

NORTH CANTON CITY SCHOOLS STUDENT ENROLLMENT GUIDELINES

Welcome to North Canton City Schools! In order to enroll your custodial child in the North Canton City School District, the following documentation must be provided and current enrollment packet completed. No student will be officially enrolled and eligible to start classes until all required documentation and forms are received and approved in the Registrar's office. **The Registrar's office is open between 8:00 am and 2:00 pm Monday through Thursday, and is located at 525 7th Street, North Canton, OH. Please use door 25 (off of the 10th Street entrance)**

- North Canton City Schools reserves the right to postpone enrolling a student until such time as all documentation, forms, information, etc. provided by the custodial parent/guardian have been verified as true and accurate.
- No tuition student enrollment appointment will be scheduled with the registrar until the tuition application process has been completed and approved by the Superintendent.

PROOF OF RESIDENCY REQUIREMENTS:

	<p>1. Acceptable proofs of residency include any combination of <u>TWO (2)</u> of the following in the custodial parents name.</p> <ul style="list-style-type: none"> -- Gas Bill -- Electric Bill -- Water and /or Sewer Bill -- Property Tax Statement -- Voter Registration Card -- Official Change of Address Card (card is received in the mail by the post office after you have applied for change of address. The printed email receipt is not accepted.) -- Rental Lease or Mortgage Closing Documents (cable or phone bill will not be accepted)
	<p><u>1A. If you are in the process of building a home of residence in the North Canton City School District</u>, the following submissions are required:</p> <ul style="list-style-type: none"> a) A notarized sworn statement explaining the situation, revealing the location of the house being built, and stating the custodial parent's intention to reside there upon completion; <u>and</u> b) A notarized statement from the builder confirming that a new home is being built for the custodial parent and that the new house is at the location indicated in the parent's statement.
	<p><u>1B. If you will be residing with someone in the North Canton City School District</u>, the following submissions are required:</p> <ul style="list-style-type: none"> a) The resident's proof of residency (see #1 above) <u>and</u> b) The completed, signed and notarized North Canton City Schools Residency Affidavit. (Available on the registration page of our website or from the District Registrar).
	<p><u>1C. If you have purchased a home in the North Canton City School District but have not closed</u>, the following submissions are required:</p> <ul style="list-style-type: none"> a) A notarized affidavit from your realtor (available from the District Registrar) <u>and</u> b) A personal, notarized affidavit (available from the District Registrar) <u>and</u> c) A copy of your purchase agreement. <p>Final closing documents must be received within 90 days under this exception. If documentation is not received, tuition may be billed starting on day 91.</p>

ENROLLMENT REQUIREMENTS:

	<p><u>Birth Certificate:</u> An original or copy of a state-issued certified birth certificate must be presented. If enrolling in Kindergarten, the child must be five years old on or before August 1st of the current school year.</p>
	<p><u>Parent Identification:</u> A copy of a photo ID, such as a driver's license, of the custodial parent/guardian.</p>
	<p><u>Custody Documentation:</u> If applicable, the most recent court orders allocating parental rights and responsibilities or other documents allocating custody or guardianship. This full document must be a certified copy of a judgment entry, court order, or decree signed by a judge and filed with the clerk of courts.</p>
	<p><u>Immunization Documentation:</u> See reverse for Immunization Requirements Checklist. A copy of the most recent immunization record is required for school entry.</p>

Immunization Summary for School Attendance Ohio

VACCINES	2019-2020 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	<p>K Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required. *</p> <p>1-12 Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</p> <p>Grades 7-12 One (1) dose of Tdap vaccine must be administered prior to entry. **</p>
POLIO	<p>K-7 Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. ***</p> <p>Grades 8-12 Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</p>
MMR Measles, Mumps, Rubella	<p>K-12 Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</p>
HEP B Hepatitis B	<p>K-12 Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.</p>
Varicella (Chickenpox)	<p>K-7 Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.</p> <p>Grades 8-11 One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>
MCV4 Meningococcal	<p>Grade 7-8 One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.</p> <p>Grade 12 Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****</p>

NOTES:

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at www.odh.ohio.gov, Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

*Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required.

** Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheria- toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

*** The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

**** Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.



NORTH CANTON CITY SCHOOLS

ENROLLMENT FORM

For Building Use Only:		Grade Level _____	Homeroom _____	Enrollment Date _____
<input type="checkbox"/> Tuition Student	<input type="checkbox"/> Former NCCS Student	<input type="checkbox"/> Gifted	<input type="checkbox"/> IEP/504	<input type="checkbox"/> LEP
<input type="checkbox"/> ECC-PRE SCHOOL	<input type="checkbox"/> CL	<input type="checkbox"/> GT	<input type="checkbox"/> NW	<input type="checkbox"/> OH
			<input type="checkbox"/> NCMS	<input type="checkbox"/> HHS
				<input type="checkbox"/> DIGITAL ACADEMY

Please Print - Student's Legal Name: (As listed on birth certificate)

First	Middle (list full name)	Last & Suffix (Jr, III, etc.)	Called Name (if applicable)
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Gender: Male Female **Date of Birth (M/D/Y):** _____/_____/_____

City of Birth: _____ **State of Birth:** _____ **Country of Birth:** _____

Mother's Maiden Name: _____

Is Student Hispanic/Latino? Yes or No

Student Race: Please select ALL that apply:

- White Black/African-American Asian (Far East including India) Multi-Racial
- American Indian or Alaskan Native Native Hawaiian/Pacific Islander Hispanic/Latino

Native Language: _____ **Home Language:** _____

(Spoken language at the onset of speech) (Main language spoken at home by child)

Has your child received instruction within a bilingual or ELL program in the past school year: Yes No

Legal Parent/Guardian Name(s): _____

Student's Address: _____

Street	PO Box	City	Zip Code
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Primary Telephone: _____ Land Line Cell Phone

Grade Entering: _____ **Did your child ever repeat a grade?** Yes No (If yes, please indicate grade) _____

First Time Enrolled in an Ohio Public School? Yes No

Has your child previously attended a North Canton City School? Yes No (If yes, grade and building) _____

Student is (if applicable): Child of NCCS employee Tuition (if yes to either, please list District of Residence) _____

If enrolling in KINDERGARTEN, list child's age as of August 1st of enrolling school year: _____

Last K-12 school attended: _____

District	School Name
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Street address	City	State	Zip Code	Phone
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School last attended: Public Home Schooled Charter/Digital School Private

Is your child being served by a current IEP or 504 Plan? (Please include a current copy) Yes No

If yes, please specify: _____

Has your child been identified as gifted at a previous school district? Yes No

If yes, please specify: _____

Is student currently under a disciplinary action? Yes No *If yes, please explain:* _____

Student lives with: Father & Mother Father Mother Father & Legal Step Mother
 Mother & Legal Step Father Other (specify) _____

All applicable: Parents Divorced Parents Separated Father Deceased Mother Deceased
 Parents Never Married Court Placement (specify) _____

Does a court order exist for this child? Yes No *(If yes, a complete copy of the most recent court order is required by law.)*

If last name of the legal parent/guardian with whom student lives with is different from the child's last name, please explain:

Parent/Guardian Contact Information: *(Must be completed)*

Mother: _____

Father: _____

Address: _____

Address: _____

Does Student Live With This Person? Yes No

Does Student Live With This Person? Yes No

Does This Person Have Custody ? Yes No

Does This Person Have Custody ? Yes No

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Emergency Contact Person if Parent(s) cannot be reached: _____

Relationship to student: _____

Does this person reside with the student? Yes No

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

List all persons under 21 residing in the home – Include name, age, school attending, relationship

Please list any learning difficulties, physical conditions, social concerns, or general information about your child which would be helpful for us to know. Please keep us updated at all times on anything of this nature.

Parent/Guardian Signature: _____ **Date:** _____

North Canton City Schools
Consent for Release of Student Records

Please provide complete and accurate information to ensure we receive your child's records in a timely manner.

Date _____ Student Name _____

Birth Date _____ Grade Entering _____ Male _____ Female _____

Requesting Records from: _____
Previous School

Address _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

Please provide current phone and fax number.

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

Parent/Guardian Signature

Date

BELOW FOR OFFICE USE ONLY:

You are authorized to release the records for the above named student to:

- | | | |
|--|---|--|
| <input type="checkbox"/> Hoover High School
525 7 th St NE
North Canton, OH 44720
PH: 330-497-5627
FX: 330-498-0442 | <input type="checkbox"/> North Canton Middle School
605 Fair Oaks Ave SW
North Canton, OH 44720
PH: 330-497-5635
FX: 330-497-5659 | <input type="checkbox"/> Orchard Hill Intermediate
1305 Jonathan SW
North Canton, OH 44720
PH: 330-497-5655
FX: 330-966-1701 |
| <input type="checkbox"/> Greentown Intermediate
3330 State St NW
North Canton, OH 44720
PH: 330-497-5645
FX: 330-966-1603 | <input type="checkbox"/> Clearmount Elementary
150 Clearmount Ave SE
North Canton, OH 44720
PH: 330-497-5640
FX: 330-966-0801 | <input type="checkbox"/> Northwood Elementary
1500 School Ave NE
North Canton, OH 44720
PH: 330-497-5650
FX: 330-966-1503 |

If there is an IEP, RIMP, or other special services, including gifted, please FAX the information as soon as possible.

