



STOW-MUNROE FALLS CITY SCHOOLS

4350 Allen Road • Stow OH 44224

330.689.5445

330.688.1629 fax

www.smfschools.org

Dr. Russell D. Jones, Superintendent

Mrs. Catherine Bulgrin, Treasurer

Mrs. Karen Moore, Director of Curriculum & Instruction

Dr. Marty Saternow, Special Services Director

Mr. Richard Jackson, Director of Human Resources

Dear Parents:

Welcome to Stow-Munroe Falls City Schools, rated an *Excellent School District* by the Ohio Department of Education!

I would like to take this opportunity to personally welcome you to the Stow-Munroe Falls City School District. Whether you are moving back or are new to the community, we understand that moving brings about many changes for your family. We hope to help make this transition for your family as smooth as possible.

Our District website provides a packet of materials needed to register. Please fill out all the forms and register at our Central Registration location at 4350 Allen Road in Stow. For your convenience, our hours for registration are: Mondays and Wednesdays 8:30 a.m. to 10:30 a.m., and Tuesdays and Thursdays from 11:30 a.m. to 1:30 p.m. Please call the Central Registration Secretary at (330) 689-5445 to make an appointment should these hours not be convenient for your schedule.

We look forward to working together with you and your family to provide the best educational opportunities for your child(ren).

Sincerely,

A handwritten signature in black ink, appearing to read "Russell D. Jones". The signature is fluid and cursive, written over a horizontal line.

Russell D. Jones, Ed.D.
Superintendent



Stow-Munroe Falls City Schools

4350 Allen Road
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Stow-Munroe Falls High School

3227 E. Graham Road
Stow OH 44224
330.689.5300
Fax: 330.678.3899

Sue Schur-Principal
Contact: Guidance/Registrar
School Hours: 7:30 am–2:30 pm

Kimpton Middle School

380 N. River Road
Munroe Falls OH 44262
330.689.5288
Fax: 330.686.4718

Jim Saxer-Principal
Contact: Building Secretary
School Hours: 8:00 am–2:38 pm

Lakeview Intermediate School

819 Graham Road
Stow OH 44224
330.689.5250
Fax: 330.686.4708

Andy Yanchunas-Principal
Contact: Building Secretary
School Hours: 8:15 am-2:45 pm

Echo Hills Elementary

4405 Stow Road
Stow OH 44224
330.689.5450
Fax: 330.686.3129

Susan Martucci-Principal
Contact: Building Secretary
School Hours: 9:00 am-3:30 pm

Fishcreek Elementary

5080 Fishcreek Road
Stow OH 44224
330.689.5460
Fax: 330.686.3126

Julie Obraza-Principal
Contact: Building Secretary
School Hours: 9:00 am-3:30 pm

Highland Elementary

1843 Graham Road
Stow OH 44224
330.689.5330
Fax: 330.686.4711

Meghan Graziano-Principal
Contact: Building Secretary
School Hours: 9:00 am-3:30 pm

Indian Trail Elementary

3512 Kent Road
Stow OH 44224
330.689.5320
Fax: 330.686.4716

John Lacoste-Principal
Contact: Building Secretary
School Hours: 9:00 am-3:30 pm

Riverview Elementary

240 N River Road
Munroe Falls OH 44262
330.689.5310
Fax: 330.686.4713

Brenda Harriss-Principal
Contact: Building Secretary
School Hours: 9:00 am-3:30 pm

Woodland Elementary

2908 Graham Road
Stow OH 44224
330.689.5470
Fax: 330.686.4712

Deb Krajcik-Milford-Principal
Contact: Building Secretary
School Hours: 9:00 am-3:30 pm

Transportation Center

4158 Newcomer Road
Stow OH 44224
330.673.6550
Fax: 330.673.6540

John Daymon-Transportation Director
Contact: Transportation Secretary
Hours of Operation: 6:00 am-5:00 pm



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REGISTRATION CHECKLIST

(Only the person who is the residential parent, legal custodian, legal guardian, or, in limited circumstances, a grandparent of the child may register the child)

