The lottery system adopted by the School functions as described below.

- Each applicant exceeding the capacity of the School shall be assigned a number.
- A neutral third party will randomly select numbers, and as each number is selected, the respective student is placed on the permanent waiting list. Once placed on the permanent waiting list, the student retains the position from year-to-year unless the student is no longer an eligible student, is no longer interested in admission, or is selected for admission and thereby removed from the permanent waiting list.
- The School may, in its sole discretion, decide to institute one lottery system and permanent waiting list, or may decide to institute separate lottery systems and permanent waiting lists for each age or grade.

Enrollment

1. Call the school to schedule an appointment and complete a SLC admission packet. Bring the completed packet. Please bring a copy of your most recent transcript from the last school you have attended. If you are entering SLC from the Cuyahoga Falls Public School system, we will request a transcript from your previous school.

2. Applications are accepted any time of the year at SLC.

Fees

There is no tuition fee or tuition of any kind at Schnee Learning Center.

Non-Discrimination Policy

It is the policy of the School not to discriminate on the basis of race, color, national origin, religion, sex, age, disability, genetic information, marital status, veteran status or any other unlawful criterion or circumstance in any of its employment practices. Such practices include but are not limited to, recruiting, hiring, placement, retention, promotion or compensation, layoff or termination, professional development, and performance appraisals.
For qualified individuals with known disabilities, the School shall make reasonable accommodations for such individuals unless doing so would result in an undue hardship.
To further this policy, the Governing Authority strongly urges all staff members with a question or concern regarding workplace discrimination to discuss the matter to the Head Administrator or his/her designee.

PUBLIC RELEASE

Schnee Learning Center today announced its 2019-2020 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 Program. 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 for determining 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 being distributed to all homes in a letter to parents or guardians. To apply for free and reduced-price benefits, households should fill out the 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 which 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 of determining 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 Cuyahoga Falls, Ohio
(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:
http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

*child*guidance & *family*solutions

CENTRAL OFFICE
18 N. Forge Street
Akron, OH 44304-1317
Phone: 330-762-0591
Fax: 330-762-2242
www.cgfs.org

Child Guidance & Family Solutions wants to help support you and your child so he/she can do well at school, and in life! Our agency offers in-school services to help students and families. By working together, your child will have access to multiple services to help make school a better place to live and learn. In order for your child to have access to these services, he/she will need to enroll in services. It's an easy process and we have staff to help you!

- First step, Please call **Amanda Kirsch** at **330-928-2042** to schedule an appointment. Call now, and we'll walk you through the next few steps!
- Please complete the enclosed questionnaire and bring with you to your first appointment. This information is very helpful to our staff member that will be helping your student.
- We ask that you bring any insurance cards you may have to the first appointment. We accept most insurance coverage, and have help for families without insurance too.
  - If you have private insurance, we will also need verification of family income, which would include 2 recent paystubs from each job, child support, and SSI/SSD income.
  - If you have Ohio Medicaid, pay stubs are not needed.
- In the first appointment, our staff will need to meet with the parent or legal guardian, and your child.
  - If you are the legal guardian, please bring your Court papers, so we can make a copy for our records.
- First appointment will last approximately 1½ - 2 hours.
- Our staff have reserved this appointment time for you. If you need to cancel, please contact me as soon as possible to discuss rescheduling.
- For additional information, our website is www.cgfs.org

Thank you for considering to work with us; we want to help you and your family in reaching your goals! If you have any questions please call me at **330-928-2042** or our Admission Department at 330-762-0591, and we will be happy to assist you.

CGC 102279

Community Health Center
Focusing On Your Future

725 East Market Street
Akron, Ohio 44305
(330) 434-4141
(330) 315-5230 fax
www.commhealthcenter.org

April 4, 2011

Re: New program for Schnee students

Dear Parent/Guardian(s),

I would like to take this opportunity to introduce a new service available to students and families at Schnee Learning Center. **Students can now receive counseling for mental health and/or substance abuse issues during the school day through an on-site counseling office.**

This program is a partnership with Community Health Center (CHC), a local agency that provides comprehensive treatment services for adolescents and adults in Summit County. We have established a similar in-school program in the Akron Public Schools for several years that has proven to have a positive impact on the students in need.

