

Austintown Local School District
David Cappuzzello, Superintendent

700 South Raccoon Road • Austintown, OH 44515

Phone: 330.797.3900 ext. 1510

dcappuzzello@austintownschools.org



Dear Student or Parent/Guardian(s):

On behalf of the Board of Education and our entire staff I would like to welcome you to the Austintown Local Schools. This packet will provide you with the information you need as you transition into the district. The community of Austintown has deep rooted history and traditions that we look forward to sharing with you. Should you have any questions or concerns during this transition period please feel free to reach out to my office at 330.797.3900 ext. 1510.

Sincerely,

David Cappuzzello
Superintendent



Student Registration Checklist of Requirements
Austintown Local Schools: 2023-2024

Student ID # _____

Student Name: _____ Grade Level: _____

Registration Appointment Date: _____ Registration Appointment Time: _____

Student Registration Notes

- All documentation must be provided on the date and time of the scheduled registration appointment.
- Failure to do so will result in the student not being registered until all required documentation is provided.

Student Registration Checklist of Requirements

- _____ Student Immunization Records
- _____ Parent/Legal Guardian Proof of Identity (Photo ID and/or Driver's License)
- _____ Official Student Birth Certificate (Raised Seal and State Issued)
All immigrants must provide a current Passport and Visa/Green Card
- _____ (If applicable): Proof of Custody Documentation; Most Recent Court Order; Foster Placed Paperwork
All documentation must be filed and time stamped with the court

Proof of Residency

- ONE (1) of the following is required in order to show documented proof of residency:

- _____ Mortgage Documents/House Closing Papers/Deed
- _____ Apartment/Home Rental Lease Agreement
- _____ (If applicable): Verification of Residency Affidavit

A verification of residency affidavit is required when a parent/legal guardian resides with someone else who resides in the school district's boundary area. The parent/legal guardian must submit signed and notarized verification of residency documentation as well as lease or mortgage documentation of the person they are residing with.

Proof of Residency

- TWO (2) of the following are required **with name of parent/legal guardian registering the student appearing on such documentation** in order to show documented proof of residency:

- | | |
|--|--|
| _____ Current Utility Bill (gas, electric, water or sewer) | _____ Current Payroll Stub |
| _____ Current Bank Statement | _____ Current Automobile Insurance Statement |
| _____ Current Vehicle Registration with address | _____ Job&Family Services/Gov. Letter |

Educational Placement Records (if applicable):

- Please check mark any of the following that pertain to the student. Provide documentation of educational services at the scheduled registration meeting. **Failure to provide such documentation will delay the registration process.**

- | | |
|--|---|
| _____ Special Education Services (IEP) | _____ 504 Plan (Educational and/or Medical) |
| _____ Gifted Education Services (WEP) | _____ English Learner Services (EL) |

FOR ADMINISTRATIVE USE ONLY

Completed

- _____ Student Registration Form
- _____ Parental Information Form
- _____ Consent for Release of Records

Notified

- _____ School Nurse
- _____ Special Education Department
- _____ Transportation Department



Austintown Local School District
2023-2024 Student Registration Form
Please print as neatly as possible

Student Status (circle one): * Resident of Austintown * Open Enrollment IN (attending Austintown)

*Open Enrollment OUT(District Attending) _____ *Other: _____

Student Name
(Legal Name) First _____ Middle _____ Last _____

Student Date of Birth: _____ Birthplace(City/State or Country): _____

Citizen of the U.S: YES or NO Active Military Parent: YES or NO

Gender: Male or Female Grade Level in 2023-2024 _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Apt _____

City _____ State _____ Zip _____

Patent/Guardian email address: _____

If busing is available, do you need it: YES or NO

Name of siblings in the District : _____ Grade of siblings in the District: _____

Previous Information

Last School Attended: _____ City/State _____

Grade level when left: _____

Has the student ever been enrolled in the Austintown Local School District: YES or NO

If Yes, Which building: _____ Date Left: _____

Ethnicity

*Is the Student Hispanic/Latino? YES or NO

*Local Ethnic Category/Race (Circle ALL that apply): Asian, Black/African American,
American Indian/Alaskan Native, Multiracial, Hawaiian/Pacific Islander, White

Has the Student ever been

*Retained (repeated a grade):YES or NO If YES, Grade: _____

*Does the Student Currently Receive Special Services: YES or NO If YES, please circle below:
Gifted(WEP) IEP Limited English(English Learner Plan) 504 Plan

*Suspended/Expelled from School? YES or NO

I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in which the student is not assigned, shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate school.

Parent/Guardian Signature _____ Date: _____

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> _____	
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.		1. In what language(s) would your family prefer to communicate with the school? _____	
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.		2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
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.		5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year	
Additional Information Please share additional information to help us understand your child's language experiences and educational background.			
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____	

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>





"We provide an inspiring education that strengthens and prepares our students for unlimited opportunities"

IMPORTANT INFORMATION PLEASE READ

I, _____, do hereby acknowledge that the information provided for admission to the Austintown Local School District is correct to the best of my knowledge.