- Student Registration Packet
- Original or Certified Copy** of Birth Certificate or Official Passport
- Health Records, including immunization record

For Special Education/Needs students:

- Multi-Factored Evaluation (M.F.E.)
- Individual Education Plan (I.E.P.)
- 504 Plan

- Guardianship, or custody papers when divorce, separation, foster care etc., is involved* (if applicable)
- Grandparent Power of Attorney or Caretaker Authorization Affidavit (if applicable)

***TO VERIFY GUARDIANSHIP OR CUSTODY, THE FOLLOWING ARE THE ONLY ACCEPTABLE PROOFS:**

A. Certified time-stamped complete Judgment Entry Divorce Decree, including **ALL Attachments** and any **Modifications**. **OR**

B. Time-stamped notice of the appointment of guardianship from Probate Court. **OR**

C. Certified Journal Entry designating custody and the school district responsible for education.

THESE ARE THE ONLY ACCEPTABLE CUSTODY OR GUARDIANSHIP PAPERS. A LETTER FROM A LAWYER OR ANYTHING SIMILAR IS NOT ACCEPTABLE. ANY CHANGES OR MODIFICATIONS IN THE CUSTODY ORDERS MUST ALSO BE SUBMITTED TO THE SCHOOL WHEN THEY OCCUR.

- Residency Information (Please follow the directions below).

If you own, rent, or lease in the Stow-Munroe Falls City School District	OR	If you are living with another family in the Stow-Munroe Falls City School District
<ul style="list-style-type: none"> <input type="checkbox"/> 1. Residency Affidavit Form <li style="text-align: center;">AND <input type="checkbox"/> 2. Proof of Residency You must have one of the following as proof of residency with your name and current Stow or Munroe Falls address: <ul style="list-style-type: none"> <input type="checkbox"/> Rent, lease agreement or deed <input type="checkbox"/> You must supply a letter from the real estate broker or bank officer verifying there is a contract to purchase the house, that you are waiting upon the date of closing of the mortgage loan, and the house is at the location indicated by you. <ul style="list-style-type: none"> <input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Utility bill (example: gas, electric, cable) No telephone bills please <input type="checkbox"/> Work records (pay stubs) <input type="checkbox"/> Public assistance (example: check stubs, forms) <input type="checkbox"/> State identification <input type="checkbox"/> Voter registration <li style="text-align: center;">AND <input type="checkbox"/> 3. Driver's License <ul style="list-style-type: none"> <input type="checkbox"/> Driver's license of parent, legal residential parent or Legal guardian enrolling the child. 	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Residency Affidavit Form <li style="text-align: center;">AND <input type="checkbox"/> 2. Sworn Statement of Residency (Affidavit) You must supply a Sworn Statement of Residency (Affidavit) Form (notarized) from the head of the household with whom you are living. <li style="text-align: center;">AND <input type="checkbox"/> 3. Proof of Residency You must have one of the following as proof of residency with the incoming resident's name and current Stow or Munroe Falls address: <ul style="list-style-type: none"> <input type="checkbox"/> His/her deed or property tax bill If renting, a lease agreement or a verifying letter from the real estate broker or bank officer that there is a contract to purchase the house. <input type="checkbox"/> Utility bill (example: gas, electric, cable) No telephone bills please <input type="checkbox"/> Work records (pay stubs) <input type="checkbox"/> Public assistance (example check stubs, forms) <input type="checkbox"/> State identification <input type="checkbox"/> Voter registration <li style="text-align: center;">AND <input type="checkbox"/> 4. Driver's License <ul style="list-style-type: none"> <input type="checkbox"/> Driver's license of parent, legal residential parent or legal guardian enrolling the child. 	



