

**Chagrin Falls Exempted Village Schools**

**400 East Washington Street**

**Chagrin Falls, OH 44022**

**Welcome to Chagrin Falls Schools**

**Registration Information**

As Superintendent of the Chagrin Falls Exempted Village Schools, I would like to welcome you to our district. Enclosed you will find information regarding registering your child within our district. We are proud of the many accomplishments of our district faculty and students and we welcome you to further explore the many opportunities we offer. We strive to provide the best education possible to each and every student as we work in partnership with our parents and community to provide exceptional educational and extracurricular opportunities for our students. We look forward to working in partnership with you as we continue the tradition of excellence at Chagrin Falls Schools.

Sincerely,

Stephen L. Thompson  
Superintendent

**Registration Information**

In order to register your child you will need the documents listed on the *Documents Needed for Registration Checklist*. Registration packets including all necessary forms can be picked up at the Pupil Services Office or at the Central Office located in the Middle School/High School complex. Forms are also available for download via our website at [www.ChagrinSchools.org](http://www.ChagrinSchools.org).

All parents/guardians enrolling their children in the Chagrin Falls Exempted Village Schools must register in person at the Pupil Services Office located in the Central Office of the Middle School/High School complex at 400 East Washington Street. *Persons may register by appointment at the Pupil Services Office between the hours of 8:00 -3:30 Monday-Friday during the school year and on Tuesday and Wednesday between the hours of 8:00 - 3:30 during the summer.* Please call the Pupil Services Office at 440/247-4564 for an appointment or if alternate arrangements are necessary.

*The mission of the Chagrin Falls Schools is to provide a comprehensive range of learning opportunities through which students, staff and community, in partnership, can develop each student's knowledge, confidence and responsibility leading to individual success and lifelong learning .*

<b>Chagrin Falls Exempted Village Schools</b> <b>400 East Washington Street</b> <b>Chagrin Falls, OH 44022</b> <b>Documents Needed for Registration</b>		<b>Last Name</b>		
		<b>First Name</b>		
		<b>Grade</b>		
<b>Item</b>	<b>Description</b>			
<i>Student Registration Form</i>	The completed Student Registration Form must be presented at registration.			
<i>Photo Identification</i>	The Parent/Guardian registering the student must present current photo identification.			
<i>Birth Certificate</i>	An original or an Official Birth Certificate must be presented at registration.			
<i>Social Security Number</i>	The student's social security number must be provided.			
<i>Proof of Residency - Only legal residents of the district may enroll - Misrepresentation may result in prosecution.</i>	<b>Home Owner - 2 of the following:</b> Tax Bill, Mortgage Coupon, Insurance Statement, Pay Check Stub, Bank Statement Signed Purchase Agreement with Occupancy Date		<b>Tenant - Signed Lease Agreement</b> with lessor contact information plus 2 of the following: Utility Bill, Pay Check Stub, Insurance Statement, Bank Statement	
	If parent/guardian residing with student in home of family or friends, Sworn Statement of Residency Form required along with Proof of Residency of Home Owner and 2 forms of residency verification for parent/guardian. Contact Registrar for additional information regarding extenuating circumstances.			
<i>Custody Decree</i>	Current legal documentation showing the original or attested copy of the entry must be presented at the time of registration. Notify registrar of any future revisions.			
<i>Guardianship</i>	Current original, legal court documents must be presented at the time of registration.			
<i>Request for Records</i>	The signed and dated Request for Records Form must be presented at registration. Enrollment may be delayed until documentation is received from the prior district.			
<i>Immunization Record</i>	Immunizations must be complete in accordance with Ohio State Law. A complete record of immunizations indicating month, day and year of each inoculation must be provided. All incoming 7th graders must show proof of their second MMR inoculation.			
<i>Emergency/Media Authorization Form</i>	Completed Emergency Medical contact information and medical and media authorization form must be presented at time of registration.			
<i>Health Questionnaire</i>	The completed Student Health Questionnaire Form must be turned in at registration.			
<i>Home Language Survey</i>	The Home Language Survey Form must be completed for all students new to the district.			
<i>Ohio Testing History</i>	All Ohio students Grades 3-12 must present a historical record of scores for required Ohio Tests (state achievement, Proficiency, Ohio Graduation Test). An official request will be made to the previous school; however, having the information during registration facilitates a smoother transition.			
<i>Food Service Registration Form</i>	The Food Service Registration Form must be completed to participate in the school lunch program.			
<i>Optional PTO / Directory</i>	Optional Student Directory Listing / PTO Notification form may be submitted at registration.			
<b><i>The following documents are needed if applicable:</i></b>				
<i>Non-United States Citizenship Documents</i>	A legal, current Passport and Visa must be presented at the time of registration as well as the aforementioned items.			
<i>Individualized Education Program (IEP) Plan, Evaluation Team Report, Section 504 Accommodation Plan, Gifted Identification</i>	The current Evaluation Team Report (ETR), also known as the Multifactorial Evaluation (MFE), and Individualized Education Program (IEP) Plan for students with disabilities or the current Section 504 Accommodation Plan, or Gifted Identification information should be presented at the time of registration, if applicable. An official request will be made to the previous school for these documents as appropriate; however, having the documents upfront facilitates a smoother transition.			
<b>Office Use Only</b>	<b>Building Notified</b>	<b>ETR</b>	<b>IEP</b>	<b>504</b>
	<b>Entered in eSIS</b>	<b>LEP</b>	<b>G/T</b>	<b>PTO 01/06</b>

