



School of One- Cleveland

Wayne W. Marok, Principal Administrator
Maryum Sims, Principal

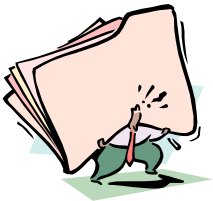
3575 West 130th Street ~ Cleveland, Ohio 44111 ~ (216) 838-8850 ~ Fax: (216) 777-5370

2019/2020 Application PACKET

FORMS

and

CONTRACTS



****This packet is to be completed and returned to The School of One office.****

COMPLETE AND RETURN ENTIRE PACKET

Site requested:

J. Adams Collinwood E.Tech Glenville

Lincoln-West J. Marshall J.F. Rhodes Foundry

Print Student Name: _____ **Grade:** _____

Student email: _____ **I.D.#** _____

Teacher/Site Accepted: _____ **Date:** ____/____/____ **Session:AM/PM**

Transcript rec'd: ____/____/____ **Office Review:** ____/____/____

***Fill out this Entire Page ***



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Last Name First Name Middle Initial

Address

City State Zip Code

Student Cell Phone #

Student lives with: _____

Student is pregnant / parenting: _____
(List age of child/ren or due date)

Parent/Guardian's Name: _____

Relationship: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

E-Mail Address: _____

Emergency Contact Person's Name: _____

Relationship to student: _____

Telephone Numbers: _____

***Fill out this Entire Page ***

Parent / Student Information

CHILD'S NAME _____	DATE _____	
REFERRING SCHOOL _____	GRADE _____	
BIRTH DATE _____	AGE _____	SEX: ___ M ___ F

DIRECTIONS

Please answer all of the following questions to the best of your ability.

EDUCATIONAL HISTORY

Does student have a history of academic difficulties in school? ___ YES ___ NO

If yes, difficulty is in: ___ Reading ___ Math ___ both

If yes, problems began: ___ Elementary ___ Middle School ___ High School

Is student absent / truant from school frequently? ___ YES ___ NO

If yes, please explain why student is frequently absent / truant:

Have you filed unruly charges due to school truancy ___ YES ___ NO

Does student display behavior problems in school? ___ YES ___ NO

Check all that apply:

___ Argues with peers' ___ physically fights with peers ___ frequently suspended

___ Disrespectful to adults' ___ Aggressive with adults' ___ refuses to complete
Class work

___ Hyper ___ Short attention span (can't focus) ___ Teased by peers

___ Seems Sad / Withdrawn

Why do you want to attend The School of One?

*****IF APPLICABLE, Fill out this Entire Page *****

SPECIAL EDUCATION INFORMATION:

It is extremely important we have accurate information regarding special education status. Please do not mark "no" if student has received services in the past (had an IEP). We do verify this information from previous school. If you wish to deny future special education services, this needs to be done at a formal IEP meeting, which we can provide upon request.

Has this child ever been tested for special education? ___ YES ___ NO

Has this child ever received special education services? ** ___ YES ___ NO

** If yes, please complete the information below. If no, continue to next page.

Special Education Services were for: ___ Academics ___ Behavior ___ both

Last School Special Education Services were provided: _____

Does child currently have an IEP for special education? ___ YES ___ NO

If yes: Attach the current/most recent copy of the IEP and the most recent ETR (Evaluation Team Report).

OFFICE USE ONLY:

COPIES ATTACHED: IEP ___ YES ___ NO
 ETR ___ YES ___ NO

MEDICAL HISTORY

Please list any past or present serious illnesses or injuries: _____

Is this child currently on medication? YES NO

If yes, type and reason: _____

Has this child ever been on long-term medication (more than 6 months)? YES NO

If yes, type and reason: _____

Has this child ever had psychological counseling or therapy? YES NO

If yes, type of counseling and when: _____

Provided by: _____

Has this child ever had a neurological, psychological or psychiatric exam? YES NO

If yes, reason for exam: _____

Diagnosis (if applicable): _____

Provided by: _____

*** CONTINUED FROM PREVIOUS PAGE ***

Check if this child and/or family have received services from the following agencies:

Beech Brook Guidestone Cleveland Christian Home
 Bellefaire Applewood Murtis Taylor OTHER: _____

Has this child's life been recently affected by any stressful situations (such as: chronic illness, death of a family member or loved one)? YES NO If yes, please explain:

Do you have concerns about your child's drug or alcohol use? Or have they ever received drug and alcohol treatment? (Where/when)

ADDITIONAL INFORMATION

Is the Cuyahoga County Department of Children and Family Services (CCDCFS) currently working with the family? YES NO

If yes, caseworker: _____ Phone: _____

Is this child currently court involved? YES NO

Does this child currently have a parole/probation officer? YES NO

If yes, name of Probation Officer: _____ Phone: _____

Are any other agencies currently working with the family? YES NO

If yes, please list agency and explain: _____

MY ACHIEVEMENT PLAN (MAP) INFORMATION

As part of our program, each student will have a My Achievement Plan that addresses their individual needs. Goal areas include attendance, academics and behavior. The information you provide below will be very useful in assisting us in identifying specific goals for your child.

ACADEMICS

Does student have a history of academic difficulties in school? YES NO

If yes, difficulty is in: _____ Reading _____ Math

If yes, problems began:

____ Early (1st-3rd grade) _____ 4th-6th grade _____ More recent (7th-8th grade)

ATTENDANCE

Is student frequently absent / truant from school? YES NO

If yes, please explain why student is frequently absent / truant:

Have you filed unruly charges due to school truancy YES NO

BEHAVIOR

Does student display behavior problems in school? YES NO

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Argues with peers' | <input type="checkbox"/> physically fights with peers |
| <input type="checkbox"/> Disrespectful to adults' | <input type="checkbox"/> Aggressive with adults |
| <input type="checkbox"/> frequently suspended | <input type="checkbox"/> Refuses to complete class work |
| <input type="checkbox"/> Short attention span (can't focus) | <input type="checkbox"/> Hyper |
| <input type="checkbox"/> Seems depressed | <input type="checkbox"/> Teased by peers |

Student uses alcohol and/or drugs YES NO

Student is suspended from school: _____ Often _____ Sometimes _____ Rarely or Never

COMMENTS/ADDITIONAL INFORMATION:

*****Fill out this Entire Page *****

CLEVELAND METROPOLITAN SCHOOL DISTRICT

Media Consent Form

(Check the Applicable Box)

• I hereby irrevocably consent to the unrestricted photographing, videotaping or otherwise recording or broadcasting or publishing and other unrestricted use of my child's writing, photographs, video, image or likeness, or quotes without limit, reservation or remuneration by the media and/or the Cleveland Metropolitan School District (CMSD). CMSD shall be the sole and exclusive owner of all rights to the said recordings it has taken. I release all rights in the said recordings on behalf of myself and my ward/child.

• I do not consent to the photographing, videotaping or otherwise recording or broadcasting or publishing and other use of my child's writing, photographs, video, image or likeness, or quotes by the media and/or the Cleveland Metropolitan School District.

STUDENT INFORMATION

Student Name _____

School School of One - Cleveland Grade _____

Parent/Guardian Signature _____

Parent Printed Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Date _____

*** Disclaimer:** As a matter of policy, the Cleveland Metropolitan School District will not publish both a student's name and photograph together.

* Students over the age of 18, need not obtain parental consent.

The goal of the Cleveland Metropolitan School District is to become a premier school district in the United States of America.

The Cleveland Board of Education does not discriminate in educational programs, activities, or employment on the basis of race, color, national origin, sex, sexual orientation, age, religion or disability. 11/07

Internet Acceptable Use Permission Form

Parent/Guardian:

I have read and understand the Cleveland Metropolitan School District's (CMSD) Acceptable Use Policy (AUP). Should my child misuse this privilege, as indicated in the AUP, I understand that the CMSD reserves the right to revoke access to the Internet.

- The CMSD has my permission to give an Internet account to my child.
- The CMSD **DOES NOT** have my permission to give an Internet account to my child.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date

Student:

I have read and understand the Internet Acceptable Use Policy. I understand that failure to follow the guidelines of the Internet Acceptable Use Policy may result in suspension of my privileges to access the Internet.

