

Dear Parent/Guardian:

As part of the registration process at BAY HIGH SCHOOL, it will be necessary to produce:

1. A BIRTH CERTIFICATE (or photo ID of the same)
2. PROOF OF RESIDENCE (2 paid bills with your name on them as listed on the attached registration form)
3. LEGAL proof of custody
4. All IMMUNIZATIONS

Records will be requested from the student's previous school. Please sign the "Request for Records" card and return it with the registration materials.

Thank You,
Ms. Magas, Guidance Secretary/Registrar

PARENT EMAIL SIGN UP

GO TO BAY SCHOOLS WEBSITE: www.bayvillageschools.com

SELECT A SCHOOL (top left of page): 'BAY HIGH SCHOOL'

GO TO THE LINK (dark gray bar across top of page): 'FOR BHS PARENTS'

CLICK ON: 'MR. MARTIN'S PARENT EMAILS'

CLICK: 'HERE' AT 'SIGN UP TO RECEIVE IMPORTANT EMAILS FROM MR. MARTIN HERE'

FILL IN EMAIL ADDRESS, FIRST and LAST NAMES

CLICK: 'SUBSCRIBE TO LIST' AT BOTTOM OF PAGE

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS TO BAY VILLAGE CITY SCHOOLS

Note: When submitted, this authorization will become a part of the student's permanent record in accordance with the Family Educational Rights and Privacy Act, Education For all handicapped Children Act.

Child's Name: _____ Grade: _____ Birth date: _____

Parent/Guardian's Name: _____

Address: _____

City/State/Zip: _____

As the parent or legal guardian of the above named child, I authorize:

Name of (Previous) School

Address of School

City, State, Zip (Phone #)

To release the records indicated below.

1. _____ Directory Information
2. _____ Permanent/Cumulative Record
3. _____ Test Scores
4. _____ Health Record
5. _____ Birth Certificate
6. _____ IEP, MFE, 505/Special Education
7. _____ Attendance
8. _____ Discipline

Signature of Parent (required)

Date

The records should be sent to:

Grade K-2
Normandy Elementary
26920 Normandy Rd.
Bay Village, OH 44140
Ph: 440-617-7350
Fax: 440-617-7351

Grade 3-4
Westerly Elementary
30301 Wolf Road
Bay Village, OH 44140
Ph: 440-617-7550
Fax: 440-617-7551

Grade 5-8
Bay Middle School
27725 Wolf Road
Bay Village, OH 44140
Ph: 440-617-7600
Fax: 440-617-7601

Grade 9-12
Bay High School
29230 Wolf Road
Bay Village, OH 44140
Ph: 440-617-7400
Fax: 440-617-7401

The reason for the release: _____

FOR SCHOOL USE ONLY

Date Requested: _____ Date Received: _____



377 Dover Center Road
Bay Village, OH 44140
(440) 617-7300
(440) 617-7301 FAX
www.bayvillageschools.com

Re: Registration of Pupils

Ohio law states that in order to be eligible for a free education in a public school district, the student must be a natural child of a resident, or custody of the child must have been granted by the courts to a resident of the school district.

In line with this, in the case of a divorced parent or case of legal guardianship, we must request a copy of the custody papers that name the residential parent for school purposes or the court paperwork awarding guardianship of the student be submitted at the time of registration,

Any further questions may be directed to the superintendent's office at 440/617-7300.

Sincerely,

A handwritten signature in cursive script that reads "Jodie Hausmann".

Jodie Hausmann
Superintendent of Schools

Bay Village Board of Education: Amy Huntley • Dr. Gayatry Jacob-Mosier • Beth Lally • Steve Lee • Lisa Priemer

Jodie Hausmann
Superintendent

Nicole Spriggs
Treasurer

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*Asst. Superintendent –
Special Services*

Daryl Stumph
*Asst. Superintendent –
Business Operations*

Char Shryock
Director, Curriculum

Karen Derby-Lovell
Director, Communications



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(440) 617-7301 FAX
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To Parents/Guardians of Transfer Students:

The State of Ohio Revised Code, sections 3313.671 and 3701.13, requires the following immunizations* in order to attend school.

- Kindergarten 5 DPT, 4 polio, 3 Hepatitis B, 2 MMR, 2 varicella
- Grades 1-4 4 DPT, 4 polio, 3 Hepatitis B, 2 MMR, 1 varicella
- Grades 5-6 4 DPT, 4 polio, 3 Hepatitis B, 2 MMR
- Grade 7 4DPT, 1 Tdap booster at 7th grade entry, 4 polio, 3 Hepatitis B, 2 MMR, MCV4
- Grades 8-11 4 DPT, 4 polio, 3 Hepatitis B, 2 MMR
- Grade 12 4 DPT, 4 polio, 2 MMR, MCV4

A tuberculin skin test to determine if your student has been exposed to tuberculosis is highly recommended, but not required.

According to Section 3313.671, on the 15th day after school entrance, it will be necessary to exclude all pupils from school who do not meet the above requirements.

Sincerely,

Clinton L. Keener
Superintendent of Schools

*DPT (diphtheria, pertussis, tetanus), Tdap (tetanus, diphtheria, acellular pertussis), polio (#4 given after the 4th birthday), Hepatitis B (#3 not given before 24 weeks of age), MMR (measles, mumps, rubella-#1 given on or after the first birthday), varicella (chickenpox-#1 given on or after first birthday)

**NOTE: Exemptions are provided for under the law. Contact the school nurse.

Form 228

Rev. 6/97, 1/05, 08, 1/10, 9/16