Please send copies of the following:

- | | |
|--|---|
| <input type="checkbox"/> Current Grade Card/Grades in Progress | <input type="checkbox"/> Record of Intervention Strategies |
| <input type="checkbox"/> End of Year Grades (when available) | <input type="checkbox"/> Current Individualized Education Program |
| <input type="checkbox"/> Transcript of Grades | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Immunization/Health Records |
| <input type="checkbox"/> Ohio Achievement Test Results | <input type="checkbox"/> Legal Custody Documentation |
| <input type="checkbox"/> K-3 Reading Diagnostic Instrument & Score | <input type="checkbox"/> Home Language Survey |
| <input type="checkbox"/> RIMP | <input type="checkbox"/> ESL- Related Documents (if applicable) |
| <input type="checkbox"/> Multi-factored Evaluation (s) | <input type="checkbox"/> Attendance Record |
| <input type="checkbox"/> Psychological Assessment (s) | Other: _____ |

Please include current grading scale for high school students.

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i>		Student Date of Birth: <i>(mm/dd/yyyy)</i>	
<p>Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school?</p> <p>_____</p> <p>Parent/Guardian can read English: YES _____ NO _____</p> <p>Parent /Guardian needs an interpreter/translation YES _____ NO _____</p>		
	<p>Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p> <p>2. What language did your child learn first?</p> <p>_____</p> <p>3. What language does your child use the most at home?</p> <p>_____</p> <p>2. What languages are used in your home?</p> <p>_____</p>		
<p>Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States?</p> <p>YES _____ NO _____</p> <p>If yes, circle the years attended school OUTSIDE of the United States:</p> <p>PK K 1 2 3 4 5 6 7 8 9 10 11 12</p> <p>If yes, how many years/months? _____</p> <p>If yes, what was the language of instruction? _____</p>		
	<p>7. Has your child attended school IN the United States?</p> <p>YES _____ NO _____</p> <p>If yes, circle the years attended years attended in the United States:</p> <p>PK K 1 2 3 4 5 6 7 8 9 10 11 12</p> <p>If yes, when did your child first attend a school in the United States?</p> <p>_____/_____/_____</p> <p>Month Day Year</p>		

<p>Prior Language Instruction</p> <p>Responses about your child's previous language instruction can help us make decisions about the amount and type of supports that your child may need to be successful at school.</p>	<p>8. Has your child received instruction within a bilingual or ELL program in the past school year?</p> <p>YES _____ NO _____</p> <p>9. What was the name of the school that provided this service?</p> <p>_____</p>
<p>Additional Information</p> <p>Please share additional information to help us understand your child's language experiences and educational background.</p>	
<p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____ Today's Date: (mm/dd/yyyy) _____</p>	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



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(Appendix A, continued)

COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio’s language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form’s purpose. The language usage survey only is used to understand students’ linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student’s cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

Student’s native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.	_____
Student’s home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.	_____
Potential English learner See Language Usage Survey Questions 2-4.	<input type="checkbox"/> Yes. Assess the student’s English proficiency. <input type="checkbox"/> No. Do not assess the student’s English proficiency.
Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district

HEALTH INFORMATION For the 2019/2020 School Year

IMMUNIZATIONS: All pupils must have current immunization records on file in school office. See attached immunization requirements schedule. All immunizations **must** be complete prior to school year entry. Failure to comply with immunization requirements will result in exclusion from school.

If your child has a health condition that school personnel need to be aware of:

- Please leave a message with the secretary so that the school nurse may contact you before the start of school if your child has an acute or chronic health condition requiring special attention. Some examples of this are: asthma, seizure history, cardiac conditions, diabetes, limited mobility, or SEVERE allergies (foods, insect stings, etc), which may require emergency medications such as epinephrine auto-injector.

