



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.rittmman.k12.oh.us

330-927-7162 (office)

Diane Shaum, Administrative Assistant
dishaum@mail.rittmman.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 obtain a registration packet. The packet includes the following documents that require completion:

- 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

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 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.

These will be sent with your records

Please provide



Consent for Records Release

TO: _____ RE: _____
(Previous School Attended) Students Full Name

Address of previous school Age Date of Birth

City, State, and Zip Code Previous Grade Level

Please fax records to: Fax- 330-927-7405

Rittman Academy School
Heritage Hall
100 Saurer Street
Rittman, OH 44270

If you have any questions, you may 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

_____ If applicable

- *Current IEP
- *MFE/psychological reports
- *ETR
- *IAT/Intervention
- *504 plan

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

Signature of Parent/Guardian

Date

Address

City, State, Zip Code



Student Registration Form

Student Information

First Name _____

Last Name _____

Home Address _____

City _____ zip code _____

Student phone number _____

Date of Birth _____

Social Security Number _____

Ethnicity (please circle one): black; 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 _____

Parent/Guardian phone numbers _____

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



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 parent or guardians cannot be reached.)

Mother _____ Daytime Phone (____) _____

Father _____ Daytime Phone (____) _____

Relative/Provider/ _____ Relationship _____
Or Other Contact

Phone (____) _____

Primary Care Physician _____ Phone (____) _____

* Either sign consent OR refusal to consent.

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 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



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.

Student Name- _____

Date- _____

School District- Rittman Academy

School Building- Rittman Academy, Heritage Hall

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 today?

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
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/Parent Handbook and understand that the policies and procedures set forth were created for the benefit 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 as outlined in this entire 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 guidelines as stated.

If you have any questions, please do not hesitate to contact the Rittman Academy Director for clarification.

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.
 - 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.
 - 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 for any reason that is not returned is \$325.00.
 - 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.

☐ _____

Parent/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.

Approval of Student Success Plan

Student Signature

Date

Parent/Guardian Signature

Date

Teacher/Counselor 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 "N/A" if child is not in school School: _____ Grade: _____	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." <input type="checkbox"/>	Check if No Income <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"/>
		<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 6. 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")
	\$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"/>	<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"/>	<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"/>	<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"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /

Part 5. SCHOOL INSTRUCTION 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 White American Indian or Alaska Native Black or African American 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



Financial Agreements:

By signing below, I authorize enrollment in the Mental Health and Recovery Board (MHRB) 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 www.anazaocommunitypartners.org

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 individuals in home:	Age:	Relationship to client:

*List all income for household members:				<i>Enter Either Weekly or Monthly, not Both</i>			
Circle Income Type:	Paycheck Child Support Social Security (SSI is not eligible income)	SSDI	Per Hour:	\$	Per Month:	\$	
			Hrs Per Week:				
			Employed At:				
Income Type:			Per Hour:	\$	Per Month:	\$	
Employed At:			Hrs Per Week:				
Income Type:			Per Hour:	\$	Per Month:	\$	
Employed At:			Hrs Per Week:				

I authorize 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: _____
 For Financial Responsibility

Policy-Holder: *if different from Guardian* _____ Date: _____

Witness: _____ Date: _____

2021 - 2022 Report Card for Rittman Academy



Meets Standards
School Rating

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.



Meets Standards
Rating

Progress

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



Meets Standards
Rating

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

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
4-Year Rating



Exceeds Standards
5-Year Rating



Exceeds Standards
6-Year Rating



Exceeds Standards
7-Year Rating



Exceeds Standards
8-Year Rating



Exceeds Standards
Combined Rating