Your child may be appropriate for services from CHC if they are exhibiting some of these behaviors:

- *Quiet or withdrawn at home*
- *Struggling in school, even with extra help*
- *Recent involvement in criminal activity*
- *Using alcohol, marijuana, or other drugs*
- *Reluctant to discuss activities, friends, etc.*
- *Unexplained emotional problems*
- *Other disruptive behaviors*

Early intervention is the key to successful treatment and long term success in adulthood. With your permission, we can work together to provide the care your child needs. I perform an initial informational assessment with the student and parent and then move into an ongoing therapy schedule at school to address your child's individual needs. I can also work with the teachers and administration at Schnee to insure the best possible results.

If you believe this program would be beneficial to your child, please feel free to give me a call anytime. I can meet with your child on-site at Schnee and can be reached at 330.315.3783.

I look forward to developing a positive relationship with you and your child.

Thank you,

MEd. PCC-S

Anna Perriello M.Ed., PCC-S
Adolescent Counselor at Schnee Learning Center
Community Health Center
Phone: (330) 315-3783
anna.perriello@commhealthcenter.org

Form 3513.1

Required Community School Notice

Under R.C. 3314.041, the governing authority of each community school and any operator of such school shall distribute to parents of students of the school upon their enrollment in the school the following statement in writing:

The SCHNEE LEARNING CENTER 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.

Attendance Policy

Students at Schnee Learning Center are expected to attend their academic session and be on time daily. If the student needs to miss school, a parent/guardian must call the school (330-922-1966, Ext. 502506) **on the day of the absence.**

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. The School is also required to notify a student's parents or guardian when the student is absent from school. Notice shall be provided by telephone or written notice. To facilitate policy, parents or guardians musts provide the School with their current home, work, and/or cellular telephone numbers; home address; and emergency telephone numbers.

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 will contact the parent to inform him/her of the student's absence. If telephone communication cannot be made, the School shall send a written communication to the home of the guardian on the date of the student's absence.

A phone call home will be made upon the student's 5th absence indicating a potential attendance problem. **After three (3) unexcused absences (per 9 week period) and/or seven (7) excused absences, students must make up academic time missed.**

- Students will make up this time in two (2) hour increments at the end of their regurlary scheduled school day.

Once the 15th absence is reached, the following action will occur:

- Mandatory meeting with the parent/guardian, student, and administration to develop a Corrective Action regarding attendance improvement.

This will give the parent an opportunity to meet with school officials prior to any referrals being made to other agencies and programs (i.e., the Responder Program).

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 four days 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

Students must sign in at the SLC office if arriving after 8:15 a.m. Late arrivals after 10:50am will be counted as one-half absence.

Students receiving three (3) tardy in one nine (9) week period, will lose their break privilege resulting in detention, with parental notification. A phone call home will also be made after the 4th (fourth) and 5th (fifth) tardy in one nine (9) week period.

- Upon the sixth (6) tardy in one nine (9) week period, a home visit will be conducted as well as an assigned all day to make up academic time missed.
- After six (6) half-day absences in one nine (9) week period, students must make up academic time missed. Students will make up this time two (2) hour increments at the end of their regularly scheduled school day.

Truancy

The School recognizes two types of truancy: habitual truancy and chronic truancy.

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

- five (5) or more consecutive school days, or
- seven (7) or more school days in one (1) month, or
- twelve (12) or more school days in one (1) year.
-

If a student is habitually truant and the parents or guardians have failed to cause the student's attendance at school, the Governing Authority authorizes the Head Administrator or his or her designee to inform the student and his or her parents of the truancy record and the Governing Authority's' intent to notify the Judge of the Juvenile Court of the student's truancy. The Head Administrator is also authorized to establish an intervention strategy, which may include a truancy intervention program, counseling or a parent education program for parents of students who are habitually truant. Parents who are assigned but do not complete the program shall be reported to enforcement authorities for neglect of parent education, a fourth class misdemeanor if found guilty.

Chronic Truancy – a student is absent without legitimate excuse for

- seven (7) or more consecutive school days, or
- ten (10) or more School days in one (1) month, or
- fifteen (15) or more School days in one (1) year.
-

If a child is chronically truant and the parents or guardians have failed to cause the child's attendance at school, the Governing Authority shall file a complaint in the appropriate juvenile court pursuant to R.C. 3321.22. The complaint shall be filed jointly against the child and the parent, guardian, or other person having care of the child. The complaint shall allege that the child is a delinquent child for being a chronic truant and that the appropriate parent and/or guardian has violated section 3321.38 of the Revised Code.
A student who is habitually truant or chronically 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.

