

# 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**

<b>STUDENT DATA</b> <b>(LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE)</b>	
Grade: _____	
Last Name: _____	First Name: _____ Middle: _____
Nickname/Called Name: _____ Gender (Circle One): M / F Social Security #: _____	
Street Address: _____ PO Box #: _____	
City/State/Zip: _____	
Home Phone (w/Area Code): _____ Cell #: _____	

<b>STUDENT BIRTH/ETHNIC DATA</b>	
Date of Birth: _____ Birth City/State: _____ Mother's Maiden Name: _____	
Ethnic Code: <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American-Indian <input type="checkbox"/> Hispanic	
Does student speak a second language: Yes / No _____ Language Spoken in Home if Different than English: _____	

<b>STUDENT'S CUSTODIAL FAMILY</b>	
<b>Student Resides With:</b> <input type="checkbox"/> Biological/Adoptive Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Grandparents	
<input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Foster Placed <input type="checkbox"/> Other: _____	
<b>Legal Guardian is:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (Name): _____	
<b>Biological Parent Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
<b>Parent /Legal Guardian Information:</b>	
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: _____	

<b>Court Placement: (If Applicable) Proof of legal custody must be received before a child will be admitted.</b>	
<input type="checkbox"/> Shared Parenting/Residential Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Foster Parent	
<input type="checkbox"/> Grandparent(under Power of Attorney <b>School district where natural parent resides:</b> _____	

<b>Does your child have an IEP of 504 plan or has he/she received special education services in the past?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____	

<b>Will student ride a bus? Yes / No * If bus will be other than to/from their home address, please fill out a Transportation Form.</b>	
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<b>Signature of Parent/Legal Guardian:</b> _____	<b>Date:</b> _____
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<b>Office Use Only</b> 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: \_\_\_\_\_

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 Records  
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-5 Attn: Records**  
3851 US RTE 20 East  
Collins, Ohio 44826  
Phone: 419-660-9824  
Fax: 419-660-8566  
Autumn Thomas: [athomas@western-reserve.org](mailto:athomas@western-reserve.org)  
Elaine Dauch: [edauch@western-reserve.org](mailto:edauch@western-reserve.org)

**Western Reserve MS/HS 6-12  
Attn: Records Brenda Boose**  
3841 US RTE 20 East  
Collins, Ohio 44826  
Phone: 419-668-8470  
Fax: 419-663-5916  
[bboose@western-reserve.org](mailto:bboose@western-reserve.org)

*"Home of the Roughriders"*

[www.western-reserve.org](http://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.

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Parent/Guardian Last Name	First Name	Middle Initial
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Student's Last Name	First Name	Middle Initial
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**CURRENT WESTERN RESERVE ADDRESS:**

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Number and Street/Road	County
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City	Zip	Telephone Number
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**PREVIOUS ADDRESS:**

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Number and Street/Road	City	Previous Phone Number
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**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.

# 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.

## Western Reserve Elementary

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 Elementary 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.

*Please Print*

**Western Reserve Elementary  
Emergency Medical Authorization  
2018-2019**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

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 come when your child needs to leave school.**

Legal Guardian is: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other (Name) \_\_\_\_\_  
Parents are: Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single \_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Daytime # \_\_\_\_\_  
Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Daytime # \_\_\_\_\_  
Email Address \_\_\_\_\_

Emergency Contact (Non Parent) \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Daytime # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ 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:***

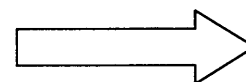
Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**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 Middle School/High School

During the course of the school year, students may have opportunities to go to the Middle School/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 Middle School/High School is part of the Western Reserve campus, a permission slip for travel to the Middle School/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.

\_\_\_\_\_ has permission to walk to the Western Reserve Middle School/High School or school grounds whenever necessary during the 2018-2019 school year. I understand that my child will always be supervised by an adult.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## Receipt of Student/Parent Handbook

Please see Western Reserve web site / [www.western-reserve.org](http://www.western-reserve.org)  
Copies will be printed upon request.

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## 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. *Current car riders will be expected to be picked up in a timely manner after notification.*

Students Name: \_\_\_\_\_

Siblings at Western Reserve Elementary

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

My Child is to:

\_\_\_\_\_ Ride his/her regular bus home

\_\_\_\_\_ 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

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## 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 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

**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  
2018-2019 School Year**

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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  
2018-2019 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 \_\_\_\_\_

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Western Reserve Local Schools offers healthy meals every school day. Breakfast costs \$1.50 (K-12) lunch costs \$2.80 (K-5) and \$3.30 (6-12). **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the supplemental nutrition assistance program (SNAP) or Ohio Works First (OWF) are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2018-2019			
Household size	Yearly	Monthly	Weekly
1	\$22,459	\$1,872	\$432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	7,992	666	154