Stow-Munroe Falls City Schools Emergency Medical Information Form/Student Enrollment Data Entry Form

Please circle one of the following schools and grade level:
ECHO HILLS FISHCREEK HIGHLAND INDIAN TRAIL RIVERVIEW WOODLAND LAKEVIEW KIMPTON HIGH SCHOOL

Grade: PreK K 1 2 3 4 5 6 7 8 9 10 11 12 Team/Homeroom #: _____ / _____

Primary Language: _____ DOB: ____/____/____ Birthplace City: _____ Student School I.D.#: _____

Student Legal Name: _____ Sex: M F (Please Circle)
Last First Middle Suffix

Street Address: _____ Is this a new address within the last 12 months? Yes No

City: Stow Munroe-Falls Other: _____ Zip Code: _____ Home Phone #: _____

Racial/Ethnic – Are you Hispanic/Latino? (Please Circle) Yes No
Racial Group(s): __White __Black/African American __Hispanic/Latino __Asian __Multi-Race __Am. Indian/Alaskan Native __Native Hawaiian/Pacific Isl.

Primary Contact

If address is the same as student, please check here: _____
Relationship to student: (Please Circle)
Mother Father Guardian

Secondary Contact

If address is the same as student, please check here: _____
Relationship to student: (Please Circle)
Mother Father Guardian

First and Last Name: _____

First and Last Name: _____

Street Address: _____

Street Address: _____

City, St., Zip Code: _____

City, St., Zip Code: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Place of Employment: _____

Place of Employment: _____

Work #: _____ Extension: _____

Work #: _____ Extension: _____

Email: _____

Email: _____

Relative/Neighbor you want to care for your child when you cannot be reached:

- | | | | | |
|----|-------------|---------------------|--------------|----------------------------|
| 1. | _____ | _____ | _____ | H C W |
| 2. | _____ | _____ | _____ | H C W |
| | <i>Name</i> | <i>Relationship</i> | <i>Phone</i> | <i>(Please Circle One)</i> |

Is this child affected by any court order regarding custody? (Please Circle) YES NO **PLEASE NOTE: If yes, and enrolling for the first time, a complete copy MUST be provided with this form, otherwise, a copy of the most recent custody agreement MUST be on file in the school office.**

Does your child have a Current I.E.P.? (Please Circle) Yes No
If Yes, please submit a copy of the student's current I.E.P. and M.F.E with this form. Other Services: ____ 504 Plan ____ ESL Services ____ Title I

If you are enrolling your student for the first time, please provide the following information:

Date/Time Enrolled: _____ Re-Enrolled? Yes NO Start Date (Office Use Only): _____

Previous School Attended: _____ Circle One: Public Private Parochial

OFFICIAL TRANSCRIPT AND LAST REPORT CARD ARE REQUIRED FOR COURSE SCHEDULING

I request the school to contact me in case of an accident or illness. If unable to reach me, I hereby authorize the school to call relative or neighbor I indicated. If in the event I cannot be reached in case of an emergency, the school may make whatever arrangements deemed necessary including calling 911 for EMS support and transport to a hospital nearby.

Medical Problems/ Concerns/ Medications: _____

Signature of Parent or Guardian: x _____ Date: _____



All Day Kindergarten

2012-13 Tuition Agreement

This agreement is for students attending the All Day Kindergarten program within the Stow-Munroe Falls City School District.

Attending school: _____

I hereby request the Board of Education of the Stow-Munroe Falls City School District to provide an educational program for the following student during the school year:

Name of student: _____

Street address: _____

City: _____ Zip Code: _____

Telephone: _____ Cell ph: _____

Email Address: _____

In consideration thereof, I agree to pay tuition at the rate of \$2,861.58 per pupil. I understand that failure to make this payment promptly will result in the exclusion of said student from the all day kindergarten program.

Tuition will be payable on a semester basis. A deposit in the amount of \$100.00 is required at time of enrollment. Checks may be made payable to SMFCSD. This amount will be deducted from the first semester payment. The payment schedule will be as follows:

- \$ 100.00 Deposit (with signed contract at time of enrollment, cash or check only)
- \$1,330.79 Balance of 1st semester payment due by 9/10/2012
- \$1,430.79 Balance of 2nd semester payment due by 1/14/2013

Types of payments accepted: cash, check or on-line with your Visa/MasterCard. Please visit our district website, www.smfschools.org, and follow the Parent link to the Web Store. **There are no monthly payments.**

Signature of Parent or Guardian

Date



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EMERGENCY PHONE ALERT SYSTEM

Please provide Stow-Munroe Falls City Schools your phone number(s) where you wish to be contacted for our district **ALERT SYSTEM**. The **ALERT** will inform families of school closings, emergencies and messages from the superintendent as well as school principals.