<b>Chagrin Falls Exempted Village Schools</b> 400 East Washington Street Chagrin Falls, OH 44022			<b>Student Registration Form</b>			<b>Entry Date</b>
<b>Legal Last Name</b>		<b>First</b>		<b>Middle</b>		
<b>Date of Birth</b>		<b>Phone</b>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Grade*</b>	<b>Social Security #</b>		<b>Proof of Residency</b> <input type="checkbox"/> Mortgage/Lease <input type="checkbox"/> Bank Statement <input type="checkbox"/> Tax Bill <input type="checkbox"/> Insurance			
<i>* Grade placement is subject to Chagrin Falls School policy when evaluating transfer credits.</i>						
<b>Student Address</b>				<b>County</b>		
<b>City</b>		<b>State</b>		<b>Zip</b>		
<b>Citizenship</b> <input type="checkbox"/> US <input type="checkbox"/> Other (Specify)				<b>Visa Type</b>		
<b>Ethnicity</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American						
<b>Language Spoken at Home</b> <input type="checkbox"/> English <input type="checkbox"/> Other (Specify)						
<b>Place of Birth (City)</b>		<b>(State)</b>		<b>(Country)</b>		
<b>Last School Attended</b>				<b>Under Expulsion/Exclusion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Previous School Address</b>						
<b>City</b>		<b>State</b>		<b>Zip</b>	<b>Phone</b>	
<b>Services Received</b> <input type="checkbox"/> Special Education (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Remedial						
<b>Parent/Guardian Information</b>						
<b>Mother's Name</b>		<b>Lives with Family</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employer</b>		<b>Business Phone</b>	<b>Cell Phone</b>
<b>Address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>e-mail</b>						
<b>Father's Name</b>		<b>Lives with Family</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employer</b>		<b>Business Phone</b>	<b>Cell Phone</b>
<b>Address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>e-mail</b>						
<b>Parent's Marital Status</b> <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> never married <input type="checkbox"/> mother deceased <input type="checkbox"/> father deceased						
<b>If applicable, which parent has custody?</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint <input type="checkbox"/> Other						
<b>If applicable, would the nonresidential parent like to receive school correspondence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Name of Spouse of Custodial Parent</b>						
<b>Employer</b>			<b>Business Phone</b>		<b>Cell Phone</b>	
<b>If the child is <b>not living with both parents</b>, is there a temporary or permanent order/decreed allocating parental rights and responsibilities?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, you must provide a <b>certified copy</b> of that order and/or a certified copy of any future modification order to the school registrar. If no order is available because of pending legal action, a notarized letter stating the date of court proceedings from your attorney must be presented. If you are not a parent and are in the process of obtaining custody, you must present a notarized statement from your attorney that you are an adult legal resident of the district and have begun legal measures for custody of the child.						
<i>To the best of my knowledge, all the above information is correct and may be filed with my child's school records.</i>						
<b>Parent/Guardian Signature</b> _____					<b>Date</b> _____	05/06