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail: Mr. Rodge Wilson, Superintendent, (419)-660-8508 ext. 2600 or email [rwilson@western-reserve.org](mailto:rwilson@western-reserve.org)
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one *Free and Reduced Price School Meals Application for all students in your household*. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Lona White, Food Service Committee Member, Western Reserve Elementary, 3851 US 20E., Collins, OH 44826.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Lona White, Food Service Committee Member, Western Reserve Elementary, 3851 US 20E., Collins, OH 44826. (419) 660-9824 ext. 1876 or [lwhite@western-reserve.org](mailto:lwhite@western-reserve.org) immediately.
5. CAN I APPLY ONLINE? The online application is not available for the 2018-2019 school year. Contact: Lona White, Food Service Committee Member, Western Reserve Elementary, 3851 US 20E., Collins, OH 44826. (419) 660-9824 ext. 1876 or [lwhite@western-reserve.org](mailto:lwhite@western-reserve.org) if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through 10-3-18. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

## INSTRUCTIONS FOR APPLYING A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

### IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the school name and school grade level for each child.  
**Part 2:** List the 7 or 10-digit case number for any household member (including adults) receiving SNAP or OWF benefits.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 7:** Answer this question if you choose to.

### IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the school name and school-grade level for each child.  
**Part 2:** Skip this part.  
**Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call : Mr. Rodge Wilson, Superintendent, (419)-660-8508 ext. 2600 or email [rwilson@western-reserve.org](mailto:rwilson@western-reserve.org) .  
**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See Instruction for All Other Households.  
**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary if you didn't need to fill in part 4.  
**Part 7:** Answer this question if you choose to.

### IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

#### If all children in the household are foster children:

- Part 1:** List all foster children and the school name and school grade level for each child. Check the box indicating the child is a foster child.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 7:** Answer this question if you choose to.

#### If some of the children in the household are foster children:

- Part 1:** List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.  
**Part 2:** If the household does not have a 7 or 10-digit SNAP or OWF case number, skip this part.  
**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call: Mr. Rodge Wilson, Superintendent, (419)-660-8508 ext. 2600 or email [rwilson@western-reserve.org](mailto:rwilson@western-reserve.org)  
If not, skip this part.  
**Part 4:** Follow these instructions to report total household income from this month or last month.
  - **Box 1—Name:** List all household members with income.
  - **Box 2 —Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount and check the box to tell us how often each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).  
**Part 7:** Answer this question, if you choose.

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			
Household size	Yearly	Monthly	Weekly
1	\$22,459	\$1,872	\$432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	7,992	666	154

**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 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), Ohio Works First (OWF) case number or other identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

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

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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.





**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income Box".

**Part 2:** If the household does not have a 7 or 10-digit SNAP or OWF case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call: Mr. Rodge Wilson, Superintendent, (419)-660-8508 ext. 2600 or email [rwilson@western-reserve.org](mailto:rwilson@western-reserve.org) .

If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2 —Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount and check the box to tell us how often each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For *ONLY* the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** An adult household member must sign the form and list the last four digits of his or her Social Security Number (or mark the box if s/he doesn't have one).

**Part 7:** Answer this question if you choose to.

## INSTRUCTIONS FOR APPLYING A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

### IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the school name and school grade level for each child.  
**Part 2:** List the 7 or 10-digit case number for any household member (including adults) receiving SNAP or OWF benefits.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 7:** Answer this question if you choose to.

### IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the school name and school grade level for each child.  
**Part 2:** Skip this part.  
**Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call : Mr. Rodge Wilson, Superintendent, (419)-660-8508 ext. 2600 or email [rwilson@western-reserve.org](mailto:rwilson@western-reserve.org) .  
**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See Instruction for All Other Households.  
**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary if you didn't need to fill in part 4.  
**Part 7:** Answer this question if you choose to.

### IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

#### If all children in the household are foster children:

- Part 1:** List all foster children and the school name and school grade level for each child. Check the box indicating the child is a foster child.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 7:** Answer this question if you choose to.

#### If some of the children in the household are foster children:

- Part 1:** List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.  
**Part 2:** If the household does not have a 7 or 10-digit SNAP or OWF case number, skip this part.  
**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call: Mr. Rodge Wilson, Superintendent, (419)-660-8508 ext. 2600 or email [rwilson@western-reserve.org](mailto:rwilson@western-reserve.org)  
If not, skip this part.  
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  - **Box 1—Name:** List all household members with income.
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**Part 6:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).  
**Part 7:** Answer this question, if you choose.

# Western Reserve Local School District

3765 US 20 • Collins, Ohio 44826 • Phone: 419-660-8508 • Fax: 419-660-8429

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## Meal Charge Procedure

### Elementary School

Students are limited to three charged meals. The maximum spending limit for school year 2018 - 2019 is \$8.40. Any student with a maximum negative balance will be provided a reimbursable meal funded by the "Community Fund" (a special charge account funded by area individuals and churches).

