

Findlay Learning Center

Meeting our students where they are and
guiding them to their future.



2018-2019

Secondary Student Enrollment Packet

Revised March 2018

Enrollment Application Checklist

Counselors, Parents/Guardians: This is a checklist of forms and documents that are **required** before your child will receive invitation to our pre-admission orientation with the Findlay Learning Center Academy. Use this checklist as a guide to complete your application. Please submit required documents for registration in order to avoid delays in enrollment.

ALL NEW OR EXISTING STUDENTS:

- | | |
|--|---|
| | 1. Signed enrollment packet |
| | 2. Signed records release |
| | 3. Copy of parent/official guardian photo identification |
| | 4. Signed Findlay Learning Center Financial Responsibility notice |
| | 5. Completed & signed Emergency Medical form |
| | 6. Completed & signed Findlay City Schools Over-the-counter Medicine form |
| | 7. Transportation Form |



STUDENTS NEW TO DISTRICT ONLY:

- | | |
|--|--|
| | 8. Proof of residency (Any one of the following: lease or rental agreement, tax bill, mortgage statement, copy of building or purchase contract if you have not yet established residency, bank Statement, utility bill) |
| | 9. Complete Academic Records: |
| | a. Transcripts of academic record |
| | b. Standardized test scores |
| | c. IEP/MFE/504 (if applicable) |
| | d. Current class schedule |
| | 10. Copy of official birth certificate (hospital record of birth does not qualify) |
| | 11. Copy of immunization record |
| | 12. Copy of child custody papers, if applicable, indicating primary custodial parent/guardian for purposes of education, and/or person responsible for the cost of the child's education (must be entire document) |
| | 13. Child's social security card |
| | 14. Home Language Survey |
| | 15. Family Educational Rights and Privacy Act (FERPA) |

Enrollment & Attendance Policy

The Findlay Learning Center serves self-motivated students who have the desire and ability to participate in a self-paced program of blended learning instruction that includes online instruction with the support of a licensed educator who can help provide assistance. However, in order for students to be successful in a blended-learning environment students must be able to effectively manage their time, learn independently, and take responsibility for their learning.

In order to ensure that our students are making adequate progress in their schooling they are required to complete their course work according to the course pacing guides and the goals established with the input of their educational coach or teacher. For students in grades 1-6 this requires a minimum of 22.5 hours of online activity time each week. Activity time is calculated as time spent by a student actively working in online lessons (tutorial, application, mastery test, assessment, etc.). Offline activities, such as additional reading selections, reports, projects, etc. are considered to be homework and are required in addition to the 22.5 hours of activity time each week.

Findlay Learning Center Commitment:

1. The Findlay Learning Center will provide a high-quality on-line curriculum in a supportive and effective learning environment that is aligned with the Ohio Content Standards.
2. The staff at the Findlay Learning Center will provide each child with assistance and feedback during normal operating hours.
3. The staff at the Findlay Learning Center will return parent phone calls and emails within 24 hours during normal operating hours.
4. Parent conferences will occur on a quarterly basis and by appointment when a parent or staff member requests a conference.
5. Student progress reports will be mailed to the parent on a quarterly basis.
6. Educational Coaches will make every possible attempt to contact parents by telephone, text message, email or mail to discuss student attendance and progress concerns in a timely manner.

Parent and Student Commitment:

Parents and students are asked to please read the following statements and initial in the spaces provided.

Parent Initial	Student Initial
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_____ Unless otherwise approved by the director, when student first begins at the Findlay Learning Center they will attend the lab or classroom for at least 14 hours a week for the first three weeks in order to ensure the student understands how to use the online program, understands how to get assistance, and can establish a learning routine that will ensure they are successful using this blended learning option.

_____ The student must be physically present at the Findlay Learning Center for at least a minimum of 3 hours each week. During this time students will participate in a variety of activities which may include: review of student's overall progress, establishing weekly goals, tutoring, test taking, etc.

_____ _____ Secondary students (grades 7-12) are required to complete 22.5 hours a week of instructional activities.

_____ _____ Students who do not maintain adequate progress **will be** required to attend more frequently.

_____ _____ A student's enrollment and successful participation in the Findlay Learning Center requires that the family provides and maintains a connection to the internet. The student and family understands that when they are not able to provide a connection to the internet they must make other necessary arrangements in order for their child to complete their coursework. This may include using the internet connection provided by the local public library or increasing their time at the FLC lab.

