



**SCHNEE LEARNING CENTER**  
*Success For All*

W. 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student to be withdrawn from  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.



# 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

Has student attended Cuyahoga Falls City Schools before?

☐ YES ☐ NO

If yes, where? \_\_\_\_\_

When? \_\_\_\_\_

## CURRENT SCHOOL

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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"/>	\$ /
	\$	<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 ☐ American Indian or Alaska Native ☐ Black or African American  
☐ White ☐ Native Hawaiian or other Pacific Islander

**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: \_\_\_\_\_ 2<sup>nd</sup> 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, audiotope, 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.



# '2022-2023' STUDENT EMERGENCY FORM

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

## STUDENTS 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

<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 ( )	€ 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 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 \_\_\_\_\_

€ Home € Cell € Work € Home € Cell € Work

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_

SEE REVERSE FOR ADDITIONAL INFORMATION

**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	_____ Sickle 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 \_\_\_\_\_



**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**

the *Journal of Documentation* is a journal of the International Association of Agricultural Librarians and Documentalists (IADL).

The *Journal of Documentation* is a peer-reviewed journal. The editorial board consists of 12 members, 10 of whom are from outside the United Kingdom. The journal is published quarterly, with the first issue appearing in January. The journal is published by the International Association of Agricultural Librarians and Documentalists (IADL), which is a non-profit organisation. The journal is published in English and is available in print and online formats. The journal is indexed and abstracted in a number of databases, including the Social Sciences Citation Index, the Social Sciences Index, and the Social Sciences and Humanities Index.

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





# 2022-2023

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

July 4	Independence Day
August 15-16-17	All Staff In-service Day
August 18	1st Day for Students
August 30th	Open House-Parents

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Su	M	Tu	W	Th	F	Sa
						1
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September 5	Labor Day
September 29	Picture Day
October 13	End of the first quarter No school for students
October 14	No school for staff and students
October 27	Evening Conferences 9th-12th

Su	M	Tu	W	Th	F	Sa
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25	26	27	28	29	30	31

November 7	Day time Conferences 9th-12th
November 8	PD Day-Voting in buildings
November 24-25	Thanksgiving Break
December 21	End of 2nd quarter
December 21	Records Day-No school for students

Su	M	Tu	W	Th	F	Sa
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22	23	24	25	26	27	28
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

December 22-January 3	Winter Break
January 4	School Resumes
January 16	MLK Day-No school
February 17	PD Day-No school students
February 20	Presidents Day-No school
February 23	Evening Conferences

Su	M	Tu	W	Th	F	Sa
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23	24	25	26	27	28	29
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March 17	End of 3rd quarter / No school-Students
March 27th-31st	S rin Break
April 7	No School-Good Friday
April 10	No school-District Comp Day

Su	M	Tu	W	Th	F	Sa
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18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2	District PD Day-voting in buildings
May TBD	Tentative last day for Seniors
TBD	Tentative Commencement
May 25	Last day for students
May 26	Last Day for Staff
May 29th	Memorial Day



No school for students

No School for staff and students.

Total Student Days: 172

Last day of school for students Total Teacher Days: 183

Evening Conferences

Conference Day (No school for students)

Classes Begin/Resume







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

May 2022

Students, Parents, and Guardians,

The entire staff at Schnee Learning Center congratulates each 2022 graduate and thanks each of our families for a very successful 2021-2022 school year. A special thanks is extended to those who attended and celebrated our many 2022 graduates at our beautiful and vibrant commencement ceremony!

We intend to continue to build on our successes next fall with our returning students, as well as our new enrollments. **It is essential that both new and returning students fill out an application packet as soon as possible to secure a spot and also be able to attend our FREE summer school.** Yearly enrollment packets are required by the Ohio Department of Education for all students attending community/charter schools in the state of Ohio.

**NOTE: As schools plan for the 2022-2023 school year, the Ohio Dept. of Ed. has NOT received notice that the legislature will extend flexibilities or create other legislative authority for remote learning next year. Thus, Schnee Learning Center intends to be open on a regular Monday-Friday school schedule next school year. There will be no fully- remote students unless approved by a physician's orders.** The following are a few friendly reminders:

Our Title One meeting will be held on June 2, 2022 at 10:30 am at Schnee Learning Center in room 143. Please contact Mrs. Deighen with any questions you may have at 330-922-1966 ext. 502505.

\*Please review the enclosed report card, and call if you have questions or concerns.

\*You will find the **2022-2023 school calendar on the back of this newsletter.**

Please call 330-922-1966 or email [cf\\_pallijaa@cftigers.org](mailto:cf_pallijaa@cftigers.org) if you have any questions or concerns over summer break.

Please consider how attending our free summer school can help you/your student to meet graduation requirements; please contact Mr. Dudones at [cf\\_dudonesj@cftigers.org](mailto:cf_dudonesj@cftigers.org) for more information.

We appreciate our families,

Tony Pallija, Executive Director  
Schnee Learning Center  
330-922-1966 ext. 502520

"Molding Our Students to be Accepting, Insightful, and Compassionate"





# 2022-2023

July 2022						
Su	M	Tu	W	Th	F	Sa
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August 2022						
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July 4	Independence Day
August 15-16-17	All Staff In-service Day
August 18	1st Day for Students
August 30th	Open House-Parents

September 2022						
Su	M	Tu	W	Th	F	Sa
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October 2022						
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23	24	25	26	27	28	29
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September 5	Labor Day
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Su	M	Tu	W	Th	F	Sa
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December 2022						
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18	19	20	21	22	23	24
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January 2023						
Su	M	Tu	W	Th	F	Sa
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February 2023						
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19	20	21	22	23	24	25
26	27	28				

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January 4	School Resumes
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February 23	Evening Conferences

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Su	M	Tu	W	Th	F	Sa
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April 2023						
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
March 17	End of 3rd quarter / No school-Students
March 27th-31st	Spring Break
April 7	No School-Good Friday
April 10	No school-District Comp Day

May 2023						
Su	M	Tu	W	Th	F	Sa
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June 2023						
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May 26	Last Day for Staff
May 29th	Memorial Day

-  No school for students
-  No School for staff and students.

-  Total Student Days: 172
-  Last day of school for students Total Teacher Days: 183
-  Evening Conferences

Conference Day (No school for students)

 Classes Begin/Resume