

Western Reserve Local School District

BOARD OF EDUCATION
MAHONING COUNTY

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Superintendent
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13850 AKRON-CANFIELD ROAD
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Debbie Farelli
Principal K - 5
Mike Sauner
Principal 6 - 12
Alan Mikovich
Asst Principal 6 - 12

Dear Parent, Guardian and/or Student:

On behalf of the Western Reserve Board of Education and our entire staff, I would like to welcome you to the Blue Devil family. This is an exciting step and we look forward to having your child be part of our school community. We are committed to providing cutting edge educational opportunities that strengthen and prepare our students for a future of unlimited options.

I hope you find this packet helpful to you as you transition into the Western Reserve Local Schools. Our staff is committed to providing the best educational experience possible and preparing our students to be highly successful.

Thank You,
Dallas Saunders



Superintendent

Western Reserve Local Schools (2021-2022)

DISTRICT IRN #048397

13850 Akron-Canfield Road

Berlin Center, OH 44401

330-547-4100

FAX: 330-547-9302

CONSENT FOR RELEASE OF RECORDS

As parent/guardian of _____

D.O. B. _____ Age _____ Sex _____ Grade _____

Address _____

_____ Student has moved into the Western Reserve Local School District

_____ Student has been accepted as **Open Enrolled** to the Western Reserve Schools

_____ Student is Court Place/Foster Placed into Western Reserve Schools.

I hereby request that _____ School

Address _____

Phone: _____ Fax: _____

Send the following information for the purpose of transfer to the Western Reserve Local School District:

- Cumulative Records to include grades and all test scores (Please include KRA, Reading Diagnostic ,iReady,Maps), RIMPS
- Immunization and Health Records
- Psychological Reports, I.E.P., 504 Plans, IAT Paperwork, etc.
- Special Needs information to include Speech and Language
- **K-3 ONLY:** Third Grade Guarantee Information
Assessment Used _____
On Track _____ Not on Track _____

I hereby release the above-named school, agency or person, its personnel, and the local Board of Education and personnel from all legal responsibility or liability that may arise from the act I have authorized above.

I am aware that I may receive a copy of the above records if I so request.

Parent/Guardian Signature

Date

Date Mailed/Faxed _____

Revised 10-15

Western Reserve Local Schools
Registration Checklist

Student ID# _____

Student Name _____ Gr. _____ Date _____

Registration Appointment Date: _____ Time _____

****REQUIREMENTS TO REGISTER IN THE WESTERN RESERVE LOCAL SCHOOLS****
(All Documentation below **MUST** be provided at the time of registration, all incomplete registration packets will be returned and appointment will be rescheduled)

PROVIDE THE FOLLOWING AT THE OF REGISTRATION APPOINTMENT:

- ____ Immunization Records
- ____ Parent/Guardian proof of identity (Photo ID/Drivers License)
- ____ Official birth certificate(raised seal and state issued)
(all immigrants must provide a current Passport and Visa/Green Card)

If Applicable, please provide:

- ____ Copy of IEP/ETR/504/GIFTED/LEP (Notify SPED)
- ____ Proof of Custody Documentation/most recent court order/foster placed (All must be filed and time stamped with the court)

REQUIREMENTS FOR RESIDENCY (Resident and Open Enrollment Students)

MUST PROVIDE ONE (1) OF THE FOLLOWING:

- ____ Mortgage documents
- ____ Apartment/Home Rental Lease Agreement
- ____ House Closing Papers
- ____ Verification of Residency (if applicable). (A VERIFICATION OF RESIDENCY AFFIDAVIT IS REQUIRED WHEN A PARENT/GUARDIAN RESIDES WITH SOMEONE ELSE WHO RESIDES IN THE SCHOOL DISTRICT'S BOUNDARY AREA, THE PARENT/GUARDIAN MUST SUBMIT VERIFICATION OF RESIDENCY AFFIDAVIT SIGNED AND NOTARIZED ALONG WITH THE THE PERSON THEY ARE RESIDING WITH LEASE OR MORTGAGE DOCUMENTATION)

MUST PROVIDE TWO (2) OF THE FOLLOWING. (WITH NAME OF PARENT/GUARDIAN REGISTERING THE CHILD SHOWING PROOF OF RESIDENCY)

