



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Please note that your signature permits your student to be withdrawn from \_\_\_\_\_ and enrolled at (Fill in School Name) Schnee Learning Center.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

# ENROLLMENT FORM/RECORD CHANGE

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

## STUDENT INFORMATION

NAME: \_\_\_\_\_ (LAST) (FIRST) (MIDDLE - REQUIRED)  MALE  FEMALE

ADDRESS: \_\_\_\_\_ (STREET NUMBER & NAME) PHONE: \_\_\_\_\_  UNLISTED

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? <input type="checkbox"/> YES <input type="checkbox"/> 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 \_\_\_\_\_

## '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 I:** 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 \_\_\_\_\_ Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

**Part II:** Refusal to Consent (DO NOT complete if Part I 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 \_\_\_\_\_

# 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)*

2021-2022



## 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: \_\_\_\_\_

**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**

# 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

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.





**SCHNEE**  
LEARNING CENTER

2222 Issaquah Street  
Cuyahoga Falls, Ohio 44221  
Phone: 330.922.1966  
Fax: 330.945.4059  
[www.schneelearningcenter.org](http://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”

SCHNEE  
**SHARKS**