Name of Student

First Last

Grade _____ Building _____

1st Phone number for ALERT system: _____

2nd Phone number for ALERT system: _____

3rd Phone number for ALERT system: _____

Email Address for Alert system: _____

For Office Use: Please return this form to Central Office, Attention: Central Registration



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RESIDENCY AFFIDAVIT

For the purpose of establishing a school residency
(To be completed by parent/legal custodian/legal
guardian/grandparent)

TO: THE BOARD OF EDUCATION OF THE STOW-MUNROE FALLS CITY SCHOOL DISTRICT

I, _____, hereby certify that I am a resident of the Stow-Munroe Falls City School District and, reside permanently at the following address:

Address Apt. # Lot # City Zip

And can be reached at this telephone number: _____

Name of Children (Please print):

Last First M.I. Date of Birth
School/Grade

Last First M.I. Date of Birth
School/Grade

Last First M.I. Date of Birth
School/Grade

Total number of students enrolled in our school district at this time: _____. I further certify that:

1. This information is true, accurate, and not made up for the purpose of circumventing the attendance laws of the State of Ohio or the policies of the Board of Education requiring legal residency in order to attend the Stow-Munroe Falls City Schools.
2. If I change my present address to another address that is within the Stow-Munroe Falls City School District, I will immediately file another Residency Affidavit with the Board of Education of the Stow-Munroe Falls City School District.
3. I understand and agree that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the Stow-Munroe Falls City School District, I will apply for Inter District Open Enrollment or withdraw my child/children from the Stow-Munroe Falls City School District and will enroll my child/children in the new district of residence.
4. If it is determined that I am not a resident of the Stow-Munroe Falls City School District and/or I was not approved for Inter-District Open Enrollment, I understand that my child/children will be withdrawn from the Stow-Munroe Falls City School District. I will also be responsible for and will pay the current full tuition rate to the Treasurer of the Stow-Munroe Falls City School District pursuant to Section 3317.08 of the Ohio Revised Code, for the part of the school year that my child/children were enrolled in the Stow-Munroe Falls City School District.

NOTE: I understand that providing false information under oath is a violation of Ohio Revised Code Section 2921.13 which carries a penalty of six months in jail and a one-thousand dollar fine upon conviction. Further, I am aware that any effort to circumvent the residency requirements of this school district mandated by Ohio law may result in criminal prosecution for the theft of services, a violation of the Ohio Revised Code Section 2913.02.

***NOTE: Sign only in presence of a Witness**

Signature of Parent/legal custodian/guardian/grandparent Date Relationship to Student(s)

Signature of Witness



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**AFFIDAVIT
SWORN STATEMENT OF RESIDENCY**

O.R.C. 3313.64
(For use only if living with another Stow or Munroe Falls Family)

For the consideration that _____ may attend the Stow-Munroe Falls City School
District, I _____, do hereby swear and affirm that
Student's Name
Stow or Munroe Falls Resident (Please Print)

_____, will reside with me at my home _____
Student's Name Street Address

_____, _____ and that Mr. and/or Mrs.
City Zip Code County

_____, telephone _____ will also reside at the above address.
Parent's Name(s)

I fully understand that this sworn statement entitles temporary attendance in the Stow-Munroe Falls City School District. If the family or any member thereof moves from my home, I will immediately notify the Treasurer of the Board of Education of the Stow-Munroe Falls City School District, 4350 Allen Road, Stow, OH 44224, (330) 689-5445. **If these statements are not factual and if evidence is found later to show that these facts are not true, I understand that I will owe tuition of _____ per month, per student, retroactive to _____, per Board of Education Policy and Procedure.**

Date

***NOTE: Sign only in the presence of a Notary Public**

Signature of Stow or Munroe Falls Resident

County of _____)
State of Ohio _____)

SWORN TO AND SUBSCRIBED in my presence this _____ day of _____, 20_____.

