

WESTERN RESERVE LOCAL SCHOOL DISTRICT REGISTRATION FORM

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this for is appreciated.

PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION

STUDENT DATA

(LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE)

Grade: _____

First Name: _____ Middle: _____ Last: _____

Nickname/Called Name: _____ Gender (Circle One): M / F Social Security #: _____

Street Address: _____ PO Box #: _____

City/State/Zip: _____

Home Phone (w/Area Code): _____ Cell #: _____

STUDENT BIRTH/ETHNIC DATA

Date of Birth: _____ Birth City/State: _____ Mother's Maiden Name: _____

Ethnic Code: White Multi-Racial Black Asian American-Indian Hispanic

Does student speak a second language: Yes / No _____ Language Spoken in Home if Different than English: _____

STUDENT'S CUSTODIAL FAMILY

Student Resides With: Biological/Adoptive Parents Mother Only Father Only Grandparents

Mother/Stepfather Father/Stepmother Foster Placed Other: _____

Legal Guardian is: Mother Father Both Other (Name): _____

Biological Parent Status: Married Divorced Widowed Single

Parent /Legal Guardian Information:

Female Last Name: _____ First Name: _____

Address (if different from student): _____ City, State, Zip: _____

Male Last Name: _____ First Name: _____

Address (if different from student): _____ City, State, Zip: _____

Court Placement: (If Applicable) Proof of legal custody must be received before a child will be admitted.

Shared Parenting/Residential Parent Guardian Mother Only Father Only Foster Parent

Grandparent (under Power of Attorney) **School district where natural parent resides:** _____

Does your child have an IEP of 504 plan or has he/she received special education services in the past? Yes No / If yes, please indicate services: _____

Please indicate any characteristics relating to the health and personality of your child which would help the teacher(s) to understand your child: _____

Will student ride a bus? Yes / No * If bus will be other than to/from their home address, please fill out a Transportation Form.

Signature of Parent/Legal Guardian: _____ Date: _____

Office Use Only Grade: _____ School Year: _____ Student ID #: _____ Bus#: _____

Homeroom#: _____ Admission Date: _____ Adm Code: _____ Adm Reason: _____

Previous School Attended: _____ Release of Records Signed: Y / N

Birth Certificate: Y / N Shot Records: Y / N SS#: Y / N Custody Papers: Y / N / NA Proof of Residency: Y / N

Western Reserve Local School District

3765 US 20 - Collins, Ohio 44826

Phone: 419-660-8508 - Fax: 419-660-8429



REQUEST FOR RELEASE OF SCHOOL RECORDS

Request for release of records of: _____
(Student's name)

Previous School _____ Date last attended _____

Address: _____ State _____ Zip Code _____

Previous School phone# _____ Fax # _____

Current grade in school _____ Date of birth _____
(Month) (Day) (Year)

Person making request: _____
(Please print)

Relationship to student: _____ Reason for request: _____

Type of information to be released: Transcript, academic progress report,
Achievement test scores
K-3 Reading Diagnostic Scores
Attendance record
Birth Certificate
Shot Records
Custody/Legal Documentation
Psychological records
IEP - ETR - 504 Plan
SSID NUMBER _____
Last day attended _____

Please forward records to the following location, marked "ATTN: Student Records":

* I understand that this request will become a part of the student's permanent record.

Date Parent/Guardian Signature

Date Sent/Faxed Signature of school official

Western Reserve Elementary
School K-6 Attn: Records
3851 US RTE 20 East
Collins, Ohio 44826
Phone: (419) 660-9824
Fax (419) 660-8566

Western Reserve MS/HS
Attn: Records
3841 US RTE 20 East
Collins, Ohio 44826
Phone (419) 668-8470
Fax (419) 663-5916

"Home of the Roughriders"

www.western-reserve.org

**WESTERN RESERVE SCHOOLS
PROOF OF RESIDENCY FORM**

NOTE: This form is to be completed by the parent/guardian of students moving into the Western Reserve School District.