_____ _____ Findlay City School issued computer and school supplies are the property of the State of Ohio, purchased by Findlay City Schools and assigned to you (your child) for use while enrolled in the Findlay City School District. By signing this agreement, you assume responsibility for the equipment and school supplies issued to you (your child) and agree to take due care in the handling and use of this equipment and school supplies. Parents and/or students are responsible for computer and/or peripheral equipment that are lost, stolen, damaged or destroyed in any manner.

_____ _____ Parents and guardians agree to attend at least two parent conferences throughout the school year in order to receive updates on student progress.

_____ _____ Parents, guardians and students understand that all tests and final exams must be taken at the school in order to ensure the integrity of our program.

_____ _____ Parents, guardians and students must provide within the home a structured schedule during which the student is engaged in the Findlay Learning Center's program of study, and adult supervision and support to ensure the student's safe and responsible participation in the learning program.

_____ _____ Students must be committed to working on their lessons, asking for assistance when they need help, and helping to ensure that the Findlay Learning Center is a safe and respectful learning environment. Students will be required to follow all rules and regulations of the Findlay City School District whenever they are on Findlay City School property. Parents, guardians, and students understand that students are not permitted to be disruptive or sleep in the lab. Students who are unable to stay awake during their time at the lab will be required to go home. A student's time at the lab can be reduced by the director or principal, up to the state minimum of three hours of attendance at the lab per week. When a student is sent home for sleeping or disruptive behavior they are still required to meet their online attendance requirements.

_____ _____ Students will be required to work on off-line activities, according to the course syllabus. This work is counted as homework and not a part of their weekly required 22.5 hours of time-on-task.

_____ Student attendance is calculated beginning at midnight on Monday through 11:59 PM Sunday evening. Students who do not work on their online work for a minimum of 22.5 hours of time-on-task weekly (Monday-Sunday) will be marked unexcused absent.

_____ Parent must contact the school when their child will be absent from their regularly schedule day(s) of attendance. Absent notes are required to excuse a student when they are unable to meet their weekly 22.5 hours ‘time-on-task’ requirements due to an FCS approved absence reason. The note must be submitted within 2 days after returning from the absence in order to be considered for excusal.

_____ Students are required to complete their weekly hours, including times when school is delayed or cancelled.

_____ Students who are absent from the FLC lab are expected to continue working on their online course work during their absence, except when the absence is due to an FCS approved absence reason. Students who do not complete their weekly online coursework will be marked absent. An absence may be recorded on the student’s attendance for any day of the week from Monday through Friday. It will be at the Findlay Learning Center director’s discretion, in accordance with the laws, whether an absence is marked excused or unexcused based on the reason and documentation given for the absence. Students are truant from school when they have no valid reason for missing school or not participating in their online coursework.

Ohio law recognizes the following as being valid reasons for being absent from school: personal illness, illness in the family, quarantine of the home, death of a relative, emergencies due to absence of parents or guardians, observances of religious holidays, other emergencies of a set of circumstances which constitute good and sufficient cause. All other absences will be considered unexcused. Unexcused absences will be closely monitored and the following procedures will be maintained: The Hancock County Juvenile Court requires truancy attendance meeting after two unexcused absences. After ten days of unexcused non-attendance, truancy charges may be filed and the student may be withdrawn from the Findlay Learning Center in accordance with ORC Section 3314.03(A)(6)(b). The district of residence will be notified of the withdrawal.

I have read, understand, and agree to abide by the terms of the foregoing Attendance Policy.

SIGN HERE

SIGN HERE

Parent Signature Date

Student Signature Date

Student Application

Today's Date: _____

School Year: 2018-2019

Please Note: All information remains confidential. It is necessary for you to supply all requested information before we can process your application for enrollment. Much of this information is required by the Ohio Department of Education and is used for statistical purposes. This application must be complete. Thank you for your cooperation.

Has your child ever attended Findlay City Schools? Yes No

Student Last Name: _____ First Name: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Student email address: _____ Grade level: _____

Sex: M F Date of Birth: _____ Social Security # _____

District Resident Status: _____ Resident; _____ Open Enrollment; _____ Foster (Court placed)

Citizenship Status: _____ U.S. Citizen; _____ U.S. Resident; _____ Non-U.S. Citizen

Ethnicity: _____ White; _____ Black or African American; _____ Hispanic; _____ Asian;

_____ Pacific Islander or Native Hawaiian; _____ Am. Indian or Alaskan Native

Does the student participate in school sports? Yes No

Does the student plan to participate in school sports next semester or next year? Yes No

