

New Student Intake (MS/HS)

Enrolled By (initials) : _____

Student's Name _____

Grade _____

First Day Attended _____

DOCUMENTS (all students):

- _____ Records Request Form
- _____ Registration Form
- _____ Birth Certificate
- _____ Computer Acceptable Use Policy
- _____ Multi-use Permission Form
- _____ Emergency Medical
- _____ Health History & Immunization Record
- _____ Proof of Residency
- _____ Custody (letter)
- _____ Free / Reduced Meals Application

STAFF ROUTING:

- _____ DASL Setup
- _____ Monthly Report

- _____ Technology Director (name, grade)

- _____ Route to School Nurse
- _____ Route to School Nurse
- _____ Rec'd appropriate document
- _____ Rec'd appropriate document
- _____ Route to Director of Operations

DOCUMENTS (special needs): Route to relevant personnel: Psychologist, Nurse, Speech/Hearing, OT/PT, etc.

- _____ IEP / 504 Plan
- _____ Team meeting _____

- _____ Route to Admin Asst for Spec Serv
- _____ ETR / IEP Adoption form

Other circumstances: homeless mobile/transient court placement ESL

ORIENTATION:

- _____ Orientation with secretary
- _____ Orientation with principal
- _____ Orientation with guidance counselor
- _____ Orientation with student ambassador

INFORMATION (HANDOUTS):

- _____ Student/Parent Handbook
- _____ *Rec'd Sign-off form*
- _____ District calendar
- _____ Breakfast/Lunch costs; finger imaging
- _____ Community packet
- _____ Building-specific information:
 - _____ *Start / End Times*
 - _____ *Staff Contact Guide*
 - _____ *PTO / Parent Plus*
 - _____ *Athletics / extra-curricular*
 - _____ *Other*

STUDENT SCHEDULE:

- _____ Course needs, selections
- _____ Fees
- _____ Homeroom
- _____ Locker
- _____ Lock combination

ACCESS:

- _____ Computer log-in
- _____ Progress Book – student
- _____ Progress Book – parent
- _____ ID system for cafeteria
- _____ Infohio

TRANSPORTATION:

- _____ Walker
- _____ Bus Which Route _____
- _____ Driver Parking Permit _____

Notes / Comments:

CONFIDENTIAL

New Student Intake – information for appropriate staff members

1. Registrar

Student Name _____ Grade _____

- Please note the following information on this new student (relevant info from parent or emergency medical form or multi-use form):

- There is no student information from the sending school at this time.
- Student has an IEP
- Student has a 504

2. MS: Associate Principal -- or - - HS: Guidance Counselor

Reading Assessment: After completion (within first 3 days of enrollment), attach a summary of results

- Grades 10-12: Novanet's Basic Achievement Skills Inventory (BASI) – Reading & Writing, Level 4
- Grade 9: Discovery Ed's English 1
- Grades 6-8: Discovery Ed's benchmark assessment (by grade level)

Math Assessment: After completion (within first 3 days of enrollment), attach a summary of results

- Grades 10-12: Novanet's Basic Achievement Skills Inventory (BASI) – Math, Level 4
- Grade 9: Discovery Ed's Algebra 1
- Grades 6-8: Discovery Ed's benchmark assessment (by grade level)

OAA / OGT: Attach a summary of results, if most recent is available

3. Teachers and Principal

Teachers can decide if they need further information derived from a quarterly assessment