Parent/Guardian Last Name	First Name	Middle Initial
---------------------------	------------	----------------

Student's Last Name	First Name	Middle Initial
---------------------	------------	----------------

CURRENT WESTERN RESERVE ADDRESS:

Number and Street/Road	County
------------------------	--------

City	Zip	Telephone Number
------	-----	------------------

PREVIOUS ADDRESS:

Number and Street/Road	City	Previous Phone Number
------------------------	------	-----------------------

PROOF OF RESIDENCY: PLEASE SUPPLY TWO OF THE FOLLOWING WHEN REGISTERING STUDENT:

1. Utility bill in the parent/guardian's name for the residency within the W.R. School District.
2. Current driver's license in the parent/guardian's name and address within the W.R. District.
3. Change of address (from the Post Office) in the parent/guardian's name for the new address within the Western Reserve School District.
4. Constructing a Home: A building agreement with completion/move-in date and address listed within the Western Reserve School District.
5. Renting or Leasing: Rental agreement or Lease agreement with address listed; cancelled check or receipt for rent with address listed.
6. Purchasing a home: Purchase agreement with address listed.
7. Sharing a Residency: Notarized statement from owner or landlord verifying that you are living at that address; change of address (from post office) for the new address within the Western Reserve School District.

Western Reserve Local Schools

Dear Parent/Guardian:

State law requires all Ohio public schools to offer parents or guardians the opportunity to complete an Emergency Medical authorization form on each of their children in the public schools for emergency hospital treatment for illness or injury, in cases where the parent or guardian cannot be contacted for approval of such emergency treatment. Please complete Part I of the Emergency Medical Authorization form for each of your children if you would like this information on file at the schools. Complete Part II if you do not want emergency treatment permission on file. Please return one form for each child to the school to which he/she is assigned by the first day of school.

ORC Section 3313.712

(A) Annually the board of education of each city, exempted village, local and joint vocational school district shall, before the first day of October, provide to the parent or legal guardian of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent or legal guardian, either as part of any registration form which is in use in the district or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district to which the pupil is transferred. Upon request of his parent or legal guardian, authorities of the school in which the pupil is enrolled may permit the parent or legal guardian to make changes in a previously filed form, or to file a new form.

If a parent or legal guardian does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent or legal guardian gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent or legal guardian before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

(B) The emergency medical authorization form provided for in division (A) of this section is as follows: (See reverse side)

Western Reserve Local Schools has revised the Emergency Medical Authorization and Emergency Closing forms. It is very important that we be able to contact you or a relative in case your child becomes ill or injured.

*** Only those listed on the EMA can pick up your child or administer medicine.**

Please fill out both sides completely.

**Emergency Medical Authorization
2017-2018**

Student Name _____ Grade _____ Date of Birth _____
Address _____ City _____ Zip _____
Home Phone _____ Students Cell Phone (Optional) _____

Purpose-To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Part I – To Grant Consent

Emergency Contacts

****Please list contacts that can pick up your child when he/she needs to leave school or a school function and to be able to administer medicine.**

Legal Guardian is: Mother ___ **Father** ___ **Both** ___ **Other (Name)** _____
Parents are: Married ___ **Divorced** ___ **Widowed** ___ **Single** ___

Mother's Name _____
Address _____ City _____ State _____ Zip _____
Home # _____ Cell # _____ Work # _____
Email Address _____

Father's Name _____
Address _____ City _____ State _____ Zip _____
Home # _____ Cell # _____ Work # _____
Email Address _____

*Emergency Contact _____	Relationship _____	Phone _____
*Emergency Contact _____	Relationship _____	Phone _____
*Emergency Contact _____	Relationship _____	Phone _____
Physician _____	Phone _____	
Dentist _____	Phone _____	
Hospital Preference _____	Phone _____	

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named physician/dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any 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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Parent/Guardian Signature: _____ Date _____

Do not complete Part II, if Part I is completed
Part II-Refusal to Consent

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:

Parent/Guardian Signature: _____ Date: _____

Please Fill Out Info on Reverse Side



Permission to go to the Elementary/Middle/High School

During the course of the school year, students may have opportunities to go to the Elementary -Middle/High School or other school grounds. Examples include but are not limited to performing, watching performances and distance learning classes. Students may also use outdoor facilities. Since the Elementary/Middle/High School is part of the Western Reserve campus, a permission slip for travel to the Elementary/Middle/High School will give permission throughout the course of the current school year. Please sign the following permission slip and return to the classroom teacher.

(Print) _____ has permission to walk to the Elementary/Middle School/High School or school grounds whenever necessary during the **2017-2018** school year. I understand that my child will always be supervised.