ILLNESS OR INJURY: if an accident or sudden illness occurs at school, basic first aid will be administered. If, in the judgment of the principal, secretary and/or school nurse, conditions warrant your immediate attention, you will be notified. If you cannot be reached, we will contact the person you have designated on the Emergency Medical Authorization form.

Please keep your child home from school if:

- They have a temperature of 100 degrees or more. Your child should remain at home, resting quietly for the day. They may return to school when they have been free of fever for 24 hours (**without** fever reducing medications like Tylenol or Advil).
- They have been diagnosed with strep, staph or any other bacterial infection. Your child must have received a full 24 hours of antibiotics before returning to school.
- They have vomited or had diarrhea during the night, or in the morning before school.
- They have a persistent cough, chest congestion, or persistent nasal drainage.
- If your child has been diagnosed with a communicable illness (ex: influenza, chicken pox, impetigo, scabies, head lice, ring worm, pink eye) please contact your physician or the school nurse to discuss when they should return to school. When your child is seen by your physician or nurse practitioner for an illness, ask them to provide you with a *return to school* slip.
- If you have questions about appropriate return to school after an illness, please do not hesitate to leave a message at your child's school for the school nurse to call you.

MEDICATIONS

- ALL medication must be brought to school by the parent in the original manufacturer's packaging (over-the-counter meds) or in the container in which it was dispensed by the physician or pharmacist prescription bottle.
- Parents must provide a **physician-signed** Prescription Medication Administered at School form in order for prescription medication to be administered at school.
- Parents must provide a **physician-signed** Prescription Medication Administered at School form or a **physician-signed** School Asthma Action Plan for any student who will use an asthma inhaler at school or for after school activities. Students must have physician consent to carry inhaler and self-medicate.
- Parents must provide a **physician-signed** Prescription Medication Administered at School form or a **physician-signed** Allergy Action Plan for any student who will carry an epi-pen at school or for after school activities.
- Parents must provide a **parent-signed** Non-Prescription Medication Administered at School form in order for NON-prescription medication of any kind to be administered. This includes cough drops and essential oils.
- All medication, both prescribed and over-the-counter, must be stored and secured in locked storage and must be distributed only by authorized school personnel.

Food & Nutrition Services Department

Welcome parents and students to the North Canton City Schools Food & Nutrition Department. We are excited to have the opportunity to serve a warm, nutritious breakfast and lunch to all the children again in the 2019-2020 school year! Below you will find the answers to many of your questions concerning our program.

How to Put Money on your Child's Meal Account

Parents are encouraged to send money in the form of checks or cash to be placed on student accounts or via our on-line payment system (see PaySchool Central info below). Please place the child's name or PIN number in the memo portion of the check or on an envelope if sending cash. All money left on the account at the end of the school year stays with the student and will transfer to the next grade. Refunds are only granted by parent requests when a student withdraws/graduates from the school district.

PaySchools Central is the on-line system set up to take credit/debit cards and electronic checks and can be found at <https://payschoolscentral.com>. Simply set up an account for your child(ren) using their PIN (student ID) number. This system will allow you to view purchases, add money to their account, schedule automatic payments and send you email reminders of your child's account balance if you wish. This is the same system you would use to make School Fee Payments as well. You do not have to pay online to view your child's account. You can call the PaySchools Central hot line if you need more help at 1-877-393-6628.

How Does the Meal Account Work:

Food services operates under a Point of Sale (POS) system, which means EVERY student must type in their student ID number (PIN) in order to purchase any items. For incoming students, the PIN number is their student ID number, and this number stays with your child throughout their years at North Canton. Under POS, each student has an account and the correct amount is removed (debited) from the account when the child purchases an item.

Breakfast Prices

Free to all free eligible students
\$0.30 -- All Buildings Reduced Price Breakfast
\$2.00 -- High School (6:45 a.m. to 9:15 a.m.)
\$1.75 -- Middle School (7 - 7:50 a.m.)
\$1.50 -- K-2 Elementary (8:40-9:15) &
3-5 Intermediate Schools (8:20 – 8:50)
\$2.50 -- Adult/Staff Breakfast Meal (includes
milk or 16.9 oz water bottle)
\$0.50 -- Extra Milk all meals

Lunch Prices

Free to all free eligible Students
\$0.40 -- All Buildings Reduced Price Lunch
\$3.25 -- High School
\$3.00 -- Middle School
\$2.75 -- Grades 3 -5 Intermediate Schools
\$2.50 -- Grades K-2 Elementary Schools
\$4.00 -- Adult/Staff Lunch Meal (includes milk or
16.9 oz water bottle)