- | | |
|---|---------------------------|
| ____ Current gas, electric, water or sewer bill | ____ Current payroll stub |
| ____ Current credit card statement | ____ Loan payment stub |
| ____ Current automobile insurance | ____ Car registration |

FOR WESTERN RESERVE SCHOOL USE ONLY

Enclosed Forms Completed:

- ____ Student Registration Form
- ____ Parental Information Form
- ____ Consent for Release of Records

Departments Notified:

- Nurse(shot records): ____
- SPED (IEP/ETR) ____
- Transportation Notified ____



Western Reserve Local Schools
2021-2022 Registration Form
Please complete in its entirety

Student Status (pick one): ___ Resident of WRLS ___ Open Enrollment (attending WRLS)
___ Open Enrollment Out (District Attending) ___ Other: _____

Student (Legal Name) _____
First Middle Last

Parent/Guardian Name: _____

Student Date of Birth: _____ Birthplace (City/State or Country): _____

Citizen of the U.S.: ___ Yes ___ No Active Military Parent: ___ Yes ___ No, If yes please list branch: _____

Gender: ___ Male ___ Female Grade Level 2020-2021: _____ Grade Level in 2021-2022 _____

Home Phone: _____ Cell Phone: _____

Address: _____ Apt _____

City _____ State _____ Zip _____

Previous Information

Previous Address (if new to the district)

Last School

Attended: _____ City/State _____

Grade Level when left: _____

Has the student ever been enrolled in the Western Reserve Local Schools: ___ Yes ___ No

If Yes, Which building: _____ Date Left: _____

Has the Student attended Preschool? ___ Yes ___ No If Yes, Name of Preschool: _____

Language and Ethnicity

*Native Language (first spoken language of student): _____ *the main language spoken at home by the student: _____

*Is the Student Hispanic/Latino? ___ Yes ___ No

*Is the Student from one or more of the following (Choose all that apply)

*Race: ___ Asian ___ Black ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ White ___

Has the Student ever been:

*Retained (repeated a grade): ___ Yes ___ No If yes, Grade: _____

*Does the Student Currently Receive Special Services: ___ Yes ___ No If yes, please specify below:
Gifted ___ IEP ___ Limited English (LEP) ___ 504 Plan ___

*Suspended/Expelled from School? ___ Yes ___ No

TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE. I CERTIFY THAT THE STUDENTS NAME LISTED ON PAGE (1) IS HIS/HER LEGAL NAME THAT I/WE HAVE LEGAL CUSTODY, AND I/WE RESIDE WITHIN THE DISTRICT I HAVE STATED. I UNDERSTAND THE Western Reserve LOCAL SCHOOL DISTRICT MAY USE LEGAL MEANS TO VERIFY MY RESIDENCE.

Parent/Guardian Signature: _____ Date _____

(Turn over)



Please fill out if the student has siblings attending in the district
Sibling Information (School Age Only)

1.	_____	_____	_____
	Name	Relationship	Grade
2.	_____	_____	_____
	Name	Relationship	Grade
3.	_____	_____	_____
	Name	Relationship	Grade
4.	_____	_____	_____
	Name	Relationship	Grade
5.	_____	_____	_____
	Name	Relationship	Grade

Western Reserve Local School District Emergency Medical Form (School Year 2021-2022)

The State of Ohio requires the Emergency Medical Form be updated annually

<i>Student Information</i>		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Student Name: Grade:
Student Address:		City/State: Zip

<i>Residential Parent/Guardian Information (please answer Questions A, B, & C)</i>	
A. Student lives with (please X one): ___ Both Parents ___ Mother Only ___ Father Only ___ Other: _____ Active Military: ___ Yes ___ No, If yes: ___ Mother ___ Father ___ Branch _____	B. Are the student's parents/guardians (please X one): ___ Married ___ Divorced ___ Separated ___ Never Married ___ Otherwise living separately, please explain: _____
C. Who has legal custody for child(ren) (please X one): ___ Both Parents ___ Mother Only ___ Father Only ___ Shared ___ Other	If Separated or Divorced, Custody Papers are Required for Student File. For Shared Custody, please provide addresses of both parents.

