



Student Registration Packet

Visit our website at rittmanacademy.org for important information, updates, and student spotlights.

Contact Information

Principal

Kent Smith

330-927-7162

Student Liason

Calvin Baird

330-927-7167

Administrative Assistant

Diane Shaum

330-927-7162



Rittman Academy

Enrollment Procedure

Welcome to Rittman Academy. The first step in new-student registration is to obtain a registration packet. The packet includes a **Student registration, Consent for Record's Release, Emergency Medical Authorization, Student and Academy Guidelines, Acceptable use and Internet Safety Policy (student and parent), and a Free and Reduced Price School Meals Family Application.**

Along, with a completed registration packet, the following documentation is required prior to the student's start date:

Copy of your child's original birth certificate;

Copy of your child's social security card;

Proof of residency;

(Must be one of the following)

Utility Bill (Gas, Water or Electric)

Signed Rental/Lease Agreement

Mortgage Coupon

Rental/Homeowner's Insurance Policy or Statement

Health/Immunization record;

Custody Papers (if applicable)

Journal Entry for Foster Children (if applicable)

Copy of your child's IEP/MFE (if applicable)

STUDENT REGISTRATION FORM

(THIS AREA FOR OFFICE USE ONLY)

Student I.D. _____
Student SSID # _____
Birth Certificate _____
Immunization _____
Custody Papers _____
Entry Code _____

Last Name First Middle

Address City, State & Zip
() Unlisted Phone Yes No
Home Phone #

(A=Asian, B=Black, H=Hispanic, I=Native Am., W=White)

M or F Date of Birth Student's Social Security Race

Has your child ever attended this school district before? Yes No Which building?

Previous school(s) attended last 5 years:

Present Grade Level (PS- Preschool, KG-Kindergarten, 01-12 Grades 1 thru 12)

Admission Date / /
Open Enrollment? Yes No
District of Residence?
Homeless? Yes No
Citizen Status 1= US Citizen
2= Exchange Student
3= Other Non US Citizen

Entry Code: _____

- 1 - first school attended
2 - from a non-public school
3 - from another school district in the same county
4 - from another school district NOT in the same county
5 - from another public school district in another state
6 - from another country
7 - from home schooling
8 - from an institution
9 - from MR/DD
10 - previously dropped out
11 - court referral
12 - from a licensed preschool
13 - from a licensed kindergarten
14 - from Head Start
15 - from a joint vocational

FAMILY INFORMATION

Child lives with: Both Parents
Father Step-father Guardian & / or Custodian
Mother Step-mother Foster Parent

Name(s) of Parent Father / Step-father / Guardian
Mother / Step-mother / Guardian

Legal Martial Status: Single (never married) Separated
Single (divorced) Widow
Divorced

Siblings Living at Home Date of Birth School Attending

SPECIAL SERVICES

Has your child had any educational services that involved any of the following areas:

Speech IEP
Physical Therapy MFE
Occupational Therapy 504 Plan

Signature of Parent or Guardian

Date

PARENT / GUARDIAN / STUDENT CONSENT FOR RECORDS RELEASE

TO: _____
Previous School Attended

Address

City, State and Zip Code

RE: _____
Student's Full Name

Age

Date of Birth

Present Grade Level

Rittman Exempted Village School District

Rittman Academy

100 Saurer Street
Rittman, OH 44270
330. 927.7162 lab #
330. 927.7400 office #
330. 927.7405 fax #

We are requesting the following information / records for the above-named student:

_____ **S.S.I.D.# - State Student Identification Number (EMIS)**
YOU MAY NEED TO CONTACT YOUR EMIS
COORDINATOR FOR THIS INFORMATION

_____ **ALL school records**

Please be sure to also include these items with the records transfer.

- Current IEP
- 504 plan
- IAT / intervention
- MFE / psychological reports

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 and Zip Code

FOR SCHOOL USE ONLY

_____ **Complete records mailed** _____ **Incomplete records mailed**

Copies mailed _____ **by** _____

Date *Name / Position*

RITTMAN ACADEMY

EMERGENCY MEDICAL AUTHORIZATION

Student's Legal Name _____

Home Address _____

City, State & Zip Code _____ Phone (____) _____

Date of Birth ____ / ____ / ____ Grade _____ Teacher _____

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 / Childcare Provider _____

Relationship _____

Address _____

Phone (____) _____

Other Contact _____

Phone (____) _____

Doctor _____

Phone (____) _____

Dentist _____

Phone (____) _____

Medical Specialist _____

Phone (____) _____

Local Hospital _____

Phone (____) _____

Has any information changed from the previous year? _____ Yes _____ No

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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are: _____

Date

Signature of Parent or 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 or Guardian