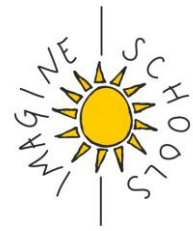




Imagine Romig Road * 2405 Romig Road Akron, Ohio 44320

330.848.1100 (office) 330.848.1130 (fax)

www.imagineschoolsromigrd.com



2012-2013 School Year

Dear Parent/Guardian:

Welcome to Imagine Romig Road! We are very excited to partner with you in educating your child. We are here to serve you. If you have any concerns please feel free to call or stop by anytime. We look forward to meeting you.

The following information **is required** by the **Ohio Department of Education** in order for your child to be officially enrolled in **Imagine Romig Road Community School and receive bussing if applicable.**

Certified Birth Certificate Current Proof of Residency (see below) Legal Custody Papers (if applicable)

The following items are acceptable documents for proof of residency. Please note proof of residency **must** be listed in **your** name and **cannot be more than 30 days old** unless otherwise noted.

Acceptable documentation

Signed Lease/rental agreement or receipt (must not be more than 60 days old)

Valid OH Drivers' license (issued 04/01/2012 or later)

Valid OH State ID.(issued 04/01/2012 or later)

Current Paystub

2011-12 Tax Return/W2

College acceptance letter

Insurance statement or bill

Utility Bill (including cable bills)

Appointment letter from Department of Job and Family Services

Change of address confirmation form from post office

Bank Statement (name and address must be shown)

Government correspondence letter (Social security, Disability, Child support, etc...)

If you have any questions or concerns please contact me at 330.848.1100 ext. 101 or 330.612.6146

Sincerely,

Ms. Yolanda Y. Brown

Imagine Romig Road

2012-2013 Application

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First day in seat _____ **HR/Grade** _____

___ White, Non-Hispanic ___ Black, Non-Hispanic ___ Hispanic ___ American Indian/Alaskan Native
 ___ Asian/Pacific Islander ___ Multiracial ___ Other _____ Male Female

Student's Name _____
First Middle Last

Date of Birth _____ **Birth City** _____ **Social Security #** _____

Home Address _____ **City** _____ **Zip code** _____

Previous School _____ **City/State** _____

Last grade completed _____ Does/Has your child have/had an Individualized Education Plan (IEP)? Y or N

Parent/Guardian Information:

1. _____ **Relationship** _____
First Middle Initial Last

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

2. _____ **Relationship** _____
First Middle Initial Last

Address (if different from 1.) _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Do you have legal custody of this student? Yes or No *Custody Papers must be provided if applicable*

Other Siblings attending an Imagine School

 _____ / _____
 Parent/Legal Guardian (please print) Signature Date

OFFICE USE ONLY: Birth Certificate _____ Immunization Record _____ Proof of Residency _____ Court Docs.(if applicable) _____

SSID _____ DASL entered _____ SOES _____ Records request sent _____ by _____

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Additional Assistance Form 2012-2013

Student Name _____ Date of Birth _____ Grade _____

1. Has your child ever repeated a grade? Yes or No if yes, please explain

2. Did your child receive any extra help (Title I, counseling, tutoring, etc.) at his/her previous school? _____

3. Was your child tested due to academic or behavior issues at his/her previous school? (explain)

4. Does your child currently receive special education services for speech or another disability?

Please list any other academic or behavioral issues below

Imagine Romig Road
2012-2013 Application
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School Policies

We believe that our Dress Code Policy supports a positive learning environment and we expect our students to:

- Appear clean, neat and well groomed each day.
- Arrive and leave school in dress code attire.
- Have shirts tucked in and completely buttoned at all times.



DRESS CODE

Imagine Romig Road's dress code consists of:

- Navy blue, black or khaki pants, skirts, jumpers or shorts (not more than one inch above the knee).
- Red, black or white button or collared shirts. Shirts should be polo or oxford style. No logos, writing or pictures.
- Solid colored sweaters, sweater vests and cardigans. No sweatshirts or hoodies
- Solid color black, brown or white shoes.

DRESS CODE INFRACTION ENFORCEMENT:

Students violating the dress code policy will receive a Dress Code Infraction Form. This form must be returned to school the next day, signed by a parent. After the first violation, students may be sent home for a change of clothing. The parent or guardian may be required to pick up the child to allow the student to comply with the dress code policy.

VISITOR POLICY:

Visitors are welcome at all times. For the safety of our students and staff, visitors must first report to the office and receive a visitor's badge. When visiting the school with the intent to speak with a teacher, please make an appointment so that the teacher can set aside proper time to focus on your conversation. . People who are regularly in the building for volunteer purposes must obtain a background check.

STUDENT PICK-UP:

You must sign students out when picking them up prior to dismissal. You must check in at the office upon arrival and be at least 18 years old. The office staff will contact homeroom of the student to be dismissed.

STUDENT LATE ARRIVAL:

Students arriving to school tardy **must be accompanied by an adult and signed in at the office** to receive a tardy slip. Late students will not necessarily receive breakfast.

NON-DISCRIMINATION POLICY:

Our School admits students of any race, color, national and ethnic origin and does not discriminate based on race, color, national origin, disability, age or sex in administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school administered programs.