Name of school currently attending: _____ City: _____

Reason for leaving school: _____

Last date of attendance (if not currently attending school): _____

Special Needs Information

Does your child have an IEP? Yes No

Does your child have a 504 Plan? Yes No

Has your child been identified as Gifted? Yes No

Connectivity

1. Do you currently have a computer in the house? _____ Yes _____ No

2. Do you currently have access to the internet? _____ Yes _____ No

Learning Lab Hours of Attendance

Option 1: 7:30 am -10:45 am

Option 2: 11:15 am – 2:30 pm

Option 3: 7:30 am – 2:30 pm (lunch will be available from 10:45 am – 11:15 am)

Option 4: _____

Parent/Guardian/Emergency Contact Information

Mother Does the student reside with this parent? (Circle One) Yes No
Is this person the student's legal guardian? (Circle One) Yes No
First Name: _____ Last Name: _____

Home Phone: _____ Work: _____ Cell _____ Parent Email Address: _____

Address (If different from student) _____ City: _____ Zip _____

Father Does the student reside with this parent? (Circle One): Yes No
Is this person the student's legal guardian? (Circle One): Yes No
First Name: _____ Last Name: _____

Home Phone: _____ Work: _____ Cell _____ Parent Email Address: _____

Address (If different from student) _____ City: _____ Zip _____

Guardian/Other Does the student reside with this parent? (Circle One): Yes No
Is this person the student's legal guardian? (Circle One): Yes No
First Name: _____ Last Name: _____

Home Phone: _____ Work: _____ Cell _____ Guardian Email Address: _____

Address (If different from student) _____ City: _____ Zip _____

Medical Issues - Please tell us about any medical conditions or issues you may have:


Legal Issues - Please tell us about any legal issues you may have (restraining orders, etc.).

MILITARY FAMILIES


_____ Please check here if this student has a parent, sibling, or grandparent in the military (any branch of service, whether active duty, National Guard, or reserves). *An additional form will be sent home with your child to authorize release of information to the Hancock County Red Cross Armed Forces Family Network.*

State and District Testing

I understand that as part of my/my child's enrollment in Findlay Learning Center it is a requirement that I attend all the testing dates that are required of me. I also understand that my child's may be required to participate in district assessments which might also include STAR or other assessments.

 Student Signature: _____

Date: _____

 Parent Signature: _____

Date: _____

Financial Responsibility Notice

Required for all computer sign-outs

Please read carefully.

Please initial at the side where indicated, and sign and date the bottom of the form.

Findlay City School issued computer and school supplies are the property of the State of Ohio, purchased by Findlay City Schools and assigned to you (your child) for use while enrolled in the Findlay City School District. By signing this agreement, you assume responsibility for the equipment and school supplies issued to you (your child) and agree to take due care in the handling and use of this equipment and school supplies.

You and your child are not to add, delete, alter, load unapproved software, or reconfigure this equipment and/or its contents in any manner. This equipment is your "school environment" and any changes to it may affect the equipment capabilities and the educational process.

You are required to provide insurance coverage for the computer system in the amount of \$1000 while this equipment is in your possession. Contact your insurance agent to have the equipment added to your homeowners or rental insurance policy. This coverage must include fire, lightning, theft, and extended coverage. Have Findlay City Schools listed as the "additional insured" for your computer system.

Families who need the district to provide a computer for their child must provide the Findlay City School District with a copy of the certificate of insurance. If you do not provide the required insurance and the computer and/or peripheral are lost, stolen, or destroyed in any manner, you will be responsible for full payment of up to \$1000 to the Findlay City School District.

In the event that your computer requires repairs outside the bounds of your insurance policy (due to unapproved alterations, negligence or misuse, etc.), you will be held financially responsible and will be billed for necessary repairs. In the event that you (your child) withdraw from Findlay City Schools, it is your responsibility to return the equipment to Findlay City Schools in good repair within 10 business days from the date of withdrawal.

I understand my financial and due care obligation to Findlay City Schools and assume full responsibility of the computer system(s) and all necessary supplies and/or equipment issued to me (my child/children) as well as any and all equipment issued to me replacing original issue equipment. I understand that I /my child(ren) may not alter, tamper with, add additional unauthorized software, or reconfigure this equipment and that all repairs are to be performed by Findlay City Schools or its designated agent. I understand that it will be my responsibility to transport the equipment to locations designated by Findlay City Schools for any maintenance or repairs, and I further agree that I am financially responsible for the shipping, proper packaging, and return of all equipment and supplies upon termination from Findlay City Schools. I understand that all equipment must be returned in working order or I will be responsible for repair and/or replacement costs. Failure to return equipment promptly will result in referral to a collection agency or legal action. Referral to a collection agency will result in charges including but not limited to, costs, fees, collections costs, attorney fees and court costs as well as interest at ten percent (10%) per annum until the entire balance is paid in its entirety. With records will be withheld, in accordance to Ohio Law, until the equipment is returned and found to be in good working order or the cost of the equipment is paid to the district in full.