**Chagrin Falls Exempted Village Schools**  
**Office of Pupil Services**  
**400 East Washington Street**  
**Chagrin Falls, OH 44022**  
**Student Request for Records Form**

<b>Student Name</b>		
<b>Date of Birth</b>	<b>Age</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Present Grade</b>	<b>Last Date of Attendance</b>	
<b>Old Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>New Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Previous School</b>	<b>Phone</b>	
<b>Previous School Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Does student receive special education services through an Individualized Education Program (IEP) Plan?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Does student have a Section 504 Accommodation Plan?</b>		
<b>RECORDS RELEASE AUTHORIZATION:</b>		
<p>I hereby request and authorize the transfer of this student's records to the Chagrin Falls School District. <i>This release includes current psychological test data (Multifactorial Evaluation(MFE) or Evaluation Team Report) and Individualized Education Program (IEP) Plan or Section 504 Accommodation Plan, if applicable for student.</i> I understand that I have a right to receive a copy at my cost if requested, the right to a hearing to challenge the contents if requested, and that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my written consent.</p> <p>Please send records to the Office of Pupil Services at the address listed above.</p>		
<b>Signature</b> _____	<b>Date</b> _____	
(Parent, Legal Guardian, Self (if 18 or over))		
<b>Received By/Date</b>	<b>Permanent Records Requested (Date/Initials)</b>	
	<b>Records Received (Date/Initials)</b>	
	<b>Records Sent to Building (Date/Initials)</b>	
		02/06

## Chagrin Falls Exempted Village Schools

400 East Washington Street

Chagrin Falls, OH 44022

### Immunization Requirements for Pre-School and School Attendance

*Medical authorities and school educators urge that every child has a complete medical examination before entering school. The following immunizations are required by Ohio Law.*

VACCINES	FALL 2006 PRE-SCHOOL REQUIREMENTS	FALL 2006 SCHOOL REQUIREMENTS*
DTaP/DTP/ DT/Td Diphtheria, Tetanus, Pertussis	4 doses of DTaP, DTP, or DT or any combination	<b>Kindergarten</b> 5 doses of DTaP, DTP, or DT, or any combination, if the fourth dose was administered prior to the fourth birthday.  <b>Grades 1 - 12**</b> 3-4 doses of DTaP, DTP, DT, or Td or any combination.
POLIO	4 doses of OPV or IPV or a any combination or OPV or IPV	<b>Kindergarten</b> 4 doses if a combination of OPV or IPV was administered. 4 doses of all OPV or all IPV is required if the third dose of either vaccine was administered prior to the fourth birthday.  <b>Grades 1 - 12</b> 3 doses of OPV or IPV or any combination of OPV and IPV
MMR	1 dose of MMR administered on or after the first birthday	<b>K-12</b> 2 doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.
Hib Haemophilus Influenzae Type b	3 or 4 doses depending on the vaccine type and the age when the child began the 1st dose and the last dose is after 12 months or 1 dose if given on or after 15 months of age	None
HEP B Hepatitis B	3 doses of Hepatitis B	<b>K - 7</b> 3 doses of Hepatitis B. The second dose must be administered at least 28 days after the first. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose) should not be administered before age 24 weeks.***
VARICELLA (Chicken Pox)	None	<b>Kindergarten Only for 2006 -07</b> 1 dose of varicella vaccine must be administered on or after first birthday (2007-08 will be K-1)

\* The 5th dose of DTaP, DTP, or DT, and 4th dose of Polio will not be required until Kindergarten. At Kindergarten, these doses will be required if the 4th DTaP and 3rd Polio were administered prior to the 4th birthday. The Hepatitis B and Varicella requirements will be progressive.

\*\* For students age 7 or older, if the third dose is a Td a fourth dose is not required.

\*\*\* Previously, the third dose could not be given before the child was 6 months old. There has been a change, if the third dose is given on or after 24 weeks of age (as long as other spacing is correct), the dose counts and does not need to be repeated.

NOTE: The 4-day "grace" period applies to all age and interval minimums. IF MMR and varicella have not been given on the same day they must be separated by 28 days with no grace period.

Only full doses of vaccine at proper intervals shall be counted as valid doses.

A pupil who has had natural chicken pox, and presents a signed statement from the pupil's parent, guardian, or physician to that effect is not required to be immunized against chicken pox. ORC 3313.671 (B) (3)

Immunization Exemptions are provided for under the law. This can be discussed with the school nurse. An Immunization Exemption form must be on file in cases of exemption.