Seal

Notary Public

My commission expires: _____



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RECORD RELEASE

Date: _____

Please release all school records to the selected school including:

- Cumulative records (including attendance)
 - Transcripts
 - Health Records
 - Standardized Testing; Ohio State Testing all grades
 - Psychological reports and Multi-Factored Evaluations (M.F.E.)
 - Individual Educational Plans (I.E.P.) and related special educational forms, as applicable
 - 504 Plan
 - English as a Second Language Information and Testing
-
- Stow-Munroe Falls High School
3227 E. Graham Road
Stow OH 44224
330-689-5300
Fax: 330-689-5303
 - Kimpton Middle School
380 N. River Road
Munroe Falls OH 44262
330-689-5288
Fax: 330-686-4718
 - Lakeview Intermediate School
1819 Graham Road
Stow OH 44224
330-689-5250
Fax: 330-686-4708
 - Echo Hills Elementary
4405 Stow Road
Stow OH 44224
330-689-5450
Fax: 330-686-3129
 - Fishcreek Elementary
5080 Fishcreek Road
Stow OH 44224
330-689-5460
Fax: 330-686-3126
 - Highland Elementary
1843 Graham Road
Stow OH 44224
330-689-5330
Fax: 330-686-4711
 - Indian Trail Elementary
3512 Kent Road
Stow OH 44224
330-689-5320
Fax: 330-686-4716
 - Riverview Elementary
240 N River Road
Munroe Falls OH 44262
330-689-5310
Fax: 330-686-4713
 - Woodland Elementary
2908 Graham Road
Stow OH 44224
330-689-5470
Fax: 330-686-4712

Student's Name	Date of Birth
Last Grade Attended	
Signature of Parent/Legal Guardian	
Former school	School Fax #
Address	School phone #
Date withdrawn from above school	

Neither state nor federal law requires consent or parental signature to transfer student records to an educational institution for legitimate educational purposes. O.R.C. 3319.321 (c) 20USCA 1232g (b) (1) (B)



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Elementary Placement Notice

I understand that, although I have enrolled my child in the elementary school in my area of residence, **large class sizes may require my child be assigned to a different elementary school for the upcoming school year.**

While every effort will be made to prevent this transfer of students occurring, should it be necessary, the new building principal will contact me to provide us with information about the school.

Transportation to the newly assigned building will be provided by the Stow-Munroe Falls City School District. I understand that should a transfer be necessary, I will be notified by the current building principal prior to the start of the school year.

Signature of Parent or Legal Guardian

Date



Kindergarten Registration Letter

Dear Kindergarten Parents/Guardians:

It is with much anticipation that we await your child's entrance into Kindergarten! Nursing services in this school district are provided by Akron Children's Hospital School Health Services. Akron Children's Hospital School Health Services is dedicated to supporting the academic success of all children and youth through health promotion, education and child advocacy.

The following forms are needed for school entry:

1. **Emergency Medical Authorization**, REQUIRED AT REGISTRATION.
2. **School Health Record** provides a student health history, completed by parent, REQUIRED AT REGISTRATION.
3. Current **Immunization Record**, completed by the doctor, REQUIRED AT REGISTRATION. Please bring the record even if your child has not had the final boosters yet. We can make a copy if you have the original. State of Ohio health law requires the following immunizations for school entry:

DPT, DTaP	5 doses
Polio	4 doses
MMR	2 doses
Hepatitis B	3 doses
Varicella	2 doses or documented date of disease

Please note: Immunizations must be completed within 15 days of starting school, or your child may be excluded from attendance by the principal. Immunizations can be obtained through your child's primary

In addition, if your child has a medical condition that may need intervention at school, for example asthma, food allergies, medications, etc., please call us so accommodations can be arranged.

We are looking forward to healthy school year!