Parent/Guardian Signature: _____ **Date** _____

Receipt of Student/Parent Handbook

The Student/Parent Handbook contains important information for all student, parents and guardians. It contains information about guidelines and procedures as well as the dress code and student conduct rules. Please discuss these guidelines with your child. Please return the receipt of the handbook by returning this form to the school on the first day of school or immediately after transfer to Western Reserve.

We confirm that the following Student(s) **and** Parent(s)/Guardian(s) have received and read the Western Reserve Student/Parent handbook for the **2017-2018** school year. I confirm that I have reviewed the handbook with him/her.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Emergency Closing/Evacuation

Situations may occur during the year that may result in school being closed or evacuated. In the event of such an emergency it is not always possible to contact parents/guardians. Please indicate how your child is to get home in the event of an emergency closing or evacuation. In the event of an emergency closing/evacuation any notes written for bus changes for that day will **NOT** be honored because adults may not be present.

(Please Print) Students Name: _____

Family Members at Western Reserve Elementary/Middle School/High School

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

My child is to:

_____ Ride his/her regular bus _____ My child is allowed to ride home with an older sibling

_____ If an emergency contact listed in Part I can be reached, my child may go home with him/her.

_____ Other (please explain) _____

Permission to Photograph/Videotape Release to Utilize Within Media Presentations

I/We as the Parent(s)/Guardian(s) of: **(Print)** _____ Grade _____

DO _____ **DO NOT** _____ grant permission for our child and their school work to be photographed and/or videotaped by Western Reserve School District. (I.e. *Western Front, Local Newspapers, School Yearbook, School Web Site, Class Photograph, Class Group Photograph, etc.*)

I further understand that if I grant permission, release of any such video and/or audio materials for use within media presentations and/or publications of products, printed or electronic, which may be distributed electronically or otherwise, for the purposes of

publicizing programs administered by Western Reserve Local Schools. I/We understand that my/our child's name, school and grade placement may be revealed within such presentations and/or products, but no grades or other evaluative measures of the work will be included. The undersigned holds harmless and releases the Western Reserve Board of Education, its Administration and its staff from any liability arising out of the media presentations.

Name of Parent/Guardian (please print)

Parent/Guardian Signature

Date

WESTERN RESERVE MIDDLE/HIGH SCHOOL EMERGENCY MEDICAL AUTHORIZATION

Student _____ Date of Birth: _____ Grade: _____

Parents/Guardian: _____ Home Phone: _____

Address: _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. Part I or II must be completed and returned to school of attendance.

PART I – TO GRANT CONSENT

Emergency Contact	Contact Name/Place	Contact Phone Number
Mother/Guardian Daytime		
Father/Guardian Daytime		
Mother/Guardian Cell Phone		
Father/Guardian Cell Phone		
Childcare Provider		
Relative		
Emergency Contact		
Physician		
Dentist		
Hospital Preference		

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named physician/dentist, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any 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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Parent/Guardian Signature: _____ Date: _____

Do not complete PART II, if Part I completed PART II – REFUSAL TO CONSENT

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: _____

Parent/Guardian Signature: _____ Date: _____

If my child is ill and I am unable to transport him/her, my child may be released to:

WESTERN RESERVE MIDDLE/HIGH SCHOOL

PART III – Emergency Closing/Evacuation

Situations may occur during the year that may result in school being closed or evacuated. In the event of such an emergency, it is not always possible to contact parents/guardians. Please indicate how your child is to get home in the event of any emergency closing or evacuation. In the event of an emergency closing/evacuation any notes written for bus changes for that day WILL NOT be honored because adults may not be present.

Student's Name: _____

Family Members at Western Reserve Schools

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

My child is to:

_____ Ride his/her regular bus

_____ My child is allowed to ride home with an older sibling.

_____ If an emergency contact listed in Part 1 can be reached, my child may go home with him/her.

_____ Other (please explain): _____

Permission to Photograph/Videotape Release to Utilize Within Media Presentations

I/We as the parent(s)/guardian(s) of: _____ Grade _____

_____ Do _____ Do Not grant permission for our child and their school work to be photographed and/or videotaped by Western Reserve School District. (i.e. Western Front, local newspapers, school publications. Etc.)

I further understand that if I grant permission, release of any such video and/or audio materials for use within media presentations and/or publications of products, printed or electronic, which may be distributed electronically or otherwise, for the purposes of publicizing programs administered by Western Reserve Local schools. I/We understand that my/our child's name, school and grade placement may be revealed within such presentations and/or products, but no grades or other evaluative measures of the work will be included. The undersigned holds harmless and releases the Western Reserve board of Education, its administration and its staff from any liability arising out of the media presentations.