*Since the school nurse is required to check the records of all new entrants for compliance with immunization requirements, please have your child's physician complete the Student Medical Record and return with registration packet if possible.*

03/02/06

**Chagrin Falls Exempted Village Schools**

**400 East Washington Street  
Chagrin Falls, OH 44022**

**Student Medical Record  
(To Be Completed By Physician)**

<b>Child's Last Name</b>	<b>First Name</b>	<b>Date of Birth</b>
<b>Address</b>		
<b>IMMUNIZATIONS</b> (Include month, day and year for each)		
<b>DPT</b>	1)                      2)                      3)                      4)                      5)	
<b>POLIO</b>	1)                      2)                      3)                      4)                      5)	
<b>MMR</b>	<b>or Measles</b>	<b>Mumps                      Rubella</b>
<b>MMR Booster(s)</b>	<b>Chicken Pox Vaccine</b>	
<b>HIB</b>	1)                      2)                      3)                      4)	
<b>Hepatitis B</b>	1)                      2)                      3)	
<b>Tuberculin Test</b>	<b>Results</b>	
<b>Other Immunizations</b>		
<b>Physician Signature</b>	<b>Telephone</b>	
<b>Physician's Name (Please Print)</b>		
<b>Address</b>		
<b>EXAMINATION (OPTIONAL)</b>		
<b>Date</b>	<b>Height</b>	<b>Weight</b>
<b>Eyes</b>	<b>Vision R. 20/                      L. 20/</b>	<b>Ears</b>
<b>Referred to ear/eye specialist: Yes   No</b>		<b>Hearing Test Type                      R                      L</b>
<b>Nose</b>	<b>Hernia</b>	
<b>Mouth</b>	<b>Genitalia</b>	
<b>Teeth</b>	<b>Skin</b>	
<b>Is Dental Work Indicated? Yes   No</b>		<b>Posture</b>
<b>Throat</b>	<b>Orthopedic</b>	
<b>Neck</b>	<b>Nervous System</b>	
<b>Heart</b>	<b>Urinalysis</b>	
<b>Lungs</b>	<b>General Condition</b>	
<b>Abdomen</b>		

**Chagrin Falls Exempted Village Schools**  
400 East Washington Street  
Chagrin Falls, OH 44022

**Immunization Exemption**

**Child's Last Name**

**First Name**

**Address**

**Date of Birth**

**Current Grade**

As required under the Compulsory Immunization Law (Ohio Revised Code, Section 3133.671) I hereby signify by my signature that I object for the reason(s) stated below, to the immunization of my child against the diseases noted below.

I am aware that my child is subject to exclusion from school in the event of any outbreak of the communicable disease(s) that I have listed below, and that this exclusion may last for the duration of the outbreak, which could extend over a period of two to four weeks.

**Disease(s) Included in Immunization Exemption:**

**Reason(s) for my objection:**

**Parent/Guardian Signature**

**Date:**

**Telephone Number:**

<b>School Year</b>	<b>AUTHORIZATION FORM</b> <b>Chagrin Falls Exempted Village Schools</b>		
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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Grade</b>
<b>Date of Birth</b>	<b>County of Residence</b>	<b>Village or Township</b>	<b>Home Phone</b>
<b>Street Address</b>		<b>Post Office</b>	<b>Zip</b>
			<b>Mother Cell Phone</b> <b>Father Cell Phone</b>
<b>Mother/Guardian First and Last Name</b>	<b>Child Lives With</b>	<b>Employer</b>	<b>Daytime Business Phone and/or Pager</b>
<b>Father/Guardian First and Last Name</b>	<b>Child Lives With</b>	<b>Employer</b>	<b>Daytime Business Phone and/or Pager</b>

If a parent or guardian cannot be contacted and it is advisable to send my child home due to minor illness or injury, he/she can be released in the custody of

<b>1.</b>	<b>Relationship</b>	<b>Phone</b>
<b>2.</b>	<b>Relationship</b>	<b>Phone</b>
<b>3.</b>	<b>Relationship</b>	<b>Phone</b>

**EMERGENCY MEDICAL AUTHORIZATION**  
 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 PART II MUST BE COMPLETED.**