I also understand the providing fraudulent information the the Austintown Local School District could result in criminal charges being filed against the party preparing these documents under section 2913.42.D4 of the Ohio Revised Code, (Tampering with Records), **is a Felony of the Third Degree, which carries a penalty range of 9 months to 5 years in prison.**

I also understand that providing fraudulent information of this enrollment form could result in **Federal Prosecution** for providing fraudulent information of a Government Document.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Parent/Guardian email

Today's Date



Family Survey

1. My Zip Code is _____.
2. Ages and when my child(ren) enrolled in DPIL _____.
3. How many children's books do you have at home?
1-10 10-20 More than 20
4. Do you read to your child more often since enrolling in the DPIL?
Yes No About the same
5. How often do you read to your child in an average week?
Once 2-6 Times Every day
6. How excited is your child about books/reading?
Very excited Excited Somewhat excited Not excited
7. How important do you feel reading books are to your child's development?
Very important Important Somewhat important Not important
8. Does your child look forward to the arrival of a book each month?
Yes No
9. Do you think being in DPIL has/will help prepare your child for kindergarten?
Yes No
10. Have you encouraged other families to sign up for DPIL?
Yes No



2023-2024 SCHOOL YEAR KINDERGARTEN PARENTS

PLEASE LOOK AT YOUR CHILD'S IMMUNIZATION (SHOT) RECORD BEFORE YOU ARE AT REGISTRATION.

If you do not have your child's immunization (shot) record with you, you will be asked to return it in order to register your child for Kindergarten. If your child's record is incomplete, please make certain you make an appointment to have the remaining immunizations *before* school starts. You may do that by calling:

Your child's physician OR
Mahoning County Board of Health: 330-270-2855 ext 125.

Kindergarten Immunization Requirements

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.*

Three (3) or more doses of IPV (polio). 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.***

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.

HEP B Hepatitis B 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.

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 the first dose, it is considered valid.

(See Board Policy on Back)



1/21/15

OSBA

File: JHCB

IMMUNIZATIONS

In order to minimize the spread of preventable illnesses in schools and provide students with a healthier learning environment, the Board requires immunizations in compliance with State law and the Ohio Department of Health for each student unless the parent(s) file an objection. The Board may also require tuberculosis examinations in compliance with the law.

Students eligible for kindergarten and students new to the District must present written evidence of similar immunizations, or written evidence to indicate that they are in the process of receiving immunizations, to be completed no later than the day of entrance. Students failing to complete immunizations within 14 days after entering are not permitted to return to school.

The District maintains an immunization record for each student, available in writing to parents upon request.

[Adoption date: September 19, 2006]

[Re-adoption date: March 22, 2010]

[Re-adoption date: August 17, 2010]

LEGAL REFS.: ORC [3313.67](#); [3313.671](#); [3313.71](#); [3313.711](#)
[3701.13](#)

CROSS REFS.: [JEC](#), School Admission
[JHCA](#), Physical Examinations of Students
[JHCC](#), Communicable Diseases

THIS IS A REQUIRED POLICY

Message from the Austintown Transportation Department

BUS #S AND TIMES WILL BE AVAILABLE AUGUST 21

We also suggest that you check again over the weekend in case there are any last minute changes.

There are 2 different applications for parents and students to use to view your student's bus information and track the bus online.

We DO NOT call with or mail out this information.

1. **Versatrans E-Link Parent Portal** - this portal gives you the most up-to-date bus information for your child including bus stop location and scheduled pick up times. You will access this portal to get your students bus route information for the first day of school.

Versatrans E-Link Parent Portal

<http://208.64.235.237/Austintown/elinkrp/login.aspx?j=vms>

2. **Versatrans My Stop** - this is bus tracking information for use on your Android or iPhone. This is an app that can be downloaded from your smartphone's app store. You can track the bus in real time with this app to see when it will be arriving at your scheduled stop.

If I do not have an iPhone or Android Phone can I still access the My Stop?

Yes. Parents may also access My Stop on a computer by typing this in the URL bar:

<https://vtweb.tylertech.com/Austintown/onscreen/Login.aspx>

LOG IN FOR BOTH APPLICATIONS:

Log in using the student name and date of birth in the following format:

- Username = student first name.student last name (example: jane.smith)
- Password= student's date of birth entered as 2 digit month, 2 digit day and 4 digit year (example: 01012014)

Please note: These links and other necessary transportation related forms can be accessed by going to the Austintown Schools website. From the blue bar go to Departments > Transportation. The information for both apps is in the middle of the page and additional forms are in blue on the right side of the page.

Stay up to date on the latest school news and event information.

FOLLOW US ON SOCIAL MEDIA & FALCON NATION



Facebook: Austintown Local Schools

Twitter: @AFalconFacts

**Falcon Nation: Dowload App or visit
<https://fitch.drund.com>**

**Austintown Local
School District**



If you need any assistance
regarding social media please
contact Brittany Morell at
bmorell@austintownschools.org.