



Albert Einstein Academy of Ohio

Tuition Free, Public Community Schools K-12
Lakewood and Strongsville
440-471-4982 / 440-617-6809 fax
www.aeaohio.org

*Kristen Thomas, M.S.
Superintendent of Schools*

2023 -2024

Hello and welcome to AEA!

It is my pleasure to welcome you to AEA on behalf of the faculty, staff, and the Board of Education. AEA is a dynamic, educational environment designed specifically to meet the needs of our students and families. We are happy you are joining us!

We are a tuition-free public-school option for students and families living in any community in the state of Ohio. We believe that full-day Kindergarten is necessary to serve the developmental needs of young learners. We are happy to support that need by offering full day, tuition-free Kindergarten in Strongsville. All AEA teachers are licensed and highly qualified. We only hire exceptional faculty and staff.

Additionally, we serve the needs of special education students at all levels, by providing services including psychological assessments, speech and language therapies, physical therapy, and learning interventions. We also offer a comprehensive program for students with Autism who need specific learning and behavioral supports. The 2023-2024 school year marks year 11 for Albert Einstein Academy of Ohio. We have grown from our initial campus in Westlake, with 72 students in 2013 to a current projected enrollment of 450 students in 2023. We have 2 campuses located in Lakewood (grades 6-12) and Strongsville (grades K-12.)

It is a great time to be a student at AEA and we look forward to your family joining us!

Sincerely,

Kristen Thomas, M.S.

Pronouns: She/Her/Hers
Superintendent / Human Resources
Phone: (440)-471-4982 Fax: (440)-617-6809
www.aeaohio.org

Administrative Offices located at 25000 Country Club, Suite 135, North Olmsted, Ohio 44070

Our Schools continue to grow by referrals from our current families and students. Thank you for recommending AEA.

This message and any response to it is being archived and may constitute a public record, and therefore may be available upon request (ORC 149.43)



Checklist For Student Documents

ALL DOCUMENTS MUST BE PROVIDED BEFORE STUDENT START DATE.

- _____ \$50.00 Instructional fee per child (up to 2 children. Cash or check. Please make out to Albert Einstein Academy.)
- _____ Completed enrollment form (Please fill out completely. Parent / Guardian signature required.)
- _____ Request for student records form
- _____ Copy of student's birth certificate
- _____ Copy of student's social security card
- _____ Copy of student's immunization records (New required for 7th & 12th grades)
- _____ Copy of Proof of residency (See attached form.)
- _____ Copy of custody / guardianship papers (If applicable)
- _____ **Grades 9 - 12:** copy of unofficial high school Transcript
- _____ Copy of IEP / 504 Plan (If applicable)
- _____ Household income Form / Title 1 (Fee Waiver)
- _____ Special Services Questionnaire (if applicable)
- _____ Emergency medical authorization
- _____ Medical record
- _____ Home Language survey
- _____ Community service requirement form
- _____ Student expectations & standards form
- _____ Student - parent directory release form
- _____ Photo & videotape release form
- _____ Pick-up authorization form
- _____ Parent / Student School Contract
- _____ Cell Phone Policy

This folder also contains reference sheets for parents. They include the school calendar, teaching philosophy, proof of residency guidelines, immunizations list and information, and the Superintendent's welcome letter. Please send all paperwork to enrollment@aeaohio.org. You may also drop the enrollment forms to any AEA school office.



ENROLLMENT APPLICATION: SCHOOL YEAR 2023-2024

Please Print

Please Select Campus: Lakewood (6-12) Strongsville (K-12)

