

Thank you for your interest in enrolling at Bridge Gate Community School Elementary Campus!

Please use the checklist below to collect all the necessary forms required for enrollment. Please contact us if you have any questions regarding the list below.

To enroll, parents/guardians must submit the following to the School:

Completed registration form
Student's birth certificate
Photo identification of parent/guardian enrolling the student
Student's current immunization record
Custody paperwork, if applicable
Proof of Residency/Address Verification
one (1) of the following in the parent/guardian/student name, showing the complete address, and date:
 mortgage statement, lease agreement etc.
\circ utility bill with name and addressed listed
 Paystub with name and address listed
\circ bank statement with primary address listed
\circ Notifications from Social Security and/or Job and Family Services
dated within thirty days.

notarized affirmation from parent(s) of current resident address

When a student loses permanent housing and becomes a homeless child or youth, or when a child who is such a homeless child or youth changes temporary living arrangements, the district in which the student is entitled to attend school shall be determined in accordance with the Revised Code and the McKinney-Vento Homeless Assistance Act.



2024-2025 **REGISTRATION/ENROLLMENT**

Student Information:

Date		2023-2024 Grad	8	
Name of Student:				
	(First)	(M	iddle)	(Last)
Address		Apt.#City		Zip Code
Primary Phone #		_Alternate Phone#	Email:	
Student Date of Birth:		Gender:	□ Female	
Birth Mother's Maiden Na	ame:			
Ethnicity: Is the student H	Hispanic or Latin	o? Yes No		
Race: White Black Multi-racial <i>If</i> White Black	Multi-racial, ple	ase check all that apply.		Pacific Islander Pacific Islander
 Does the student have a Does the student most f 	first language of requently speak uage other than I	ther than English? Ye a language other than Er English or was born outs	es No nglish? Yes No If ide of the United States, pl	yes, what language ease give the month and year the student
If the student was born our	tside of the Unite	ed States, in which count	try was he/she born?	
If the answer to the questions utilizing the language usage.		ige other than English indi	cate the native language in El	MIS and proceed to assess the student's ELP
If required, translation ser	vices were provi	ded by:		
Signature			Date	
Name (please print)				
Parent/Guardian Inform	nation:			
Name of parents/legal gua	rdians with who	m student resides:		
(First) (1	Middle)	(Last)	(home phone #)	(work phone#)
(First) (A	Middle)	(Last)	(home phone #)	(work phone#)
Who does the child live w Mother Father Grandmo Other:	other Grandfath	er Step-Father Step-Me	other Surrogate Guardiar	Guardian Ad Litem (Name and relationship to the student)
	STODIAL PARE AL ISSUES:	NT NOT residing with s	student:	e if applicable.
For Office Use Only				
	Received by _		Date	
Entered in DASL		SSID#		