Parent-
guardian
initial here

Parent-
guardian
initial here

SIGN HERE

Parent/Guardian Signature

Date

SIGN HERE

Parent/Guardian Signature

Date

SIGN HERE

Student Signature

Date

Findlay Learning Center
1100 Broad Avenue Findlay, OH 45840

PARENTAL CONSENT FOR RECORDS

To: _____
(Former school name)

(Street Address) (City) (State) (Zip code)

(Fax) (Email address)

Re: _____
(Student Name & Birthdate)

Anticipated start date: _____

FROM :

Dr. Victoria Swartz, Director Pupil Services
(Name of requestor)
419-427-5424
(Requestor's phone)

Findlay Learning Center
1100 Broad Avenue
Findlay, OH 45840
Phone: 419-429-8938
FAX: 419-427-5467

We are requesting the following information/records for the above-named student, as they are requesting to be enrolled in our district

Specific records/date to be released:

- Birth Certificate Current Schedule Attendance Custody/Court Papers
- Social Security Card Grades Discipline PS - GGG, ASQ, ECO
- Immunizations Standardized Testing IEP and ETR PS - Medical/Dental

- Other _____
- Any other information helpful for the student's transition

SIGN HERE 

Signature of Parent/Guardian for Release of Records

Date

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Emergency Medical Authorization Form

(Ohio Revised Code 3313.712)

School Year 2018-2019 Building of Attendance Findlay Learning Center Grade _____

Student Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Purpose - Emergency Medical: 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. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, and health personnel including school nurses, and other school personnel.

EMERGENCY CONTACTS: Please list names in the order they should be contacted if parents cannot be reached:

	Name	Relationship	Home Phone	Cell Phone	Work Phone
Parent					
Parent					
Contact #1					
Contact #2					
Contact #3					

It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect your child at school:

Medical Information:
Medications:
Allergies:

PART 1 OR PART 2 MUST BE COMPLETED:

PART 1: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital of Choice _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1.) the administration of any treatment deemed necessary by above named doctors, or, in the event the designed practitioner is not available, by another licensed physician or dentist; and 2.) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Signature of Parent/Guardian _____ Date _____

PART 2: REFUSAL TO 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:

Signature of Parent/Guardian _____ Date _____



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The Registered Nurses of Findlay City Schools

"Helping our Students Grow with Good Health"

Nurses' Offices

Bigelow Hill
419-427-5484

Chamberlin Hill
419-425-8330

Donnell
419-429-3709

Findlay High
419-425-8308

Glenwood
419-429-3744

Jacobs
419-420-7029

Jefferson
419-425-8389

Lincoln
419-420-7019

Northview
419-425-8327

Washington
419-425-8327

Whittier
419-425-8351

Wilson Vance
419-420-7010

School Year: 2018-2019

GRADE: _____

Dear Parent or Guardian:

From time to time, students have medical needs that could be met at school by giving them over-the-counter medications. Our current School Board Policy will allow the over-the-counter medications listed below to be given without a physician's signature; however, parent consent is still required. This permission form will allow the process to work better for you, your child, and the School District.

Please let your building principal or the nurse know if you have questions or concerns about this matter. Please return the permission form to school as soon as possible.

Thank you.

As the parent/guardian of _____, a student in the Findlay City School System, I grant permission to the school nurse, principal, and/or his/her delegate to give the following medications to my child at his/her discretion:

Acetaminophen (Tylenol/Tempra) (by weight up to 500 mg) Yes <input type="checkbox"/> No <input type="checkbox"/>	Antibiotic Cream (Bacitracin) Yes <input type="checkbox"/> No <input type="checkbox"/>
Ibuprofen (Motrin/Advil) (by weight up to 400 mg) Yes <input type="checkbox"/> No <input type="checkbox"/>	Caladryl (for Itching) Yes <input type="checkbox"/> No <input type="checkbox"/>
Antacid (Tums) Yes <input type="checkbox"/> No <input type="checkbox"/>	Cough Drops Yes <input type="checkbox"/> No <input type="checkbox"/>
Eye Irrigation Yes <input type="checkbox"/> No <input type="checkbox"/>	Ora-Gel (Mouth Irritation) Yes <input type="checkbox"/> No <input type="checkbox"/>

By this permission, I voluntarily, on behalf of my child named above and myself, release the Findlay City School District, nurse, principal and/or his/her delegate from any and all liability for civil damages arising out of or from the administration or the failure to administer the medications listed above. I further understand that this permission continues in place until I provide any written changes to the building principal.