National School Lunch Program and National School Breakfast Program

North Canton City Schools participates in the National School Lunch and Breakfast programs at all of the schools in our district. Some students may qualify for free or reduced-priced meals. **The Online Free & Reduced Meals Applications** can be completed at any time of the year and can be accessed at <https://northcanton.payschools.com>. Paper applications are also available in each office or you can contact the Food Service Director at jan.williams@northcantonschools.org. While Free and Reduced meal applications can be filled out at any time of the year, we must receive a new meal application each school year, one application per household. There is a 30-day carryover period at the beginning of each school year in order to have enough time to process new applications.

MENUS are posted on the Food Service website at www.northcantonschools.org/Menus1.aspx and our interactive menu can be found at <http://cdn.myschoolmenus.com/instance/2051491/district/21.html> or download the App "My School Menus" on Google Play or iTunes. The interactive menus offer carb counts and nutrient information as well as descriptions of our offerings.

For more information, please contact Jan Williams, School Nutrition Specialist, at 330-497-5600, ext 1234, or visit our Food Service Web Page at <https://www.northcantonschools.org/FoodService.aspx> to view our Unpaid Meal Policy and the School Wellness Policy. Follow us on Twitter @NCCSLunchLadies

This institution is an equal opportunity provider.

Ohio's Third Grade Reading Guarantee



The Law

Third grade is a milestone in reading skills because students not reading at grade level at this point may struggle to handle the increasing difficulty of different subject content.

Ohio Senate Bill 316, made law in 2012, includes the "Third Grade Reading Guarantee." This law requires districts to identify students reading below grade level in grades K-3. With this identification, districts must notify parents/guardians, develop a specific reading improvement plan based upon individual needs, and provide intensive reading remediation.

The Details

A student must reach a benchmark set by the Ohio Department of Education on the Grade 3 State Reading Test to move on to the fourth grade. If a student does not reach that score, he or she may still move on to fourth grade if that student qualifies for a retention exemption. These exemptions apply to:

- Limited English proficient students who have been enrolled in U.S. schools for less than three full school years and have had less than three years of instruction in an English as a Second Language program;
- Special education students whose IEPs specifically exempt them from retention under the Third Grade Reading Guarantee;
- Any student who has received intensive remediation for two years and was previously retained in kindergarten through the third grade; and
- Students who demonstrate reading competency on an alternative Reading assessment approved by the Ohio Department of Education.

All students in grades kindergarten through the third grade are given a diagnostic assessment at the beginning of the school year. Students who are identified as not on track for reading at grade level receive intensive, targeted interventions by qualified reading specialists, intervention teachers, and/or classroom teachers.

Teachers track these students' skill in the essentials of reading: phonics, phonemic awareness, fluency, vocabulary, and comprehension. Each student's progress is monitored throughout the year, and this information is communicated to parents.

Family involvement has proven to strengthen students' reading skills and academic achievement. These websites offer strategies that parents can use at home:

Ohio Dept. of Education Early Literacy Tips:
<http://education.ohio.gov/Parents/Early-Literacy-Tips>

Ohio Dept. of Education 3rd Grade Reading Guarantee Family Resources:
<http://education.ohio.gov/Topics/Learning-in-Ohio/Literacy/Third-Grade-Reading-Guarantee/Third-Grade-Reading-Guarantee-Family-Resources>

National PTA Parent Guide to Student Success:
<http://pta.org/parents>

For Kindergarteners

The Ohio Department of Education Office of Curriculum and Assessment has defined these standards for kindergarten "on track" reading that parents may find helpful.

Students performing at the ON TRACK level can do the following by the end of Kindergarten:

- name letters of the alphabet;
- provide most of the common sounds of letters;
- write simple words phonetically;
- provide rhyming words;
- indicate the number of syllables in words;
- blend sounds into words;
- have a firm knowledge of concepts of print;
- answer literal questions about a story;
- retell a story from the events of a story that has been read to the student.

To review the Third Grade Reading Guarantee further, please consult the Ohio Department of Education website:

<http://education.ohio.gov/Topics/Learning-in-Ohio/Literacy/Third-Grade-Reading-Guarantee>

Please contact the North Canton City Schools Office of Curriculum and Instruction with questions regarding the Third Grade Reading Guarantee: 330.497.5600.