A charge notice will be sent home daily. If the charge reaches the maximum spending limit, the parent/guardian will be notified by letter, email, telephone.

### Middle School/High School

Students are limited to three charged meals. The maximum spending limit for school year 2018-2019 is \$9.90. Any student with a maximum negative balance will be provided a reimbursable meal funded by the "Community Fund" (a special charge account funded by area individuals and churches).

If the charge reaches the maximum spending limit, the parent/guardian will be notified by One Call, email, letter.

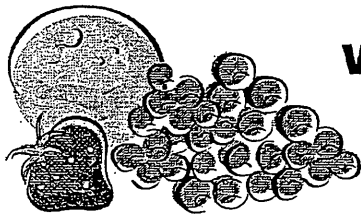
*"Home of the Roughriders"*

[www.western-reserve.org](http://www.western-reserve.org)

# START



## your day the right way with School Breakfast!



School Breakfast  
will give you **MORE** energy,  
keep your body healthy  
and help improve your grades!

**School Name:** Western Reserve Elementary School

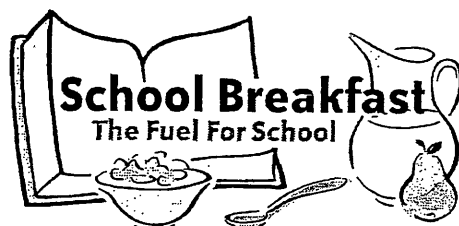
**Breakfast Times:** 8:45 a.m. - 9:00 a.m

**Prices:** \$1.50      **Reduced price:** \$.30

**Location Served:** Elementary lobby

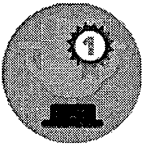
**Other info:** Grab N Go breakfast is served in the lobby and taken to the classroom.

USDA is an equal opportunity provider.



# 2016 - 2017 Report Card for Western Reserve Local School District

**DISTRICT GRADE**  
**Coming in  
2018**



## Achievement

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

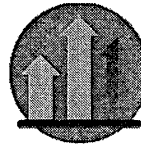
**COMPONENT GRADE**  
**D**

### Performance Index

71.9%..... **C**

### Indicators Met

16.7%..... **F**



## Progress

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

**COMPONENT GRADE**  
**A**

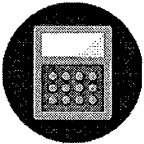
### Value-Added

Overall..... **A**

Gifted..... **B**

Students with Disabilities..... **A**

Lowest 20% in Achievement..... **A**



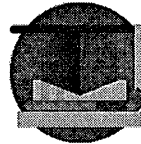
## Gap Closing

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**

### Annual Measurable Objectives

56.9%..... **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**

### Graduation Rates

95.1% of students graduated in 4 years..... **A**

94.7% 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**  
**B**

### K-3 Literacy Improvement

54.5%..... **B**



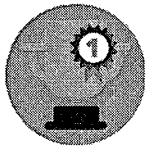
## Prepared for Success

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**

# 2016 - 2017 Report Card for Western Reserve Elementary School

**SCHOOL GRADE**  
Coming in  
**2018**



## Achievement

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

**COMPONENT GRADE**

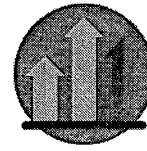
**D**

### Performance Index

73.8%..... **C**

### Indicators Met

16.7%..... **F**



## Progress

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

**COMPONENT GRADE**

**A**

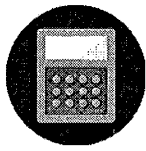
### Value Added

Overall..... **A**

Gifted..... **B**

Students with Disabilities..... **A**

Lowest 20% in Achievement..... **B**



## Gap Closing

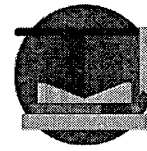
The Gap Closing component shows how well schools are meeting the performance expectations for our most vulnerable populations of students in English language arts, math and graduation.

**COMPONENT GRADE**

**F**

### Annual Measurable Objectives

34.9%..... **F**



## Graduation Rate

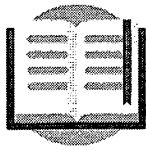
The Graduation Rate component looks at the percent of students who are successfully finishing high school with a diploma in four or five years.

**COMPONENT GRADE**

**Not Rated**

### Graduation Rates

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



## K-3 Literacy

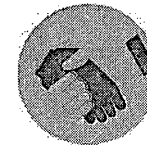
The K-3 Literacy component looks at how successful the school is at getting struggling readers on track to proficiency in third grade and beyond.

**COMPONENT GRADE**

**B**

### K-3 Literacy Improvement

54.5%..... **B**



## 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**