Name of Student (please print)

School of One - Cleveland

School Name

School of One Teacher's Name

Homeroom_

Signature of Student

Date

Please file with student's permanent records.

***** COMPLETE AND SIGN *****



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Maryum Sims, Principal

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STUDENT CONTRACT

I _____ a agree to adhere to the following rules
Print Name

and Regulations governing School of One - Cleveland:

- 1. Arrive to school daily and on time. I will not be tardy more than 3 days each week. Bring an excuse note for each absence.**
- 2. Wear the uniform as specified in the CMSD Dress Code.**
- 3. Abide by the Student Code of Conduct, including respecting the rights of staff and other students.**
- 4. Comply with all rules as written in the Student Code of Conduct Handbook, including but not limited to (A) No Profanity, (B) No Fighting, (C) No Drug/Alcohol Usage.**
- 5. Meet with school personnel on a regular basis to review progress and set goals.**
- 6. Strive to be a good citizen by respecting the rights of individuals at School of One - Cleveland and those who live and work in the community.**
- 7. Avoid bringing valuables to school. I fully understand that the school will not be liable for lost/stolen items. Such items will not be replaced by the school.**

I fully understand that attending School of One – Cleveland is a voluntary placement and failure to comply with this contract may result in my being withdrawn.

I _____ hereby agree to abide by the rules listed above.
Student Signature

Date

*** COMPLETE AND SIGN ***



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PARENT CONTRACT

As parent/guardian of:

Name: _____

Grade: _____

I agree to:

1. Make sure that my child attends school *on time* daily.
2. Notify the school when my child is absent. This will include a phone call before 10:00 a.m. the day of the absence and a written excuse on the first day my child returns to school.
3. Send my child to school in appropriate CMSD Dress Code clothing each and every day.
4. Participate in school functions to the best of my ability.
5. Attend school meetings to help ensure that my child is receiving the best possible education.
6. Do my part to maintain open communication and a positive relationship with the school's faculty and staff.
7. I fully understand that the school will not be liable for the lost or stolen items. My child will not bring valuables to school. **The school will not replace** lost or stolen valuables.

I hereby accept the above conditions.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Phone Number

***** COMPLETE AND SIGN *****

CLEVELAND METROPOLITAN SCHOOL DISTRICT



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PERMISSION REQUESTED FOR:

_____ Any trips during the school year for which the pupil will leave the school building, such as field trips, work experience field trips, official school errands, after school events for which the student has free tickets, interscholastic games (where the student will be either a spectator or participant) or on other official school matters or activities.

_____ has my permission to
(Student's Name)

participate in the school-related activities indicated above.

Parent Signature

Emergency Telephone Number

Date

Parents will be notified of all field trips before they occur.

*** FILL OUT ENTIRELY AND SIGN ***



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****Note: Services are standard with this program. Denying services indicates denying program.**

AUTHORIZATION FOR CONSULTATION

Student Name _____ Date of Birth _____
School School of One - Cleveland Grade _____ Homeroom _____
Referred by Administration (Program requirement) Date _____

I give permission for a Cleveland Metropolitan School District psychologist, social worker and/or resource coordinator to provide the following services to my child. I understand that this support is not related to Special Education and that a disability is not suspected at this time.

	Yes	No
Classroom Observation and recommendation	<u>X</u>	_____
Teacher and school staff consultation	<u>X</u>	_____
Interview/s with student	<u>X</u>	_____
Individual Support	<u>X</u>	_____
Planning and monitoring classroom interventions	<u>X</u>	_____
Communication and coordination with outside agencies	<u>X</u>	_____
Academic/Speech Screening	<u>X</u>	_____
Social/Emotional Screening	<u>X</u>	_____
Mediation	<u>X</u>	_____
De-escalation	<u>X</u>	_____

I agree that this form can be shown to school staff or outside agencies as proof that service was initiated. I understand that this consent is valid from date of enrollment to date of transfer.

