

Heritage Hall 100 Saurer Street Rittman, OH 44270

#### 2022-2023 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.rittman.k12.oh.us

330-927-7162 (office)

Diane Shaum, Administrative Assistant dishaum@mail.rittman.k12.oh.us

330-927-7162 (office)



#### Rittman Academy Enrollment Procedure

#### ACADEMY

Welcome to the Rittman Academy. The first step in the new student registration is to btain a registration packet. The packet includes the following documents that require complet ion:

□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 - Waiver
□Free and Reduced Lunch Form
□Anazao Community Partners Intake Paperwork
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In addition to these 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 papers- (if applicable)

Foster child documentation- (if applicable)

Copy of a student's IEP or 504 Plan - (if applicable)

Proof of Residency of custodial parent

o "Proof of Residency" documentation. The most common way to do this is by bringing a copy in of a <u>utility bill, cell phone bill, rental/lease agreement</u>, mortgage coupon, or a homeowner's insurance policy.

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



#### Consent for Records Release

O:	RE:		
(Previous School Attended)		Students	Full Name
Address of previous school	_	<b>A</b> ge	Date of Birth
City, State, and Zip Code		Previous	Grade Level
Please fax records to:		Fax- 330-9	27-7405
Rittman A	•		
	tage Hall		
	urer Stre		
Menta	, OH 44	270	
you have any questions, you may call the Ri  Ve are requesting the following information,  SSID#		•	
All school records			
All school records			
If applicable			
*Current IEP		_	ports
*ETR * *504 plan	*IAT/Inter	vention	
304 μian			
With the understanding that the district cannot a educational information disclosed, I authorize yo		•	•
ignature of Parent/Guardian		Date	
Address	of fairer statements of the desirence	City, State, 7	Zip Code



#### **Student Registration Form**

#### **Student Information**

First Name		_
Last Name		<b>-</b>
Home Address		_
City	zip code	_
Student phone number		_
Date of Birth		_
Social Security Number		_
Ethnicity (please circle one): blace	ck; Hispanic or Latino; Pacific Islander; Asian; Mixed race;	White, non-Hispanic
Previous school attended		
	Parent/Guardian Information	
Name(s) of legal guardian(s)		
Relationship to Student	·	<del></del>
Parent/Guardian phone num	bers	
	12.	
	Signature of parent/guardian	date



#### **Student Contact Sheet**

Student Name:
Street Address:
City, Zip:
Student Cell:
Student E-mail:
Primary Parent/Guardian Contact
Parent/Guardian:
Cell:
E-mail:
Address (Only if different than that above)
Secondary Parent/Guardian contact:
Cell:

#### EMERGENCY MEDICAL AUTHORIZATION FORM



[2]

Home Address	
City, State & Zip Code	Phone
Date of Birth//	Grade
parents and guardians to authoriz	N INFORMATION (The purpose of this information is to enable ze the provision of emergency treatment for children who become ill or rity, when parent or guardians cannot be reached.)
Mother	Daytime Phone ( )
Father	Daytime Phone ()
Relative/Provider/	Relationship
Or Other Contact	Phone ( )
Primary Care Physician	
medical professionals, or, in the eve physician or dentist; and (2) the trans This authorization does not cover m	TO GRANT CONSENT*  contact me or the other parent or guardian have been unsuccessful, I hereby tration of any treatment deemed necessary by the listed doctor, dentist, or ent the designated preferred practitioner is not available, by a licensed insfer of the child to the above hospital or any hospital reasonably accessible.  Inajor surgery unless the medical opinions of two other licensed physicians or y for such surgery, are obtained prior to the performance of such surgery.
Date	Signature of Parent/Guardian  REFUSAL TO GRANT CONSENT*
I DO NOT give my consent for en	mergency medical treatment of my child. In the event of illness or injury i, I wish the school authorities to take the following action:
Date	Signature of Parent/Guardian



#### School District Language Survey

This information is required by Federal Law, this form must be completed for all students at the time of enrollment. Title Vi Compliance.

Studer	nt Name-	with the same and
Date:	The same of the sa	P find or 8 th D by the first state of the first st
School	District- Rittman Aca	demy
School	Building- Rittman Ac	adomy, Heritage Hall
1.	What language did yo	our son/daughter speak when he/she first learned to talk?
	English	Other
2.	What language does	your son/daughter use most frequently at home today?
	Fn <u>e</u> llsh	<u>O</u> ther
3.	What language do yo	Du use most often with your son/daughter?
	English	Other
4,	What language do th	ne adults at home most often speak?
	English	Other



#### Rittman Academy Student/Parent Handbook Agreement

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

(Printed) Name of Student:	
I have read and reviewed the contents of this Student/F understand that the policies and procedures set forth w benefit educational success.	
By signing below, I hereby acknowledge that I have receive Rittman Academy Student/Parent Handbook. I am and following all procedures and regulations as outlined	responsible for knowing
By signing below, I acknowledge that I have specifically conduct, cell phone policy, technology use agreement, I willingly commit to adhering to the procedures and go	and attendance policy, and
If you have any questions, please do not hesitate to con Director for clarification.	ntact the Rittman Academy
Parent/Guardian:	Date:
Student:	Date:



#### Student Laptop Contract

#### (If You Need To Borrow A Computer For At Home)

- The Rittman Academy will loan out chrome books for students to do school work at home.
- This loaner computer is free of charge under the following considerations.
  - o It can only be used for educational purposes and school work. Use of the computer for other reasons may result in the loss of laptop privilege.
  - o Unethical use of the internet, e-mail, or any other media is prohibited. Violation of the policy may result in disciplinary action.
  - o 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 for any reason that is not returned is \$325.00.
  - o Failure to return a computer or pay the fee will result in the withholding all school records, diplomas, or other information that might be requested.

Student Name:(Printed)	
Student Signature:	Date
Guardian Signature:	Date



#### Photo & Media Release Form

As a parent/guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast 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 and/or at school events.
	No, I do not authorize Rittman Academy to publish photos and/or media of my student for any reason whatsoever.
<b>?</b> )	
Pare	nt/Guardian Signature: Date:



#### **Student Success Plan - Waiver**

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.

Student Signature	Date	**************************************
Parent/Guardian Signature	Date	
Teacher/Counselor Signature	Date	

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

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If selected for Ventication, Date Ventication Notice Sent:\_

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Verification Result. No Change

Results Sent

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Reduced Price to Free

ZAQ

#### 2587 Back Orrville Rd, Wooster, Oh 44692 (330) 264-9597 Toll Free (800) 721-9472

Financial Agreements:

By signing below, I authorize enrollment in the Mental Health and Recovery Board (MARR) plan and PartnerSolutions Health Informatics Consortium (PSHC). I request that ACP bill any eligible charges under that plan, and authorize payment of benefits to ACP for services provided. I understand that ACP uses a scale based on the size and income of my household to determine fees. I understand that I may be responsible for payment for services denied by my insurance or Medicaid/Managed Care Organization (MCO) plan. I understand that I must provide proof of income (current pay stub, recent tax form, statement from employer) to determine eligibility for some funding. I understand that if my family has no income, I must attest to this. I understand that I must provide ACP with proof of any change of income. I understand that not providing proof of income may result in my being charged the full hourly fee (up to \$131 per hour) until this is provided. I understand that once my fee has been calculated, this will be provided to me. I understand that payment is due at the time of service. I understand that delinquent accounts may be turned over to a collection agency. This information is also available for me to review at <a href="https://www.anazaocountmitipartners.org">www.anazaocountmitipartners.org</a>.

Income Statement \* If additional space is needed use back of form or attach separate sheet of paper. This information is used to determine fee reductions or eligibility for other funding (including TANF) for your services.

*Name of in	ndividuals in home:	Age:	Relationship to cl	ient:	
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	7.716.0.411			074	
*List all inc	ome for household members:	Enter Eith	ner Weekly or Monthly, not	8uth	
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Туре:	Social Security (SSI is not eligible income)	Hrs Per		Per Month:	\$
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		Per Hour:	\$	Per	
Income Type: Employed At:		Hrs Per Week;		Month:	\$
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Income Type: Employed At:		Hrs Per Week:		Month:	\$

lauthorize payment of services provided by ACP to be paid directly to ACP. I authorize ACP to release any information regarding claims for services to my insurance carrier/managed care organization.

Client (adult) or Guardian:	Date:
Policy-Holder: if different from Guardian)	Date:
Witness:	Date:

**REVISION 8-2-2021** 

For questions about this form, or assistance completing the form, please call our office at 330-264-9597.

# Ohio School Report Cards



2021 - 2022 Report Card for

## Rittman Academy

Schools that receive the dropout prevention and recovery report card receive ratings for up to eight measures and four components.

## **Achievement Component**

The Achievement component, previously called the High School Test Passage Rate component, represents the number of students who meet applicable criteria on assessments that are required for graduation.

### **Progress**

The Progress component looks dosely at the growth all students are making during the school year.

### Gap Closing

This component shows how well schools are improving or meeting the performance expectations for all students in English language arts, math, graduation, and English language proficiency.



Meets Standards Rating



Meets Standards Rating



Meets Standards Rating

## **Graduation Rate**

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

**Exceeds Standards** 

Rating

Graduation Rates

A Graduation rate is not calculated if there are not at least 10 students in

the graduating class 61.8% of students graduated in 4 years

62.5% of students graduated in 5 years

78.9% of students graduated in 6 years

69.0% of students graduated in 7 years 45.5% of students graduated in 8 years

63.3% is the weighted average of all graduation rates.



Exceeds Standards Exceeds Sta

4-Year Rating

Exceeds Standards 5-Year Rating



Exceeds Standards 8-Year Rating

**Exceeds Standards** 

7-Year Rating





Exceeds Standards Combined Rating