



RITTMAN ACADEMY

Heritage Hall
100 Saurer Street
Rittman, OH 44270

Student Registration Packet

For a complete listing of all Rittman Academy related information, please go to the website at:

www.RittmanAcademy.org

Rittman Academy is a community school established under Chapter 3314 of the Ohio Revised Code. The school is a public school and students enrolled in and attending the school are required to take the proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter, contact the school administration or the Ohio Department of Education.

Key Contact Information:

Jacqueline Flaker, Director
jaflaker@mail.rittmann.k12.oh.us

330-927-7162 (office)

Leesha Timura, Student Support Coordinator
letimura@mail.rittmann.k12.oh.us

330-927-7162 (office)

Rittman Academy Enrollment Documents

Welcome to Rittman Academy. Please complete the following documents for registration.

- ☐ New Student Registration Form
- ☐ Student/Parent Contact Sheet
- ☐ Consent for Records Release
- ☐ Emergency Medical Authorization Form
- ☐ School District Language Survey
- ☐ Student/Parent Handbook Agreement
- ☐ Laptop Contract
- ☐ Photo/Media Release Form
- ☐ Student Success Plan Signature Page
- ☐ Free and Reduced Lunch Form
- ☐ Ana-Zao Community Partners Intake Paperwork

In addition to the forms listed above, the following documentation is required prior to the student's start date.

- ☒ Copy of the student's birth certificate*
- ☒ Copy of the student's social security card*
- ☒ Health/Immunization and shot records*
- ☒ Custody paper – (if applicable)*
- ☒ Foster child documentation – (if applicable)*
- ☒ Copy of student's IEP or 504 Plan (if applicable)*
- ☐ Proof of Residency (of the custodial parent)

- ❖ The most common way to provide proof of residency is to provide a copy of a utility bill, cell phone bill, rental/lease agreement, mortgage coupon, or a homeowner's insurance policy.

*These documents are typically obtained through the records release form that is sent to the student's previously attended school.

updated 4.9.2024



EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name _____

Home Address _____

City, State & Zip Code _____ Phone _____

Date of Birth ____ / ____ / ____ Grade _____

RESIDENTIAL PARENT/GUARDIAN INFORMATION (The purpose of this information is 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.)

Mother _____ Daytime phone _____

Father _____ Daytime Phone _____

Secondary Contact _____ Relationship _____

Phone _____

Primary Care Physician _____

Address _____ Phone _____

Preferred Hospital _____

TO GRANT CONSENT

In the event reasonable attempts to contact me or the other parent or guardian have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the listed doctor, dentist, or medical professionals, or, in the event the designated preferred practitioner is not available, by a licensed physician or dentist; and (2) the transfer of the child to the above hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Impairments to which a physician should be alerted to are:

Date

Signature of Parent/Guardian

REFUSAL TO GRANT 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:

Date

Signature of parent/Guardian



Rittman Academy

Student/Parent Handbook Agreement

A digital copy is located on the school website and additional hard copies are available upon request.

(Please Print) Name of Student _____

I have read and reviewed the contents of the Student/Parent Handbook and understand that the policies and procedures set forth were created for the benefit of educational success.

By signing below, I hereby acknowledge that I have received and/or read a copy of the Rittman Academy Student/parent Handbook. I am responsible for knowing and following all procedures and regulations outlined in the handbook.

By signing below, I acknowledge that I have specifically reviewed the code of conduct, cell phone policy, technology use agreement, and attendance policy, and I willingly commit to adhering to the procedures and guideline as stated.

If you have any questions, please contact the Rittman Academy Director for clarification.

Parent/Guardian _____ Date _____

Student _____ Date _____



Consent for Records Release

TO: _____

Previous School

RE: _____

(Student's Full Name)

Address of previous school

age

date of birth

City, state and zip code

grade

Please fax records to:

Fax – 330-927-7405

Rittman Academy
Heritage Hall
100 Saurer St.
Rittman, OH 44270

If you have questions, please call the Rittman Academy Director at 330-927-7162.
We are requesting the following information/records for the above-named student:

_____ SSID #

_____ All school records

_____ Current IEP, ETR, 504 Plan, MFE/psychological reports, IAT/intervention (if applicable)

With the understanding that the district cannot assume responsibility for the confidentiality of education information disclosed, I authorize you to release the student information indicated above.

Signature of parent/guardian

date

address
zip code

city, state,



School District Language Survey

This information is required by Federal law under Title VI. This form must be completed for all students at the time of enrollment.

Student Name _____

Date _____

School District – Rittman Academy

School Building – Rittman Academy - Heritage Hall. 100 Saurer St. Rittman, OH 44270

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

English

Other _____

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

English

Other _____

3. What language do you use most often with your son/daughter?

English

Other _____

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

English

Other _____



Rittman Academy Laptop Contract

(If you would like to borrow a laptop for at-home use)

- Rittman Academy will loan chrome books to students to do school work at home.
- There is no cost to borrow a chrome book. However, students must adhere to the following acceptable use policy:
 - The computer may be used for educational purposes and school work only. Use of the computer for other reasons may result in the loss of privileges.
 - Unethical use of the internet, e-mail, or any other media is prohibited. Violation of the policy may result in disciplinary action.
 - The configuration of the hardware and all accompanying software may not be altered.
- The student is responsible for any damage related costs due to purposeful action or negligence.
- The computer will be returned at the end of the school year, or if the student withdraws from the school, or if the student is not using the computer at home for extended periods of time.
- The cost to the student for a laptop that is lost, damaged, stolen, or not returned is \$325.00.
 - Failure to return a computer or pay the fee could result in the holding of school record or diploma.