**Part I: TO GRANT CONSENT**  
 I hereby give consent for the following medical care providers and hospital to be called:

<b>PHYSICIAN</b>	<b>PHONE</b>
<b>DENTIST</b>	<b>PHONE</b>

**LOCAL HOSPITAL**  
 In the event reasonable attempts to contact parent(s)/guardian(s) listed above have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above named doctors, 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 reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for 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:

<b>DATE</b>	<b>SIGNATURE OF PARENT OR GUARDIAN</b>
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**Part II: REFUSAL OF CONSENT (do not complete this part if you completed Part I)**  
 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:

<b>DATE</b>	<b>SIGNATURE OF PARENT OR GUARDIAN</b>
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As a parent or guardian, I give my consent for my child's picture/name to appear on the District Web Page, newspaper, annual report, newsletter, media publications and or via distance learning activities.

Yes  No **Date** \_\_\_\_\_ **Signature of Parent or Guardian** \_\_\_\_\_

**E-MAIL CORRESPONDENCE CONSENT AUTHORIZATION**  
 With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed through electronic correspondence, I authorize you to correspond via e-mail regarding educational information, including special education needs, to the following address(es):

**Name** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature of Parent or Guardian** \_\_\_\_\_

## Chagrin Falls Exempted Village Schools

### Student Health Questionnaire

The information requested below begins your child's school health record. This record is required for all new students, regardless of grade level. In order for each child to be given the best individual attention, we ask that you please provide information regarding your child's medical history and physical development. This form should be completed by the parent/guardian and returned with the registration packet. This information will be kept on file with the school nurse.

<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Parent/Guardian Information</b>			
<b>Father Last Name</b>	<b>Father First Name</b>		
<b>Mother Last Name</b>	<b>Mother First Name</b>		
<b>Guardian Last Name</b>	<b>Guardian First Name</b>		
<b>School</b>	<b>Grade</b>	<b>Gender</b>	
<b>Transferred From (Name of School)</b>			
<b>Name of Physician</b>	<b>Telephone</b>		
<b>Name of Dentist</b>	<b>Telephone</b>		
<b>Medical History</b>			
<b>Has your child had any of the following diseases/conditions?</b>			
<b>If so, please list approximate year below checked box.</b>			
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seasonal Allergies
<input type="checkbox"/> Mumps	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bee Sting Allergy
<input type="checkbox"/> Regular Measles	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Food/Medicine Allergies (Please list)
<input type="checkbox"/> German Measles	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Skin Conditions (hives, eczema)	
<b>Please list any hospitalizations (reasons and dates) and/or any disabilities/medical conditions</b>			
<b>Ear Infections</b>	<b>Hearing Difficulties</b>		
<b>Visual Difficulty</b>	<b>Wears Glasses/Contacts</b>		
<b>Date of Last Examination by Eye Specialist</b>			
<b>Speech Difficulty</b>			
<b>Eating, Sleeping, Bowel/Bladder Problems</b>			
<b>Parent Signature</b>	<b>Date</b>		

<b>Chagrin Falls Exempted Village Schools</b> <b>Home Language Survey</b>	Date:	
	School:	Grade:

**SECTION A: STUDENT INFORMATION : To be completed by Parent/Guardian**

Student's Last Name:	First Name:	Middle Initial:
Date of Birth:		
Place of Birth: City:	State:	Country:
Father/Guardian Last Name:	First Name:	
Mother/Guardian Last Name:	First Name:	
Home Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		

What language did your child speak when he/she first learned to talk?
What language does your child use the most at home?
What language do you use most often to speak to your child?
What language do the adults at home most often speak?
When did your child move to the United States?

**SECTIONS B AND C TO BE COMPLETED BY THE DISTRICT**

If the answer to any of the first four questions above is language other than English, indicate the student's native/home language in EMIS Student Data Element (2.1.1.21), and proceed to assess the student's English language proficiency.