Sincerely,

Akron Children's Hospital School Health staff

Phone/Fax



School Health Record
 (to be completed/signed by parent or guardian)
 School Year: _____

Student Name: _____ Male _____ Female _____

Date of birth: _____

Immunizations: (Required by Ohio Law to attend school)

Vaccine	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th dose	Comments
DPT						Kindergarten 5 th dose required if 4 th dose before age 4 Grades 1-12 3-4 doses
Polio					N/A	4 th dose required on or after 4 th birthday
MMR			N/A	N/A	N/A	Two doses required for grades K-12
Hepatitis B				N/A	N/A	Three doses required for K-11 (Recommended for grade 12)
Varicella Chicken Pox		Kindergarten only	N/A	N/A	N/A	Kindergarten One dose on or after the 1 st birthday Second dose at least 28 days after 1 st dose. Grades 1 – 4 One dose on or after the 1 st birthday
HIB						Required for preschool 0-14 months: 3-4 doses 15-59 months: 1 dose
Tdap or Td		N/A	N/A	N/A	N/A	Booster prior to entry into 7 th grade
TB Test	Negative	Positive				Not required for school entry
Other						

Lead Poisoning (PRESCHOOL ONLY):

Date _____ Results _____

Hemoglobin/Hematocrit (PRESCHOOL ONLY):

Date _____ Results _____

Developmental History: Please give the approximate age when your child:

Walked alone _____ Spoke in sentences _____ Was toilet trained _____ Dressed self _____

How does this child's development compare to other children, such as brothers/sisters or playmates?

About the same _____ Delayed _____ Advanced _____

Student Name: _____

Health Conditions: Please check any that your child has or had

- | | | |
|---|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Juvenile Arthritis |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Meningitis/Encephalitis |
| <input type="checkbox"/> Asthma or wheezing | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures/Epilepsy |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Ear problems/poor hearing | <input type="checkbox"/> Sore throat (frequent) |
| <input type="checkbox"/> Behavior/Emotional concerns | <input type="checkbox"/> Eczema/skin conditions | <input type="checkbox"/> Speech difficulties |
| <input type="checkbox"/> Birth/Congenital malformations | <input type="checkbox"/> Eye problems/poor vision | <input type="checkbox"/> Toothaches/dental problems |
| <input type="checkbox"/> Blood problems | <input type="checkbox"/> Headache (frequent) | <input type="checkbox"/> Urinary tract infections |
| <input type="checkbox"/> Bone/Joint problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Wetting during day or night |
| <input type="checkbox"/> Bowel problems | <input type="checkbox"/> Hepatitis | |
| <input type="checkbox"/> Cancer | | |

Illness, Injuries & Hospitalizations (please explain):

Medical Home: Please provide us with your child's current health care provider's name and contact information.

Physician Name: _____

Address: _____

Phone: _____

Current Health: Tell us about any current health conditions or concerns:

Allergies: If your child has any food or environmental allergies, please obtain the Allergy Action Plan form from the school clinic for your child's health record.

Allergy	Reaction	Treatment

Medications: Describe medicine your child takes regularly. If your child must take medication at school, please obtain the Medication Administration Authorization form from the school clinic to be completed by you and your child's doctor.

Medication	Reason	How often?	What time?

Explain any special assistance your child may need during the school day:

Please add any comments or concerns you have about your child's health, development, behavior, family or home life that you would like the school to be aware of:

If you have questions or concerns about your child's health or would like information about a medical home for your child or community services that may be available, please contact your school clinic.

Signature of parent/guardian completing form

Date

Immunization Summary for Child Care, Head Start, Pre-School and School Attendance