<i>Legal Parent/Guardian Information</i>	<i>Legal Parent/Guardian Information</i>
Name:	Name:
Home Number: Cell:	Home Number: Cell:
Email:	
Occupation: Work:	Occupation: Work:
Relationship to Student: Mother / Stepmother / Foster Mother / Grandmother / Father / Stepfather / Foster Father / Grandfather / Guardian (Please circle one)	Relationship to Student: Mother / Stepmother / Foster Mother / Grandmother / Father / Stepfather / Foster Father / Grandfather / Guardian (Please circle one)
Is your address the same as the student? ___ Yes ___ No If No, list your current Address, City, State, Zip:	Is your address the same as the student? ___ Yes ___ No If No, list your current Address, City, State, Zip:

<i>Emergency/Alternate Contacts</i>	
In the event you are unable to contact me at the above numbers, you have my permission to contact the following alternates. They have my permission to receive health care information regarding my child and can take my child home during school hours if needed.	
<i>Contact 1 (other than Parent/Guardian)</i>	<i>Contact 2 (other than Parent/Guardian)</i>
Name:	Name:
Relationship:	Relationship:
Contact Number:	Contact Number:

<i>Emergency Authorization</i>		
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 named doctor below, or in the event the designated 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.		
Consent Given: ___ Yes (if Yes, please list "Medical Contacts" below) ___ No (if No, please give "Content Refusal Instructions" below)		
Doctor Name:	Doctor Phone:	
Dentist Name:	Dentist Phone:	
Hospital Name:	Hospital Phone:	Branch:
Consent Refusal Instructions:		

Turn Over

Student Name: _____ Grade: _____

Your child's health and education are very important to us. The information below will be used to facilitate your child's learning. Informing and educating staff about your child's needs will help promote his/her wellbeing. Confidentiality will be maintained and the information will be shared with those responsible for meeting the child's health care needs.

1. Peanut Allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Reaction: _____ _____ Difficult breathing? <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you eliminate all peanut-containing food? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Other Food Allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food? _____ Describe Reaction: _____ Difficult Breathing? <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medications, seasonal or environmental? List: _____ _____ Has allergy required emergency care in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____
4. Sting Allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bee/insect? _____ Describe reaction: _____ Difficult breathing? <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DIABETES MANAGEMENT PLAN FROM PHYSICIAN AND SUPPLIES MUST BE IN CLINIC BY THE FIRST DAY OF SCHOOL.
6. Asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A physician request form or asthma management plan must be on file for inhalers to be used at school.
7. Epilepsy/seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list medication: _____
8. Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____ Activity restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
9. Other? (any other health information you would like us to know about your child)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____

Please check ALL that apply regarding your child's vision and hearing:

Eyes: Lazy Eye Difficulty Seeing **Ears:** Frequent Infections Tubes Hearing Difficulty
 Glasses Contacts Other (Describe) Hearing Aid for: Right Ear Left Ear Other(Describe)

Daily Medications Taken by Student

Requirements for Medications to be administered at school:

A. It is strongly recommended to parents, with their physician's counsel, that the medication schedule should be adjusted to avoid administering medication during school hours.

B. If this is not possible, then the Medication Authorization Form (signed by both physician and parent) must be filed with the school nurse before the student will be administered medication or permitted to self-carry inhalers, EpiPens or diabetic medications at school. This written and signed request form is to be submitted each school year.

Name of Medication:	Reason for Taking:	Taken where?
		Home and/or School
		Home and/or School
		Home and/or School

Does your student require special health care? Yes No If yes, please explain: _____

Parent/Guardian Signature: _____ Date: _____



Ohio Department of Education
Home Language Survey
2021-2022



Parents: We ask the questions below to make sure your child receives the education services he or she needs. The answers to Section A below will tell your child's school staff if they need to check your child's proficiency in English. This makes sure your child has every opportunity to succeed in school. The answers to Section B will help school staff communicate with you in the language you prefer.

Student Name (First Name/Middle Initial/Last Name

Date of Birth

Section A- Students Language Background

1. What are the primary language(s) spoken in your home?
2. What language does your child use most frequently?
3. Which language did your child learn first?
4. What language do you use most frequently with your child?
5. Is English the main language your child speaks?
6. How long has your child attended school in the United States?
7. What was your child's last year of schooling outside the United States?
8. How many years of education did your child complete in another country?
9. In what language(s) has your child received instruction?
10. Please share additional information to help us better understand your child's English language experiences.