Name of Parent/Guardian (please print): _____

Signature: _____ Date: _____

Home Language Survey

Date: _____

School District: _____

Name of Student: _____
Family Name/First Name/Middle Initial

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City/State/Country

Name of Parent/Guardian: _____
Family Name/First Name

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

For Parents/Guardians:

Please answer the following questions.

1. What language did your son or daughter speak when he or she first learned to talk?

2. What language does your son or daughter use most frequently at home?

3. What language do you use most frequently to your son or daughter?

4. What language do the adults at home most often speak?

5. How long has your son or daughter attended school in the United States?

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (GI270), and proceed to assess the student's English language proficiency.

IMPORTANT NOTE: The Ohio Department of Education regulations states that this form must be on file in the Cafeteria in order for food substitutions to be honored. THERE WILL BE NO SUBSTITUTIONS IF THIS FORM IS NOT SIGNED BY A LICENSED PHYSICIAN

**Figure 1. Eating and Feeding Evaluation:
Children With Special Needs**

Part A			
Student's Name:		Age:	
Name of School:	Grade Level:	Classroom:	
Does the child have a disability? If Yes, describe the major life activities affected by the disability.		Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.		Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to school food service.			
Part B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All".			
Cut up or chopped into bite size pieces:			
Finely ground:			
Pureed:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parents Signature:		Date:	
Physician or Medical Authorities Signature:		Date:	

**COMPUTER NETWORK, INTERNET AND TECHNOLOGY
ACCEPTABLE USE POLICY AND AGREEMENT
FOR ALL STUDENTS
2017-2018 School Year**

The **Western Reserve Local School District** is pleased to make available to all students 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 **Western Reserve Local School District** to be able to continue to make its computer network and Internet access available, all students must take responsibility for appropriate and lawful use of this access. All students must understand that one individual's misuse of the network and Internet access may jeopardize the ability of all to enjoy such access.

Upon reviewing, signing, and returning this Policy and Agreement, students will be given access to the network and Internet access at School and will agree to follow the Policy. If a student is under 18 years of age, he or she must have his or her parents or guardians read and sign the Policy. The **Western Reserve Local School District** cannot provide access to any student or user who 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 student and his/her parents or guardians.

Listed below are some provisions of your agreement regarding the computer network, Internet use, and other technologies. Other technologies may be defined as, but are not limited to, telephones, storage devices, reader devices, video cameras and other technologies as they are implemented. If you have any questions about these provisions, you should contact the District Technology Coordinator (Trudy Anderson) or your building principal. If any user violates this Policy and Agreement, the individual's access will be denied, if not already provided, or withdrawn and s/he may be subject to additional disciplinary action.

I. Personal Responsibility

By signing this Policy and Agreement, you are agreeing not only to follow the rules in this Policy and Agreement, but are agreeing to report any misuse of technology to a teacher or administrator. Misuse means any violations of this Policy or any other use that is not included in the Policy, but has the effect of harming another or his or her property.

II. Term of the Permitted Use

Students will be asked to sign a new Policy and Agreement each year during which they are students in the **Western Reserve Local School District** before they are given access.

III. Purpose and Use

A. The School District is providing access to its computer networks and the Internet for educational purposes only. If you have any doubt about whether a contemplated activity is educational, you may consult with District Technology Coordinator or the person(s) supervising the activity to help you decide if a use is appropriate.

The following are uses that are unacceptable under any circumstances:

- Installation of any software, sharing of passwords, or making changes in workstation configuration in an attempt to bypass content filters and/or Internet access restrictions.
- the transmission of any language or images which are of a graphic sexual nature
- the transmission of any material, jokes, pictures, or other materials which are obscene, lewd, vulgar, or disparaging of persons based on their race, color, sex, age, religion, national origin, or sexual orientation
- the transmission of messages or any other content which would be perceived by a reasonable person to be harassing or threatening
- uses which constitute defamation (libel or slander)
- uses which violate copyright laws
- uses that attempt to gain unauthorized access to another computer system or to impair the operation of another computer system (for example, the transmission of a computer virus or an excessively large e-mail attachment)
- any commercial or profit-making activities
- any fundraising activities, unless specifically sponsored by our schools.