Educational History:							
Does the student have a current or active Individual Education Plan (I.E.P.)? Yes No							
Did the student ever have an I.E.P? Yes No							
If yes, please provide a copy of the student's I.E.P. and Evaluation If yes, what school year?							
Does the student have a current or active 504 plan? \Box Yes \Box No							
Public School District of Res	If yes, please provide a copy of the student's 504 Plan Public School District of Residence: Name of School Last Attended: Withdrawal date from previous school:						
Name of School Last Attende	ed:		Withdray	val date fi	om previous sch	nool:	
Previous school address: Last grade attended at previo		H	ow long d	id student	attend previous	school district?	
Last grade attended at previo	us school:	H	as student	officially	withdrawn from	previous school?	$P \square Yes \square No$
Did the student attend pre-scl		~				1	
Name of pre-school attended Does the student have any me	: edical/health or other	<u> </u>	ILY: that the so	hool shou	Id be aware of?		
Has the student been permane	ently excluded/remov	ed from an	iv Ohio se	hool? [\neg Yes \Box No)	<u> </u>
F			j				
Child Pick-Up/Emergency	Information						
I agree my child may be phys	sically released only to	o the follow	wing perso	on(s). The	ese person(s) ma	v also be called ir	n the event of an
emergency. Proof of identific	ation, in the form of p	oicture ID	is required	l when pic	king up child(re	n). Changes of an	ny release/ contact
selections must be received in							
Name	Relationship to	Phone N	Number		Address		
	Student						
Family Information:	. 19 lining in the head						
Additional Children under	r 18 living in the hon	ne	Age	School	Attending		
	r 18 living in the hon	ne	Age	School .	Attending		
Additional Children under	r 18 living in the hon	ne	Age	School 2	Attending		
Additional Children under	r 18 living in the hon	ne	Age	School .	Attending		
Additional Children under	r 18 living in the hon	ne	Age	School .	Attending		
Additional Children under Name	r 18 living in the hon	ne	Age	School 2	Attending		
Additional Children under Name No Release Authorization:					Attending		
Additional Children under Name					Attending		
Additional Children under Name No Release Authorization:					Attending		
Additional Children under Name No Release Authorization: The following individual(s Name(s):) may <i>not</i> remove r	my child fi	rom scho	ol:		Yes No	(please circle one)
Additional Children under Name No Release Authorization: The following individual(s Name(s): Appropriate legal docume) may not remove r ents (custody papers	my child fi	rom scho	ol:		Yes No	(please circle one)
Additional Children under Name No Release Authorization: The following individual(s Name(s): Appropriate legal docume Parent/Guardian Commitm) may not remove r ents (custody papers	my child fi s, restrain	rom scho nt) are on	ol: file at the	e school:		
Additional Children under Name No Release Authorization: The following individual(s Name(s): Appropriate legal docume Parent/Guardian Commitm By signing below, I/we agree) may <i>not</i> remove r ents (custody papers that my child will abi	my child fi s, restrain de by and s	rom scho nt) are on support th	ol: file at the	e school: y rules and regul	ations, including	the Code of Conduct
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Additional Children under Name Name No Release Authorization: The following individual(s Name(s): Appropriate legal docume Parent/Guardian Commitm By signing below, I/we agree and all other policies. Althou make changes from time to to on this document is true and of Parent/Guardian: (Signature) Student: (Signature)) may <i>not</i> remove rents (custody papers that my child will abi igh the Parent/Student ime to best serve the current. I am the legal	my child fi s, restrain de by and s t Handboo needs of th guardian o	rom scho nt) are on support the k will refl ne School or custodia (Relations	ol: file at the e Academ ect the cu and its stu an of the <i>a</i>	e school: y rules and regul rrent policies of idents. I further of above student. <i>nt</i>)	ations, including the Academy, it confirm that the in Date: _Date:	the Code of Conduct may be necessary to nformation provided



Emergency Medical Authorization Form

Student Name		
Last	First	Middle
Date of Birth	Home Phone	
Home Address	City	Zip
School Attending	School Year	Grade

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

Residential Parent or Guardian					
Mother's Name:	Daytime Phone	Cell Phone			
Father's Name:	Daytime Phone	Cell Phone			

Emergency Contacts						
Name	Relationship to Student	Daytime Phone	Cell Phone			
1.						
2.						
3.						

It is extremely important that you provide **ANY** pertinent medical history or information about existing conditions that may affect your child at school.

Medications:

Elementary School

Allergies:

Medical Information (Please include any physical conditions, susceptibility to infections and their precautions. Also list any

susceptibility to convulsion and procedures if one occurs) :

PART I OR II MUST BE COMPLETED				
PART I: TO GRANT CONSEN	T	PART II: REFUSAL TO CONSENT		
I hereby give consent for the following		I do <u>NOT</u> give my consent for emergency medical treatment		
medical care providers and local hospital to		of my child. In the event of illness or injury requiring		
be called:		emergency treatment, I wish the school authorities to take the		
	Phone Number	following action:		
Doctor		Signature or Parent/Guardian:		
Dentist				
Medical Specialist		Date:		
Local Hospital/Emergency Room				
In the event reasonable attempts to contact me	have been unsucce	ssful, I hereby give my consent for:		
1) The administration of any treatment deemed	l necessary by abov	re named doctors, or, in the event the designed practitioner is		
not available, by another licensed physician or	dentist:			
2) The transfer of the child to any hospital reas	sonably accessible.	This authorization does not cover major surgery unless the		
		curring in the necessity for such surgery, are obtained prior to		
the performance of such surgery.				
Signature or Parent/Guardian:		Signature or Parent/Guardian:		
Date:		Date:		
Bridge Gate				