Withdrawal

By law, a student will be withdrawn automatically if the student fails to participate in one hundred five (105) consecutive hours (17 days) of learning opportunities and the absence is not excused.
A student may be voluntarily withdrawn if a parent submits a written Voluntary Withdrawal notice to the Head Administrator.

Make-up Work Policy

It is the responsibility of students to request their ~~Elective~~ course assignments immediately upon their return. The minimum number of days given for make-up work is equal to the number of days the student was absent plus one additional day. A teacher may allow more than this if it is deemed necessary. Students and teachers should make specific plans for all make-up work following absences in order to avoid misunderstandings or misinterpretations of this section. Students on out-of-school suspensions must have permission from the Executive Director or designee to continue the on-line program from a remote location.

PARENT INVOLVEMENT

Schnee Learning Center seeks the active participation of all Title 1 students' parents in improving their children's academic achievement. Parents are encouraged to communicate regularly with the Title 1 instructors to discuss the progress of their child.

We encourage your help and assistance in a variety of ways:

- Participation in parent/teacher conferences scheduled throughout the school year,
- Letters, reports, and notes to and from home,
- Telephone conversations between parents and teachers.

Experts agree that reading is the basis for school success. Parents play a key role in that success, especially in building necessary reading skills. Parents provide the strong foundation through encouragement, practice and appropriate setting which are all vital in student success. We thank you in advance for all of your help and assistance in working together with your child to help him/her succeed in school.

DISTRICT MISSION STATEMENT

'We believe that all learning is a lifelong process and that all students need to learn and demonstrate academic, social and life skills to be productive and contributing members of a changing society.'

Schnee Learning Center

Anthony Pallija, Executive Director
Angela Deighen, Student Advocate

TITLE 1/READING INTERVENTION

PROGRAM

SCHNEE LEARNING CENTER
Success For All

January 2021

PROGRAM DEFINITION

Title 1 is a Federal aid program through which most Ohio school districts receive funding to provide supplemental instruction for those students who qualify. The allocation of funds for each school district is based on a legislative formula dependent upon the distribution of low-income children and state per-pupil expenditures. However, Title 1 services are provided for all children who qualify as needing assistance in language arts or mathematics regardless of income.

The Schnee Learning Center Title 1 Program is conducted during the regular school year and is dedicated to serving students in the grades 9-12. Focused assessment throughout the school year provides an ongoing record of student progress, which enables our teachers to tailor instruction to meet the specific needs of each child.

BENEFITS

Children are expected to achieve at a faster rate with the help and support of Title 1 instruction. This type of supplemental instruction helps over 100,000 Ohio students annually to improve their basic reading and mathematical skills. Research indicates that about nine of every ten students participating in Title 1 programs make gains in their academic achievement.

PROGRAM DESIGN

The Title 1 Program focuses on reading, math, and/or language arts intervention and is designed to supplement services to students using a variety of models:

- Limited pullout, in which children are removed from their classrooms for a limited period of time for intensive instruction;
- In-class, in which Title 1 students receive extra assistance in the same setting and time period as their regular class.

ELIGIBILITY REQUIREMENTS

Selection for participation in our Title 1 program is based on the following criteria:

- Teacher recommendation
- Parent input
- NWEA MAP assessment

PROFESSIONAL DEVELOPMENT

Every Title 1 instructor at Schnee Learning Center is a certified/licensed teacher. Teachers participate in professional development activities throughout the school year designed according to specific standards, which include:

- Tied to state content and student performance standards,
- Reflects current research on teaching and learning,
- Designed to have a positive impact on the teacher's performance in the classroom.

NOTICE

In accordance with recent federal legislation, school districts that receive Title 1 federal funds are required to notify parents of their right to request information regarding the professional qualifications of their child's teacher, including The teacher's baccalaureate degree major, graduate certification or degree, and field of discipline; Whether the teacher has met State qualification and licensing criteria for the grade levels and subject areas taught; Whether the teacher is teaching under emergency or temporary status through which State qualifications or licensing criteria are waived; Whether the student is provided services by paraprofessionals and, if so, their qualifications

If you wish this information, please contact our Executive Director, Anthony Pallija.