



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](http://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)

Diane Shaum, Administrative Assistant  
dishaum@mail.rittmann.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



## New Student Registration Form

### *Student Information:*

First Name- \_\_\_\_\_

Last Name- \_\_\_\_\_

Home Address- \_\_\_\_\_

City- \_\_\_\_\_ Zip- \_\_\_\_\_

Student Phone Number- \_\_\_\_\_

Date of Birth- \_\_\_\_\_

Social Security Number- \_\_\_\_\_

Previous School Attended- \_\_\_\_\_

### *Parent/Guardian Information:*

The name(s) of the 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

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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

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Student Signature

Date

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Parent/Guardian Signature

Date

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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 "NA" 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.	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"/>

**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)	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")
(Example) Jane Smith	\$200	<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"/>	\$ _____ / _____

**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: \_\_\_\_\_ 2<sup>nd</sup> 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 (PSHIC). 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](http://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 Social Security (SSI is not eligible income)	Child Support	SSDI	Per Hour:	\$	Per Month:	\$
				Hrs Per Week:			
Employed At:				Per Hour:	\$	Per Month:	\$
				Hrs Per Week:			
Income Type:				Per Hour:	\$	Per Month:	\$
				Hrs Per Week:			
Employed At:				Per Hour:	\$	Per Month:	\$
				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: \_\_\_\_\_

**Not Rated**

School Rating

## 2020 - 2021 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. The 2020-2021 report card will not have grades or ratings per Ohio law.

### 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.

**Not Rated**

Rating

### Progress

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

**Not Rated**

Rating

### Gap Closing

This component shows how well schools are improving or meeting the performance expectations for all students in

**Not Rated**

Rating

English language arts, math, graduation, and English language proficiency. The English language proficiency data is not available this year.

### 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.

**Not Rated**

Rating

#### Graduation Rates

A Graduation rate is not calculated if there are not at least 10 students in the graduating class  
68.8% of students graduated in 4 years

78.9% of students graduated in 5 years

66.7% of students graduated in 6 years

46.6% of students graduated in 7 years

42.9% of students graduated in 8 years

69.8% is the weighted average of all graduation rates.

**Not Rated**4-Year  
Rating**Not Rated**5-Year  
Rating**Not Rated**6-Year  
Rating**Not Rated**7-Year  
Rating**Not Rated**8-Year  
Rating**Not Rated**Combined  
Rating