IV. Privacy

Electronic transfer and storage of information is provided as a tool for your education. The **Western Reserve Local 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, Internet access, and other technologies, and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of the **Western Reserve Local School District** and no user shall have any expectation of privacy regarding such materials.

V. Failure to Follow Policy and Breach of Agreement

The use of the computer network, the Internet, and other technologies is a privilege, not a right. A user who violates this Policy and breaches his/her Agreement, shall at a minimum, have his or her access to the computer network, Internet, and other technologies terminated, which the **Western Reserve Local School District** may refuse to reinstate for the remainder of the user's tenure in the **Western Reserve Local School District**. A user breaches his or her Agreement not only by affirmatively violating the above Policy, but also by failing to report any violations by other users that come to the attention of the user. **Further, a user violates this Policy and Agreement if he or she permits another to use his or her account or password to access the computer network and Internet, including any user whose access has been denied or terminated.** The **Western Reserve Local School District** may take other disciplinary action.

VI. Warranties/Indemnification

The **Western Reserve Local 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, the Internet, and other technologies provided under this Policy and Agreement. It shall not be responsible for any claims, losses, damages or costs (including attorney's 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 these technologies under this Policy and Agreement. By signing this Policy and Agreement, users are taking full responsibility for his or her 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 **Western Reserve Local School District**, Northern Ohio Educational Computer Association that provides the computer and Internet access opportunity to the **Western Reserve Local School District** and all of their administrators, teachers and staff harmless from any and all loss, costs, claims or damages resulting from the user's access to its computer network, the Internet, and other technologies, 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 of the School's initiating an investigation of a user's use of his or her access to its computer network, the Internet, and other technologies whether that use is on a School computer or on another's outside the School District.

VII. Updates

Users, and if appropriate, the user's parents/guardians, may be asked from time-to-time to provide new or additional registration information or to sign a new Policy and Agreement, for example, to reflect developments in the law or technology.

**COMPUTER NETWORK, INTERNET AND TECHNOLOGY
ACCEPTABLE USE POLICY AND AGREEMENT
FOR ALL STUDENTS
2017-2018 School Year**

USER agreement: Every student, regardless of age, must read and sign below for access to the District network, the Internet and other technologies. Log-on access will not be given to students until this form is completed and returned.

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use Policy and Agreement. Should I commit any violation or in any way misuse my access to the Western Reserve Local School District's computer network, the Internet, and other technologies. I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

School: _____ Grade: _____

Student Name: _____ Home phone: _____

User signature: _____ Date: _____

Address: _____

I am 18 or older _____ I am under 18 _____ Birthdate: _____

If I am signing this Policy and Agreement when I am under 18, I understand that when I turn 18, this Policy and Agreement will continue to be in full force and effect and agree to abide by this Policy and Agreement.

Parent or Guardian Network Usage Agreement (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 terms of the **Western Reserve Local School District's Acceptable Use Policy and Agreement** for the students' access to the **Western Reserve Local School District's** computer network, the Internet, and other technologies. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the Policy and Agreement. I am therefore signing this Policy and Agreement and agree to indemnify and hold harmless the School, the **Western Reserve Local School District** and Northern Ohio Educational Computer Association that provides the opportunity to the **Western Reserve Local School District** for computer network and Internet access against 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 technologies or his or her violation of the foregoing Policy and Agreement. 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 not in the School setting. I hereby give permission for my child or ward to use the approved account to access the School District's computer network, the Internet, and other technologies.*

Parent/Guardian Name: (Please print clearly) _____

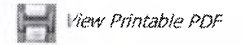
Signature: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

DISTRICT TECHNOLOGY COORDINATOR _____ DATE ENTERED _____

2015 - 2016 Report Card for Western Reserve Local School District



Overview

Achievement

Progress

Gap Closing

Graduation Rate

K-3 Literacy

Prepared for Success

DISTRICT GRADE

Coming in 2018

DISTRICT DETAILS

VIEW SCHOOLS



Financial Data

These measures answer several questions about spending and performance. How much is spent, the source of the revenue and how do these measures compare across districts?

VIEW DATA



Achievement

The Achievement component represents the number of students who passed the state tests and how well they performed on them.

Performance Index

70.5%.....C

Indicators Met

48.3%.....F

COMPONENT GRADE

D

VIEW MORE DATA

VIEW GIFTED DATA



Progress

The Progress component looks closely at the growth that all students are making based on their past performances.