Turn Over



Ohio Department of Education
Home Language Survey
2021-2022



Section B – Parent/Guardian Preferences

1. In which language do you want to get written information from the school?

2. In which language do you prefer to receive oral or spoken information from the school?

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Date



Western Reserve Local School District
Internet and Device Survey

Student Name: _____ Grade _____

Please answer yes or no to the following questions.

1. Does the student have Internet connectivity from home so they can access school information and assignments? Yes ___ No ___
2. Does the student have adequate access to a device at home (computer, tablet, smartphone) so the student can complete schoolwork electronically? Yes ___ No ___

Parent/Guardian Signature: _____ Date: _____

REGISTRATION INFORMATION

TRANSPORTATION PURPOSES

Student's Name

Date of Birth

Home Address

Grade _____

City, State, Zip Code

Home Telephone

Will your child be picked up for school by the bus at your home address? _____

- or -

Will your child be picked up for school by the bus at a different address? _____

Please provide the name, address, and phone number of the person responsible
for your child at this address:

Name

Address

Phone Number

Will your child be dropped off by the bus at your home address? _____

- or -

Will your child be dropped off by the bus at a different address? _____

Please provide the name, address, and phone number of the person responsible
for your child at this address:

Name

Address

Phone Number

MY SCHOOL BUCKS

Western Reserve is excited to offer MySchoolBucks! This online service provides a quick and easy way to check your child's account balance, view your child's recent purchases, and set up low balance alerts, all for FREE. You can also easily add money to your child's meal account using a credit/debit card or electronic check. You may also pay at the school with cash or a personal check. Be sure to mark the payment with your child's name.

MySchoolBucks provides:

- **Convenience** - Available 24/7 on the web or through our mobile app for your smartphone
- **Efficiency** - Make payments for all your children. Eliminate the need for your children to take money to school.
- **Control** - Set low balance alerts, view account activity, recurring/automatic payments, and more!
- **Flexibility** - Make payments using credit/debit cards and electronic checks.
- **Security** - MySchoolBucks adheres to the highest security standards, including PCI and CISP.

Enrollment is easy!

1. Go to www.MySchoolBucks.com and register for a free account.
2. Add your child using their school name and student ID.
3. Make a payment to your child's account with your credit/debit card or electronic check.* *A small fee may apply for using this service. You will have the opportunity to review any fees and cancel, if you choose, before you are charged.*

If you have questions, contact MySchoolBucks directly:

- support@myschoolbucks.com
- 1-855-832-5226
- Visit myschoolbucks.com and click on Help



The Simple Way to Pay

FOR SCHOOL MEALS

myschoolbucks.com



View account balances and meal purchases



Schedule automatic payments



Make payments anytime, anywhere from our mobile app

SIGN UP FOR YOUR
FREE ACCOUNT IN

3 Easy Steps!

1

Go to
myschoolbucks.com

2

Create your account

3

Pay with your
credit/debit card
or electronic check



Download
our **FREE**
app today!

FROM THE DESK OF THE SCHOOL NURSE

WELCOME to the Western Reserve Local School District. I am providing the following information to help acquaint you with part of the school health procedures that your child will come in contact with and also some problems you might encounter with your child during the course of the school year.

IMMUNIZATIONS: The Ohio Department of Health has set the standards regarding school entry and immunizations. The present requirements for all students entering any public or non-public school within the state of Ohio are:

1. Completed at least **3 (IPV) polio vaccines**. The final dose must be administered after the fourth birthday.
2. Completed at least **4 DTaP or DT vaccines**. If the fourth dose was given prior to the fourth birthday, a fifth dose is required before school entry.
3. Completed a series of **3 Hepatitis B immunizations**. Please be aware that this vaccine takes 4-6 months to complete.
4. Completed **2 MMR vaccines**. The first dose must be administered on or after the first birthday. The second dose must be administered at least 28 days after the first dose.
5. Completed 2 Varicella (chickenpox) vaccines administered after the first birthday or past history of chickenpox.