Date Received By Pupil Services Office:	Student ID:
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**SECTION B: INITIAL ENGLISH LANGUAGE ASSESSMENT**

Communication Skill      Proficiency Level

**Listening**       Pre-Functional     Beginning     Intermediate     Advanced     Proficient

**Speaking**       Pre-Functional     Beginning     Intermediate     Advanced     Proficient

**Reading**       Pre-Functional     Beginning     Intermediate     Advanced     Proficient

**Writing**       Pre-Functional     Beginning     Intermediate     Advanced     Proficient

**\*Comprehension**       Pre-Functional     Beginning     Intermediate     Advanced     Proficient

(\*Note: The comprehension score is calculated by averaging the listening and reading scores)

Assessment instrument(s) used:	Is Student LEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**SECTION C: TEST-TAKING STATUS**

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (4.1.1.19).

If student has been in U.S. school for less than three years, is the student eligible for extended accommodations for statewide academic assessments?

Yes     No

Mark EMIS Test-Taking Status Code "Y2" for each test for which the student receives the English-Limited exemption.

**PLEASE SUBMIT THIS FORM TO THE PUPIL SERVICES OFFICE AFTER FAMILY COMPLETES SECTION A**

## **Chagrin Falls Exempted Village Schools**

**400 East Washington Street**

**Chagrin Falls, OH 44022**

### **Welcome to Chagrin Falls Schools Food Service**

We utilize a debit system within food service which eliminates the need for students to carry cash to school. An account will be set up for your child in the cafeteria. Your child will be given an individual PIN number that will be used for purchasing lunch and snacks.

#### **How can I put money in my child's account?**

1. Please *mail a check payable to Chagrin Falls Schools* (include your child's name and grade on the check so that money is applied to the proper account) *to:*

**Food Service Director  
400 East Washington Street  
Chagrin Falls, OH 44022**

2. Please *send a check or cash* (no coins please) with your child to school in a marked envelope complete with the student's name, grade, and the amount of money enclosed *to the school office*. For security reasons, we recommend that advanced payments be made in the form of a check. Please Note: Money received in the office will be applied to your child's account in the afternoon and will not be available until the following school day for purchases.

3. Pay online using FSS PositiveID System that allows you to pay in advance for meals and/or a la carte items via an online system through Food Service Solution's website ([www.myschoolaccount.com](http://www.myschoolaccount.com)). You will be able to deposit money into your child's account by using a *credit or debit card*, or *electronic funds transfer*. You will need your child's account number to apply funds online. This number will be available from your child's school.

#### **How much money may be deposited?**

You determine the amount that is right for you. There is no limit to the amount of money that can be deposited into a debit account. We recommend that you deposit enough money for at least two weeks of meals in order to reduce paperwork and time for both you and the food service staff. Lunch prices range between \$2.15 - \$2.65 depending on school. A la carte pricing starts at \$0.60.

#### **How do I know what my child is eating?**

You can view up to one month's transactions on the transaction history page at [www.myschoolaccount.com](http://www.myschoolaccount.com). All transactions, including payments that have been made to your child's account within the last 30 days, will be listed.

**If you have restrictions you would like to place on your child's account with respect to purchase of snacks, allergy alerts, etc., please contact the Food Service Director.**

**If you have any questions regarding these procedures, please contact the Food Service Director, at 440/247-2453.**

**Chagrin Falls Exempted Village Schools**  
400 East Washington Street  
Chagrin Falls, OH 44022

**Optional Student Directory / PTO Notification Form**

<b>Child's Last Name</b>	<b>First Name</b>
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<b>Current Grade</b>
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A directory of Chagrin Falls students is printed annually and is available for purchase at the beginning of each school year. These directories are for the private use of Chagrin Falls students, parents, and staff members. **If you are interested in having your information printed in the directory, please complete and return this form at time of registration.** Your signature authorizes the information to be printed in the directory on an annual basis.

In addition, the Chagrin Falls Parent Teacher Organization sponsors activities to help acclimate new students and families to the district. **If you would like your contact information shared with the PTO Welcoming Committee, please indicate below and return this form at time of registration.**

<b>Mother/Guardian's Name</b>	<b>Phone</b>
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<b>Address</b>
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<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Father's Name</b>	<b>Phone</b>
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<b>Address</b>
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<b>City</b>	<b>State</b>	<b>Zip</b>
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**I would like the above information to appear in the Chagrin Falls School Directory.**

Yes    No

<b>Parent Signature</b>	<b>Date</b>
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**I would like this contact information shared with the Chagrin Falls PTO Welcoming Committee.**

Yes    No

<b>Parent Signature</b>	<b>Date</b>
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