HOMESCHOOLER NOTICE:

Imagine Romig Road is a community school established under Chapter 3314 of the Revised Code. The School is a public school and students enrolled in and attending the school are required to take the achievement 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 school administrators or the Ohio Department of Education.

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Permission for Field Trips

Dear Parent,

During the school year, your child will have the opportunity to participate in various educational and exploratory field trips away from the school. You will receive notification of the details of each field trip prior to the day of the field trip. Please note that your signature on this form gives consent to ALL future field trips for the school year, unless otherwise noted by you, the parent/guardian.

CONSENT FOR SCHOOL FIELD TRIPS

I, _____ give my child _____
Parent/Guardian Print name *Student-Print name*

permission to participate in the field trips away from the school. I have discussed safety and appropriate behavior with my child and he/she is prepared to follow all safety and behavior rules. I understand that by signing this form, I am giving consent for ALL field trips during this school year.

Parent/Guardian Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT

I, _____ give Imagine Romig Road permission to seek appropriate
Parent/Guardian-print name
medical attention for my child, _____ in the event of an accident or health
related incident while on the field trip event.

Parent/Guardian Signature: _____ Date: _____

Insurance Information:

Insurance Provider: _____ Member ID Number: _____

Primary Physician: _____ Telephone Number: _____

Are there allergies to be aware of? Yes No If Yes, please list:

Is there any other important medical information that should be known?

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REQUEST FOR RELEASE OR TRANSFER OF RECORDS

The following student has enrolled at Imagine Romig Road effective: _____

Students Name: _____ Date of Birth: _____

Previous schools attended

Fax: _____ Office: _____ Enrollment Grade: _____

*By signing below you also authorize us to transfer and receive records from the following: Physicians, 3rd party counseling services, 3rd party tutoring services, housing agencies(AMHA, SMHA, CMHA etc..) including landlords and the like in order to better service/educate the aforementioned student. A signature **is not** needed for record transfers between schools.*

Parent/Guardian-print name Parent/Guardian Signature Date: _____

It is requested that the following records be **faxed** to Student Records at 330.848.1130

- SSID _____ please print clearly
- Special Education (IEP/MFE/ETR)
- IAT records/data
- OAA scores
- All disciplinary records (suspensions/expulsions, behavioral contracts etc...)
- Custody/court documents
- Immunization records
- Physical Examination, Speech/Hearing/Vision records
- Birth certificate
- Proof of residency
- Attendance records
- Proof of social security number
- Last report card
- Other _____

All other records may be mailed to the above-mentioned address, attn: Student Records

School Official Date requested Date received

According to the final regulations of the Family Education Rights and Privacy Act (Buckley Amendments to P.L.93-380) it is no longer necessary to obtain written consent from parents/guardians to release school records. School officials including teachers within the educational institution, and officials of other schools in which the student expects to enroll, may receive a student's records without consent from parents/guardians for such release.

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HEALTH FORM

Student Name _____ Date of Birth _____

HEALTH CONDITIONS: Please check **ALL** that apply to your child **NO MEDICAL CONDITIONS APPLY**

- | | |
|--|---|
| <input type="checkbox"/> Allergies (food, medications, etc) | <input type="checkbox"/> Eczema/Skin Condition |
| <input type="checkbox"/> Anaphylactic Reaction | <input type="checkbox"/> Eye Problems/Poor Vision |
| <input type="checkbox"/> Asthma or Wheezing | <input type="checkbox"/> Headache (frequently) |
| <input type="checkbox"/> Attention Deficit Disorder (ADD/ADHD) | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Behavioral/Emotional Concerns | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Birth/Congenital Malformation | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Blood Problems | <input type="checkbox"/> Juvenile Arthritis |
| <input type="checkbox"/> Bone/Joint Problems | <input type="checkbox"/> Meningitis/Encephalitis |
| <input type="checkbox"/> Bowel Problems | <input type="checkbox"/> Seizures/Epilepsy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Sore Throat (frequently) |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Speech Difficulties |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Toothaches/Dental Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Urinary Track Infections (UTI) |
| <input type="checkbox"/> Ear Problems/Poor Hearing | <input type="checkbox"/> Wetting (day or night) |
| <input type="checkbox"/> OTHER: _____ | |

ILLNESS, INJURIES & HOSPITALIZATIONS: Please Explain

MEDICAL HOME: Please provide us with your child's current health care providers name and contact information.

Physicians Name/Medical Group _____

Address _____ Phone _____

CURRENT HEALTH: Please tell us about any current health conditions or concerns

ALLERGIES: If your child has a food or environmental allergy, please obtain the ALLERGY ACTION PLAN FORM from the school clinic for your child's health record.

ALLERGY	REACTION	TREATMENT

MEDICATIONS: Please list medications your child takes regularly. If your child must take medication at school, please obtain the MEDICATION ADMINISTRATION AUTHORIZATION FORM from the school clinic which needs to be completed by your child's physician

MEDICATION	REASON	HOW OFTEN	TIME TAKEN

Please indicate any special assistance your child may need or concerns you may have about your child's health, development, behavior, family or home life that you need the school administration/staff to be aware of:

Signature of Parent/Guardian _____ Date _____