Please be aware that by state law, without proof of the above immunizations or a statement from your doctor exempting them for medical reasons, your child must be excluded from school!

MEDICATIONS: Senate Bill 262 of the Ohio General Assembly requires the board of education of each school district to adopt a policy on the administration to students of drugs prescribed by physicians and limits the liability of board employees involved in such distribution. If possible, all medication should be given by the parent at home. If this is not possible, it will be done in accordance with the following: a Physicians Request for Medication Form must be completed by the physician and the parent before administer of any medication (including prescription and over-the-counter) to the student. The parents are to bring the medication to the school in its original container (students are not permitted to carry their medication to the school). Exception is made for those students needing to carry inhalers for asthma or epinephrine injectors for anaphylaxis and who have written permission on file with back-up medication in the clinic. A new Physician Request for Medication Form is required for each school year.

VISION AND HEARING SCREENINGS: Screenings will be performed during kindergarten registration or at the beginning of the school year on all kindergarten students. Rechecks and requests from parents and teachers will be done throughout the school year. All students are also screened in grades 1, 3, 5, 7, 9, and 11. A referral letter means only that there may be a problem that is interfering with your child's learning process, and an exam by a vision specialist is recommended.

COVID-19: During this changing time of COVID-19, you can find our district's most up-to-date information on our website at westernreserve.k12.oh.us. On the homepage you will find the **Daily Home Screening for Students**. This questionnaire is to be utilized daily to determine if your child has symptoms or if he/she is a close contact. Students may not attend school if answering yes to any of these questions. Under the Health/Safety tab is a COVID-19 dashboard that provides updates regarding cases and a message from our superintendent, Mr. Saunders, regarding protocols.

Continued on back...

NUISANCE ILLNESSES: The following contagious illnesses require that your child be excluded from school until they are treated:

Head Lice: Head checks are conducted randomly or for reported cases. School policy requires students be free of lice and eggs. Once an infected child is identified, they must be excluded from school, bus privileges, and any related school functions until the school nurse determines that the student is clear of nits and lice.

Conjunctivitis (Pinkeye): Many causes exist. Symptoms are redness of the eye, discharge (watery with viral infection; thick and yellowish with bacterial infection), matted eyelashes (especially upon waking from sleep), burning, and itching. The bacterial infection is treated with antibiotics and is contagious until 24 hours of medication has occurred. Hand washing is the most important way of controlling the spread of this infection.

Scabies: Caused by a mite under the skin. The child has intense itching, particularly at night. Treatment involves a prescription from a physician to kill the mite.

ILLNESSES: Your child may have more frequent illnesses this school year due to contact with more germs in the school environment. They need time to build up immunity due to the contact with a new environment and many new people. **Students who are symptomatic (fever 100 degrees or above, undiagnosed rash, cough, swollen glands, vomiting, or diarrhea) should not be sent to school.** If a student becomes ill while in school, the school nurse will assess the child and care for the child in the Health Office until the parents are notified. Students returning to school after a communicable disease should present a note from the doctor certifying that the child can resume normal activities and is no longer contagious. Ohio Department of Health guidelines are followed for all Communicable Diseases.

Reasons to Keep Your Child at Home:

1. Vomiting or diarrhea in the last 24 hours.
2. Coughing to the extent that the child would be unable to concentrate or would be disruptive to others.
3. Large amount of nasal secretions that cannot be contained without contaminating the classroom.
4. Temperature of 100 degrees or above in the last 24 hours.
5. Strep infection/Scarlet Fever- child must complete 24 hours of prescribed antibiotic before returning to school.
6. Eyes crusty, itchy, oozing, or red upon waking. Possible pink eye- see physician and treat for 24 hours with prescribed eye drops before returning to school.
7. Suspicious or undiagnosed rash- see physician.

A **Health Alert Letter** will be sent home when a communicable disease is reported in your child's room. This will enable you to watch for signs of contraction of a condition and will help to control the spread to others.

We hope that your child's experience with the Western Reserve Local School District is a positive one that allows for excellence in learning and development. We believe a child will benefit to his/her fullest capacity from the learning experiences provided when experiencing an optimum level of wellness. Please feel free to contact me with questions or concerns you may have throughout the year.

In good health,
Nora Jamison, BSN, RN, School Nurse
330-547-0807