Further, I understand that if my child withdraws and enters another building, I may be asked to follow the current Board Policy (9.10) which specifies prior approval from a physician to administer medicine as well as parental approval.

SIGN HERE

Date

Signature of Parent/Guardian

Daytime Phone Number

Address of Parent/Guardian

FINDLAY CITY SCHOOLS STUDENT TRANSPORTATION REGISTRATION

In an effort to make our bus routes more efficient, we are now requiring parents/guardians to request transportation for their student(s). **YOU MUST COMPLETE AND RETURN THIS FORM EACH SCHOOL YEAR IN ORDER FOR YOUR STUDENT TO BE PLACED ON A ROUTE.** Please complete the form even if your child **does not** need to ride the school bus.

(Please complete one form for each student)

Current student: _____ **New student:** _____ **Student withdrew:** _____ **Student moved:** _____

Student's name: _____ D.O.B: _____

Student's Address: _____

If student has moved, previous address: _____

Phone #: _____ Other #: _____

Mother's Name: _____ Father's Name: _____

School: _____ Findlay Learning Center _____ Grade: _____

Specify IEP Program: _____ Special Equipment: _____

TRANSPORTATION NEEDED: AM _____ **PM** _____ **BOTH** _____

MY CHILD DOES NOT NEED TO RIDE THE SCHOOL BUS _____

*Please keep in mind that if your child lives in a designated walk area this form **will not** override bussing eligibility.*

To request bus service for a student residing in the designated walk area, to accommodate a sitter situation or to request a change in an eligible student's bus stop assignment, please complete a Bus Service Request Form. The form can be picked up at your child's school or can be found on the District's website at www.findlaycityschools.org. Click on District Information, Transportation, Bus Service Request Form.

 SIGN HERE

Parent/Guardian Signature: _____

Please return this form to your student's school. You may also mail or fax this form to:

Findlay City Schools- Transportation Department
2019 Broad Ave
Findlay, OH 45840
419-425-8271
Fax: 419-427-5466

This Section to be Completed by the Transportation Department

Bus Service for the above student has been established as follows and can begin on the date indicated:

	<u>BUS STOP</u>	<u>STOP TIME</u>	<u>*Circle one:</u>
AM BUS#	_____	_____	Crosser/Doorside
PM BUS#	_____	_____	Crosser/Doorside
NOON BUS#	_____	_____	Crosser/Doorside

*Authorized Start Date: _____

***School Secretary will notify parent of bus information**



**FOLLOWING ONLY NEED TO BE
COMPLETED FOR STUDENTS THAT ARE
NEW TO THE DISTRICT**

If student is not new to district and forms are
completed & signed print & email to:

lbruskotter@fcs.org



Home Language Survey

PLEASE PRINT LEGIBLY

Student's Family Name (Last Name) _____ Student's First Name _____ Male/Female _____ Grade _____

Is English the only language spoken by all individuals in the home?

MARK

Yes



If "yes" please sign & date the form at the bottom and you are done.

ONE:

No



If "no" please complete the remainder of this form.

Birth Date _____ Place of Birth _____
Month / Day / Year City / State / Country

Name of Parent/Guardian (Family Name) _____ First Name _____

Street Address _____ City _____ State _____ Zip Code _____

() _____ () _____

Home or Cell Phone with Area Code _____ Work Phone with Area Code _____

Email Address: _____

U.S. Entry Date (approx.) _____ Nationality: _____

Sponsor / Contact Person: _____ Phone number: _____

- Please mark/list all languages that are spoken in the home:
 Arabic Chinese English French German Japanese Korean Laotian
 Philippino Spanish Tagalog Tamil Vietnamese Other: _____
- What language does your son/daughter use most frequently at home? _____
- Which language did your child learn first? _____
- What language do you use most frequently with your son/daughter? _____
- What language do the adults at home most often speak? _____
- How long has your son/daughter attended school in home country? _____ in the U.S.A.? _____
- Age when first attended school? _____
- Date of last school attendance in home country: _____ in the U.S.A. _____
- In what language has your child received instruction? _____
- In which language do you prefer to get **written** information from the school? _____
- In which language do you want to receive **oral or spoken** information from school? _____

SIGN HERE

Signature of parent or legal guardian _____ Date _____