VACCINES	<i>FALL 2011</i> IMMUNIZATIONS FOR CHILD CARE/HEAD START AND PRE-SCHOOL ATTENDANCE	<i>FALL 2011</i> IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DTP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	4 doses of DTaP, DTP, or DT or any combination.	Kindergarten 5 doses of DTaP, DTP, or DT, or any combination, if the fourth dose was administered prior to the 4 th birthday Grades 1-12 3-4 doses of DTaP, DTP, DT or Td or any combination. Grades 7-8 1 dose of Tdap or Td vaccine must be administered prior to entry.
POLIO	3 doses of OPV or IPV or any combination of OPV or IPV.	K-1 A minimum of 3 doses. The final dose must have been given on or after the 4 th birthday, regardless of the number of previous doses; 4 doses if a combination of OPV and IPV was administered. Grades 2-12 4 doses if a combination of OPV and IPV was administered. 4 doses of all OPV or all IPV is required if the third dose of either vaccine was administered prior to the 4 th birthday.
MMR Measles, Mumps, Rubella	1 dose of MMR administered on or after the first birthday	K-12 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.
Hib <i>Haemophilus Influenzae</i> Type b	3 or 4 doses depending on the vaccine type, the age when the child began the 1 st dose and the last dose must be after 12 months or 1 dose if given on or after 15 months of age	None
HEP B Hepatitis B	3 doses of Hepatitis B	K-12 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.
Varicella (Chickenpox)	None	K-1 2 doses of varicella vaccine must be administered prior to entry. Grade 2-5 1 dose of varicella vaccine must be administered on or after the first birthday.

NOTES:

- The 4 day “grace” period applies to all age and interval minimums. 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.
- The Tdap and Varicella requirements will be progressive.
- Only full doses of vaccine using proper intervals shall be counted as valid doses.
- For additional information please refer to the Ohio Administrative Code 5101:2-12-37 for Child Care, Head Start, Pre-School and the Ohio Revised Code 3313.67 and 3313.671 for School Attendance. 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.

STOW-MUNROE FALLS SCHOOL DISTRICT

2012-2013 Calendar

AUGUST 2012				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

(7 student days)
(8 teacher days)

SEPTEMBER 2012				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

(19 student days)
(19 teacher days)

OCTOBER 2012				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

(22 student days)
(22 teacher days)

NOVEMBER 2012				
M	T	W	TH	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

(19 student days)
(20 teacher days)

DECEMBER 2012				
M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

(15 student days)
(15 teacher days)

JANUARY 2013				
M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

(17 student days)
(18 teacher days)

FEBRUARY 2013				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	

(19 student days)
(19 teacher days)

MARCH 2013				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

(16 student days)
(16 teacher days)

APRIL 2013				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

(21 student days)
(21 teacher days)

MAY 2013				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

(22 student days)
(22 teacher days)

JUNE 2013				
M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

(3 student days)
(4 teacher days)

School not in session

Teacher Work days;
school not in session for students

Calamity Days: June 6, 7, 10, 2013

180 Student Days
184 Teacher Days

1st Semester 91 days
2nd Semester 89 days

- New Teacher Orientation..... Monday, August 20 & Tuesday, August 21, 2012
- First Teacher Day..... Wednesday, August 22, 2012
- First Student Day..... Thursday, August 23, 2012
- Labor Day..... Monday, September 3, 2012
- NEOEA Day..... Friday, October 12, 2012
- End First Nine Weeks..... Friday, October 26, 2012
- Inservice Day..... Tuesday, November 6, 2012
- Conference Day..... Wednesday, November 21, 2012
- Thanksgiving Recess..... Thursday, November 22 – Friday, November 23, 2012
- Winter Vacation..... Monday, December 24, 2012 – Friday, January 4, 2013
- School Reopens..... Monday, January 7, 2013
- End Second Nine Weeks..... Thursday, January 17, 2013
- Records Day..... Friday, January 18, 2013
- Martin Luther King Day..... Monday, January 21, 2013
- Presidents Day..... Monday, February 18, 2013
- Spring Vacation..... Monday, March 25 – Monday, April 1, 2013
- Good Friday..... Friday, March 29, 2013
- End Third Nine Weeks..... Tuesday, April 2, 2013
- Conference Day..... Friday, April 26, 2013
- Memorial Day..... Monday, May 27, 2013
- Last Student Day..... Wednesday, June 5, 2013
- End Fourth Nine Weeks..... Wednesday, June 5, 2013
- Last Teacher Day..... Monday, June 6, 2013