Parent/Guardian Signature _____ Date _____

Address _____ Zip Code _____

Phone (Home) _____ (Cell) _____ (Work) _____

Refusal of Offer of Services

****I DO NOT give permission for the above services for my child.**

Parent/Guardian Signature _____ Date _____

Address _____ Zip Code _____

Phone (Home) _____ (Cell) _____ (Work) _____

*** COMPLETE, INITIAL AND SIGN ***



1111 Superior Avenue, E, Suite

PARENT/GUARDIAN/STUDENT CONSENT FOR INFORMATION SHARING

Student's Full Name Date of Birth

The following agency(s) have my permission to share/give/receive/exchange/re-disclose information regarding service delivery planning for the purpose of securing, coordinating and/or providing services for the above named person. (Please identify all agencies that apply.) See the user checklist for more information regarding the agencies.

_____	Cleveland Metropolitan School District
_____	School/Dept.: School of One - Cleveland
_____	Address: 3575 West 130th Street Cleveland, OH 44111
_____	Phone: (216) 838-8850 Fax: (216) 777-5370
_____	Attn: W. Marok

I authorize exchanging/giving/receiving/sharing/re-disclosing of the following information if needed by the receiving agency to secure, coordinate, and provide services to the individual:

Circle YES or NO and INITIAL for both

- YES NO _____ Identifying information: name, birth date, sex, race, address and phone number.
- YES NO _____ General Medical: medical records (except for HIV, AIDS and drug and alcohol treatment records) disability, type of services being received and name of agency providing services to me or the individual named above.
- YES NO _____ Social history: social history, treatment/service history, psychological evaluations, and other personal information regarding me or the individual named above.
- YES NO _____ School information: grades, attendance records, Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), Individualized Service Plan (ISP), Multi-Factored Evaluation (MFE), transition plans and vocational assessments regarding me or the individual named above.

Information regarding the following shall not be released unless initialed below:

- YES NO _____ HIV and AIDS related diagnosis and treatment
- YES NO _____ Substance abuse diagnosis and treatment.

YES NO _____ Other: _____

I understand that the Consent for Release of Information expires 180 days from the date it is signed unless otherwise indicated herein by the consumer. I also understand that I may cancel this Consent for Information Sharing at any time by stating so in writing with the date and my signature and delivering it to the address indicated. The revocation does not include any information that has been shared between the time that I gave permission to share information and the time it was canceled.

I understand that my signing or refusing to sign this consent will not affect public benefits or services that I am eligible for. This consent expires on the 30 day of June, 2020.

Signature of Parent/Guardian/Student Date

****** SIGN BELOW ******

Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

TO ALL AGENCIES SENDING AND/OR RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT.

1. If the records released include information of any diagnosis or treatment or drug or alcohol abuse, the following statement applies:
Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42-CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.
2. If the records released include information of HIV-related diagnosis or test results, the following statement applies:
This information has been disclosed to you from confidential reports protected from disclosure by state law. You shall make no further disclosure of this information without the specific written and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnoses.
3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the person to whom it pertains, Juvenile Court/DYS in the case of youth records, or applicable federal and/or state law expressly permits the further disclosure.

User Checklist

1. Explain that the Form is voluntary not mandatory.
2. Explain the purpose of the Form, which is to expedite services for individuals requiring services from more than one agency.
3. Explain that not signing it will not result in a refusal of services, but could result in a delay of services.
4. Review all parts of the Form with the parent or student age 18 or over and explain the purpose of each part.
5. Review the specific information noted in the Form, which the parent or student age 18 or over may authorize to be shared.
 - Make it clear to the parent or student age 18 or over that he/she can authorize release of all data listed or only some data as he/she chooses.
 - Explain that the parent or student age 18 or over who decides to authorize release of all data listed or only some data as he/she chooses.
 - Explain that the parent or student age 18 or over can authorize release of only a portion of information in a category by crossing out the information they do not want shared.
6. Inform the parent or student age 18 or over that he or she can revoke the Form at any time for any reason, by stating so in writing to the coordinating agency.
7. Explain that the Form is valid for only up to 180 days, unless revoked sooner. Ensure the parent or student age 18 or over understands that when the Form expires, agencies can no longer share information unless the parent or student age 18 or over executes a new form.
8. Ensure the parent or student age 18 or over is briefed on the law stating that sharing of information regarding HIV related diagnosis information, substance abuse and diagnosis and treatment information. HOW, if the parent or student age 18 or over believes completing the Form will expedite services to them, ask them to complete it.
9. Note that if child abuse or neglect records are needed, they may only be released with the written permission of the County Public Children's Services Agency.