How Did You Hear	About Us.				
(check all that apply)					
□ Brochure/Flyer	□ Internet/Website	□ Social Media	□ Radio	□ Family/Friend	□ Previously attended
□ Home Visit	Other (Please describe)				
Media Release:					
Name of Student:					
T/NTT 1 . 1	(First)			(La	
taken for use in p		rts about the pro	ogram. I/W	e further understand	os, and quotations may be that members of the news
representatives to photographic like name or likeness publicity and/or r	b use such material ness, alone or in a gr to any media outlets	s for the prom oup, in any publ s including, but and/or to use thi	notion of the lication, doe not limited is student's	he program and to cument, TV production d to newspapers, mag name and/or photogr	ny, employees, agent and use this student's name, on, video or to release said gazines or TV stations for aphic likeness, alone or in
agreement and w Management Cor Academy from a	aive any right to corn npany, employees, a	npensation for s gents, represent s or damages	such use. I atives and	release the Academy all organizations and	videotape covered by this y, its Board members, the individuals related to the is student's name and/or
I/We agree to g	give permission at thi	s time.			
OR					
I/We <u>DO NO</u> T	<u>r</u> give permission at t	his time.			
Parent/Guardian	Signature:			Date:	



Child Transportation/ Pick-up Information 2024-2025 School Year

Child's	Name:	_Grade:
	event I am unable to pick up my child, I hereby give permission fo ed up from school by one of the following persons:	r the above named child
1.	NameAddress	
	Telephone Number	
2.	Name Address	
	Telephone NumberRelationship	
3.	NameAddress	
	Telephone NumberRelationship	
4.	NameAddress	
	Telephone NumberRelationship	
Parent/	Guardian Signature: Date	2:

Proof of identification, in the form of a picture ID is required when picking up the child(ren). To update this form please contact the school office.



to

Residency Information Form

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Ye	our answers
will help determine if the student meets eligibility requirements for services under the McKinney-	-Vento Act.

Studer	nt	Parent/Guardian	
Schoo	1	Phone/Pager	
Age _	Grade	D.O.B	
Addre	SS	City	
Zip Co	ode	_ Is this address Temporary or Permanent? (circle one)	
one):	House or apartment Motel, car, or camps Shelter or other temp With friends or fami are living in shared H Loss of housing Economic situation	ly members (other than or in addition to parent/guardian) nousing, please check all of the following reasons that apply: g for house or apartment mily member nd/girlfriend t leployed	ise more than
2		e age of 18 and living apart from your parents or guardians? Yes Residency and Educational Rights ular, and adequate living situations have the following rights:	No
	Immediate enrollm staying even if they without fear of bein	ent in the school they last attended or the local school where they y do not have all of the documents normally required at the time of ng separated or treated differently due to their housing situations;	

- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at Beacon. By signing below, I acknowledge that I have received and understand the above rights.

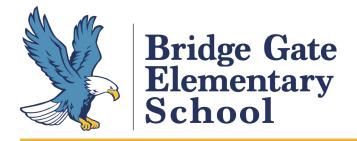
Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date





COMPACT FOR SUCCESS

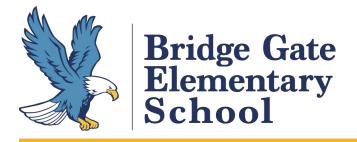
Education works best when all the parts are working together parents, school staff and students.

The purpose of the School-Parent Compact, found in section 1118 of Public Law 103-382, is to build and foster the development of a school-parent partnership to help all children achieve the state's high standards.

Parents, teachers and children will share responsibility for improved student achievement.

It is the school's responsibility to provide a high quality curriculum and instruction in a supportive and effective environment that enables the child to meet the state's academic achievement standards.

Parents are responsible for supporting their child's learning.

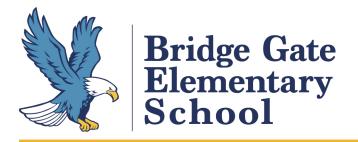


As a *Parent* I pledge to...

- 1. Read and respond to progress reports, teacher notes, and work samples; and attend Parent / Teacher Conferences.
- 2. Monitor video and television *time* and *quality*.
- 3. See that my child gets a good night's rest, is on time, and attends school regularly.
- 4. Help my child to understand the importance of education.
- 5. Provide a quiet study time and area at home.
- 6. Be involved in my child's educational program.
 - Discuss information sent home with my child.
 - See that my child completes all assignments.
 - Support the schools efforts to maintain proper discipline.
 - Communicate home situations that might affect my child's learning.
 - Praise my child's progress and help to set goals for improvement.
- 7. Be supportive by encouraging my child's participation in before school, after school and/or summer school, if recommended.
- 8. Read to or with my child as much as I can.
- 9. Volunteer in my child's classroom when presented with the opportunity.