Student Name _____
(Please Print)

Student Signature _____ Date _____

Parent Signature _____ Date _____





Photo and Media Release Form

As the parent/guardian of this student, I hereby consent to the use of photographs/video taken during the course of the school year, for publicity, promotional and/or educational purposes (including publications, presentations or broadcasts via newspaper, internet or other media sources. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

_____ Yes, I grant consent for Rittman Academy to publish photos and/or media of my student for school purposes.

_____ No, I do not grant consent to Rittman Academy to publish photos and/or media of my student for any reason whatsoever.

Parent/Guardian Signature _____ Date _____



Student Contact Sheet

Student Name: _____

Student Address: _____

City, Zip: _____

Student Cell Phone Number: _____

Student email: _____

Primary Parent/Guardian Contact

Parent/Guardian Name: _____

Cell Phone Number: _____

Email: _____

Address (if different from above) _____

Secondary parent/Guardian Name: _____

Cell Phone Number: _____



**RITTMAN
ACADEMY**

Student Registration Form

Student Information

First Name _____

Last Name _____

Home Address _____

City _____ zip code _____

Student phone number _____

Date of Birth _____

Social Security Number _____

Previous school attended _____

Food allergies _____

Ethnicity (please circle one): Black; Hispanic/Latino; Pacific Islander; Asian; Mixed race; White, non-Hispanic

Parent/Guardian Information

Name(s) of legal guardian(s) _____

Relationship to Student _____

Parent/Guardian phone numbers _____

Signature of parent/guardian

date

Rittman Academy Student Success Plan



The Student Success Plan is a student-focused process that addresses academic and career goals and resources of individual students to assist in planning and preparing for their post-high school future. The Plan is designed to be a living document that is modified or adjusted quarterly as the student transitions through high school and considers post-high school opportunities. Plans are unique to the student and requires collaboration that includes student, parent/guardian and school guidance staff.

The Student Success Plan should include supports and counseling that meets the current needs of the student as well as prepares the student for post-high school transition. In addition, the plan must include the following items:

- tools and activities for career development such as OhioMeansJobs;
- coursework and, if applicable, work-based learning;
- tutoring or additional supports; and,
- any specific graduation requirements of the school.

To ensure a successful high-school to post-high school transition, school guidance teams should plan quarterly check-ins with their students.

If your career goals have changed since your last meeting, please attach a new cover sheet to this career organizer.

Approval of Student Success Plan

Student Signature

Date

Parent/Guardian Signature

Date

Teacher/Counselor Signature

Date



Opt-Out of Instructional Material that Includes Sexuality Content

☐ I acknowledge that I have been provided an opportunity to review any instructional material that includes sexuality content, as defined below, and I request that my child be **excused** from instruction that includes sexuality content and permitted to participate in an alternative assignment.

“Sexuality content” means any oral or written instruction, presentation, image, or description of sexual concepts or gender ideology provided in a classroom setting.

“Sexuality content” does not include instruction or presentation in sexually transmitted infection education, child sexual abuse prevention, and sexual violence prevention education or instruction, or presentation emphasizing abstinence, as required by Ohio law. Also, “sexuality content” does not include incidental references to sexual concepts or gender ideology occurring outside of formal instruction or presentations on such topics, including references made during class participation and in schoolwork.

Sexuality content must be age-appropriate and developmentally appropriate for the age of the student receiving the instruction, regardless of the age or grade level of the student. "Age-appropriate" and "developmentally appropriate" content refers to activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group.

(a signature is only necessary if you would like your child to be **excused** from instruction that includes sexuality content and permitted to participate in an alternative assignment.)

Student name

Parent signature

Date

Rittman Academy Free & Reduced Lunch Form (PLEASE RETURN THIS PAGE)

Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and grade level for each child or indicate "NA" if child is not in school	Check if a foster child (legal responsibility of welfare agency or court) If all children listed below are foster children skip to Part 5 to sign this form.	Check if No Income
	School	Grade	
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.
 NAME: _____ 7-DIGIT CASE NUMBER _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and contact Dr. Shawna DeVoe at roc_devoe@tccsa.net or 330-927-7460.
 Homeless ☐ Migrant ☐ Runaway ☐

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income) <i>(Example) Jane Smith</i>	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly," "monthly," "quarterly," "annually")
<i>(Example) Jane Smith</i>	\$700	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00 quarterly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
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Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.

Please check a box: ☐ Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

☐ No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver

Signature of Parent/Guardian: _____ Date: _____

Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of your Social Security Number: _____ ☐ I do not have a Social Security Number

Part 7. Children's ethnic and racial identities: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American
☐ White ☐ Native Hawaiian or other Pacific Islander

Do not complete this section. Intended for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice per Month, ☐ Month, ☐ Year Household size _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason _____

Determining/Approval Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____

Verification Result: No Change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free _____ Reduced Price to Paid _____