10. Encourage the parent or student age 18 or over to know what is in his/her records before authorizing the form.

_____ by phone _____ in person
Parent or student signature verifying that the CMSD employee has reviewed and explained the above checklist.

Date

****** COMPLETE AND SIGN ******

School of One - Cleveland ADMISSIONS PROFILE

(Required by State)

All student information is protected by the Family Educational Rights to Privacy Act for the purpose of protecting student confidentiality

PLEASE PRINT

Applicant Information:

Current Grade: _____

List Student's Name fully as it appears on the birth certificate:

Last Name: _____

First Name: _____ Middle Name: _____

Home Address: _____ Home Telephone: _____

City: _____ County: _____ State: _____ Zip: _____

Male Female DOB: _____ / _____ / _____ (**Must Provide Birth Certificate**) Age: _____

Birthplace City; (*exactly as it appears on the birth certificate*) _____

Is your child's native tongue a language other than English? _____

Is the primary language used in your child's home or environment a language other than English? _____

Ethnicity: (**check one (1) only**)

African American (Non-Hispanic) American Indian / Alaskan Native Asian / Pacific Islander

Hispanic Multiracial White (Non-Hispanic)

Name of Most Recent School: _____ Previous Grade: _____

Address of School: _____

Legal District of Residence (*district of residence where parent/guardian lives*) _____

Was your child receiving Special Education services? No: Yes:

If yes, do you have your child's special education records (IEP)? No: Yes: *If yes, attach copy*

Student lives with: (**check one (1) only**)

Both Biological Parents Mother Only Father Only Both Parents Alternately

Alone (18 years of age or older) Legal Guardian

Custodial Parent's Signature: _____ Home Telephone: _____

**** FILL OUT APPROPRIATE SECTIONS ****

Parent/Guardian Information

Mother: _____ Occupation: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cellular Phone: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____

Father: _____ Occupation: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cellular Phone: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____

If the student is living with Guardian(s) complete this section

Guardian: _____ Occupation: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cellular Phone: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____

I understand that providing current emergency contact information is critical to the safety and well-being of my child. My signature on this form certifies my understanding and commitment to provide updates (in writing) of any and all changes in contact information for myself, and my emergency contacts, within 24 hours of any change to the school administrative assistant/secretary and my child's classroom teacher(s).

1. Name of Student: _____ Age: _____ Date of Birth: ____/____/____

2. Address: _____ City _____ State _____ Apt. #Zip _____
Street Number and Name _____

3. Home Phone: _____ Cellular Phone: _____ Emergency Phone: _____

4. Mother/Guardian: _____ Address: Check if Same as Above
as Above

Address if different than above: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

5. Father/Guardian: _____ Address: Check if Same as Above
Above

Address if different than above: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

6. Local Emergency Contacts: Adult persons (18 years or older) who may be contacted in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

7. I hereby give permission to the staff of the School of One to secure emergency medical treatment for the above named child while under their supervision:

8. Name of child's physician or health clinic: _____

Address: _____ City _____ State _____ Zip _____

Phone Number _____ After-Hours Emergency Number _____

9. Hospital preferred for Emergency Treatment: _____

10. Health Insurance Policy Name and Number: _____

11. Please list any special services your child has received in the last three (3) years: _____

12. Please list any allergies: _____ Date of last Tetanus Shot: ____/____/____

13. Name(s) of Person other than Parent or Legal Guardian to Whom Child maybe released must be 18 years or older: _____

In the event emergency medical treatment is required, I give consent for my child (ren) to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. The school will **not** transport my child (ren) to the nearest medical facility. In the event that I can not be contacted and if my designated emergency contact is not available, I understand and agree that the school staff will telephone 911 for emergency medical assistance.

Parent/Guardian Signature: _____ Today's Date: ____/____/____