Value-Added

Overall.....A

Gifted.....A

Lowest 20% in Achievement.....A

Students with Disabilities.....A

COMPONENT GRADE

A

VIEW MORE DATA



Gap Closing

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

Annual Measurable Objectives

44.2%.....F

COMPONENT GRADE

F

VIEW MORE DATA



Graduation Rate

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

Graduation Rates

93.7% of students graduated in 4 years.....A

94.1% of students graduated in 5 years.....B

COMPONENT GRADE

A

VIEW MORE DATA



K-3 Literacy

The K-3 Literacy component looks at how successful the school is at getting struggling readers on track to proficiency in third grade and beyond.

K-3 Literacy Improvement

20.2%.....F

COMPONENT GRADE

F

VIEW MORE DATA



Prepared for Success

Whether training in a technical field or preparing for work or college, the Prepared for Success component looks at how well prepared Ohio's students are for all future opportunities.

COMPONENT GRADE

D

VIEW DATA

2015 - 2016 Report Card for Western Reserve High School



Overview

Achievement

Progress

Gap Closing

Graduation Rate

K-3 Literacy

Prepared for Success

SCHOOL GRADE

Coming in
2018

SCHOOL DETAILS

VIEW DISTRICT



Financial Data

These measures answer several questions about spending and performance. How much is spent, the source of the revenue and how do these measures compare across districts?

VIEW DATA



Achievement

The Achievement component represents the number of students who passed the state tests and how well they performed on them.

COMPONENT GRADE

D

VIEW MORE DATA

Performance Index

64.6%.....D

Indicators Met

58.3%.....D

VIEW GIFTED DATA



Progress

The Progress component looks closely at the growth that all students are making based on their past performances.

COMPONENT GRADE

B

VIEW MORE DATA

Value-Added

Overall.....A

Gifted.....NR

Lowest 20% in Achievement.....A

Students with Disabilities.....C



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.

COMPONENT GRADE

F

VIEW MORE DATA

Annual Measurable Objectives

33.3%.....F



Graduation Rate

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

COMPONENT GRADE

A

VIEW MORE DATA

Graduation Rates

93.7% of students graduated in 4 years.....A

94.1% of students graduated in 5 years.....B



K-3 Literacy

The K-3 Literacy component looks at how successful the school is at getting struggling readers on track to proficiency in third grade and beyond.

COMPONENT GRADE

Not Rated

VIEW MORE DATA

K-3 Literacy Improvement

NC.....NR



Prepared for Success

Whether training in a technical field or preparing for work or college, the Prepared for Success component looks at how well prepared Ohio's students are for all future opportunities.

COMPONENT GRADE

D

VIEW DATA

2015 - 2016 Report Card for Western Reserve Middle School



Overview

Achievement

Progress

Gap Closing

Graduation Rate

K-3 Literacy

Prepared for Success

SCHOOL GRADE

Coming in 2018

SCHOOL DETAILS

VIEW DISTRICT



Financial Data

These measures answer several questions about spending and performance. How much is spent, the source of the revenue and how do these measures compare across districts?

VIEW DATA



Achievement

The Achievement component represents the number of students who passed the state tests and how well they performed on them.

COMPONENT GRADE

D

VIEW MORE DATA

Performance Index

66.7%.....D

Indicators Met

33.3%.....F

VIEW GIFTED DATA



Progress

The Progress component looks closely at the growth that all students are making based on their past performances.

COMPONENT GRADE

A

VIEW MORE DATA

Value-Added

Overall.....A

Gifted.....NR

Lowest 20% in Achievement.....A

Students with Disabilities.....B



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.

COMPONENT GRADE

F

VIEW MORE DATA

Annual Measurable Objectives

0.0%.....F



Graduation Rate

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

COMPONENT GRADE

Not Rated

VIEW MORE DATA

Graduation Rates

This school is not evaluated for graduation rate because there are not enough students in the graduating class.



K-3 Literacy

The K-3 Literacy component looks at how successful the school is at getting struggling readers on track to proficiency in third grade and beyond.

COMPONENT GRADE

Not Rated

VIEW MORE DATA

K-3 Literacy Improvement

NC.....NR



Prepared for Success

Whether training in a technical field or preparing for work or college, the Prepared for Success component looks at how well prepared Ohio's students are for all future opportunities.

COMPONENT GRADE

Not Rated

VIEW DATA