Signature: _____ Date: _____

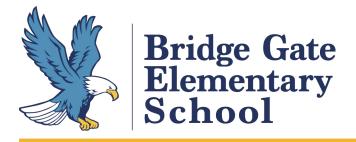
Signature: _____ Date: _____



As a *Student*, I pledge to ...

- 1. Attend school regularly.
- 2. Follow the rules of my classroom and my school.
- 3. Prepare for class.
- 4. Participate in class.
- 5. Complete my homework.
- 6. Get enough rest; eat nutritious foods; and exercise everyday
- 7. Work hard to do my best.
- 8. Limit my video and television viewing.
- 9. Respect my teachers, parents and other students.
- 10. Make thoughtful choices and work to become increasingly responsible.

Student Signature: _____ Date: _____



As an *Educator*, I pledge to...

- 1. Provide a quality curriculum that enables each child to meet the state's performance standards
- 2. Communicate child's progress and notify parents of changes in behavior, attendance and achievements.
- 3. Treat all children fairly, with compassion, and nurture self-esteem.
- 4. Provide structure and clear limits for learning.
- 5. Strive to inspire each learner by:
 - Being enthusiastic
 - Using a variety of methods and approaches
 - Understanding individual differences
- 6. Provide communication between parents and teachers.
- 7. Provide reasonable access to parents and other staff members.
- 8. Participate in conferences.
- 9. Utilize parent volunteers as available and when appropriate.

Teacher Signature: _____ Date: _____

Dute.	Principal Signature:		Date:
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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: (First Name and Last Name)		Student Date of Birth: (mm/dd/yyyy)	
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 langua	ge(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.			
	4. What languag	es 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?		
Additional Information Please share additional information to help us understand your child's language experiences and educational background.			
Parent/Guardian First Name:	Pi	arent/Guardian Last Name:	
Parent/Guardian Signature:	То	oday's Date: (mm/dd/yyyy)	

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: <u>https://www2.ed.gov/about/offices/list/ocr/ellresources.html</u>

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(Appendix A, continued)

COMPLETED BY SCHOOL EMPLOYEE

- 1. Check. Confirm the following statements related to the administration of Ohio's language usage survey:
 - □ The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
 - □ The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
 - □ The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
 - □ For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying Englishlearners.
 - □ Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.
- 2. Note. Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the <u>Language</u> <u>Usage Survey Annotations</u> on page 2 for item-specific guidance.

	Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.		
	Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.		
	Potential English learner See Language Usage Survey Questions 2-4.		Yes. Assess the student's English proficiency. No. Do not assess the student's English proficiency.
	Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>al</u> l students in EMIS.		Yes, the student is an immigrant child. No, the child is not an immigrant child.
Va	lidate. Complete the information below.		
	Signature of validating school employee		Date (mm/dd/yyyy)

Ohio School Report Cards

Bridge Gate Community School School at a glance 🗸

2021 - 2022 Report Card for

Bridge Gate Community School

The Ohio School Report Cards include performance information provided by schools and districts including academic, financial, and opportunity to learn data. Some of this data is then combined into six components that receive star ratings to indicate the level of performance for the school and district.

Achievement This component represents whether student performance on state tests met established thresholds and how well students performed on tests overall.	★ ★ ★ ★ ★ ★ Needs significant support to meet state standards in academic achievement.	Progress This component looks closely at the growth all students are making based on their past performances. Overall	* * * * * * * * * *	Gap Closing The Gap Closing Component is a measure of the reduction in educational gaps for student subgroups.	★★★★★★ Needs significant support to meet state standards in closing educational gaps.
Performance Index	33.1%			Annual Performance Goals	0.0%
Graduation Component is a measure of the four-year adjusted cohort graduation rate and the five-year adjusted cohort graduation rate.	Needs significant support to meet state standards in graduation rates.	Early Literacy This component looks at how successful schools are at improving reading for at-risk students in grades K-3. Improving K-3 Literacy Third Grade Reading Profici Promotion to Fourth Grade.	★★★★★★ Needs significant support to meet state standards in early literacy (K-3). 2.2% ency 0.0% 100.0%	College, Career, Workforce and Military Readiness This component looks at how well- prepared Ohio's students are for future opportunities, whether training in a technical field or preparing for work or college.	0.00/
				Students who are Ready	0.0%