STUDENT INFORMATION		
LEGAL NAME (FIRST, MIDDLE, LAST):		GRADE FALL 2023 (CIRCLE ONE):
		K 1 2 3 4 5 6 7 8 9 10 11 12
PREFERRED NAME:		PRONOUNS:
STREET ADDRESS, CITY, ZIP CODE		
EMAIL ADDRESS:	HOME PHONE + AREA CODE:	DATE OF BIRTH (MO/DAY/YEAR):
STUDENT LIVES WITH: MOTHER, FATHER, BOTH, OTHER:	PLACE OF BIRTH (CITY, STATE, COUNTRY):	SEX ASSIGNED AT BIRTH (CIRCLE): MALE FEMALE
SIBLING(S) ATTENDING AEA:	PREVIOUS SCHOOL 2022-2023	GENDER: (CIRCLE ONE BELOW)
NAME: GRADE:		MAN WOMAN NON-BINARY TRANSGENDER
	DISTRICT OF RESIDENCE 2022-2023	

FATHER/LEGAL GUARDIAN 1		
NAME (FIRST, MIDDLE, LAST)		RELATIONSHIP TO STUDENT
STREET ADDRESS	CITY	ZIP CODE
HOME TELEPHONE NUMBER + AREA CODE	WORK TELEPHONE NUMBER + AREA CODE	CELL PHONE + AREA CODE
EMAIL ADDRESS		
MOTHER/LEGAL GUARDIAN 2		
NAME (FIRST, MIDDLE, LAST)		RELATIONSHIP TO STUDENT
STREET ADDRESS	CITY	ZIP CODE
HOME TELEPHONE NUMBER + AREA CODE	WORK TELEPHONE NUMBER + AREA CODE	CELL PHONE + AREA CODE
EMAIL ADDRESS		

ADDITIONAL STUDENT INFORMATION:	
WHAT SCHOOL DISTRICT DO YOU CURRENTLY LIVE IN? _____	
NAME OF LAST SCHOOL ATTENDED _____	DATE OF LAST ATTENDANCE _____
ETHNIC CODE (CHECK ALL THAT APPLY)	
<input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> BLACK <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE	
* IS YOUR CHILD OF HISPANIC OR LATIN HERITAGE? YES NO	
*IF STUDENT IS MULTI-RACIAL, PLEASE CHECK ALL BOXES THAT APPLY	
MIGRANT OR HOMELESS STATUS	
IS THE STUDENT, THIS STUDENT'S PARENT, GUARDIAN, OR SPOUSE OF A MIGRATORY WORKER?	
YES OR NO	
NATIVE LANGUAGE	
IS ENGLISH THE STUDENT'S NATIVE LANGUAGE? _____	
IF NO, PLEASE IDENTIFY THE STUDENT'S NATIVE LANGUAGE. _____	
PLEASE CHECK YES OR NO FOR THE FOLLOWING THAT APPLY:	
a) STUDENT WAS BORN IN THE UNITED STATES YES NO b) RESIDES IN A HOME IN WHICH A LANGUAGE OTHER THAN ENGLISH IS USED FOR COMMUNICATION YES NO c) RESIDES IN A HOME IN WHICH A LANGUAGE OTHER THAN ENGLISH HAS A SIGNIFICANT IMPACT ON HIS/HER LEVEL OF UNDERSTANDING OF THE ENGLISH LANGUAGE YES NO	
PARENT/GUARDIAN SIGNATURE	
I/WE HAVE REVIEWED THE APPLICATION AND TO THE BEST OF MY/OUR KNOWLEDGE, THE INFORMATION THAT HAS BEEN PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT GIVING FALSE, OR INCOMPLETE, INFORMATION REQUESTED HEREIN WILL RISK DELAY IN THE PROCESSING OF THE ABOVE NAMED STUDENT APPLICATION AND MAY JEOPARDIZE ENROLLMENT AT ANYTIME AT THE ALBERT EINSTEIN ACADEMY.	
NAME OF PARENT/GUARDIAN (PRINTED): _____	RELATIONSHIP TO STUDENT: _____
SIGNATURE OF PARENT/GUARDIAN: _____	DATE _____

Does your child currently have an IEP? _____

Does your child currently have a 504 plan? _____

How did you hear about AEA? _____

PLEASE RETURN COMPLETED FORMS BY:

EMAIL: enrollment@aeaoio.org

MAIL: ALBERT EINSTEIN ACADEMY
ENROLLMENT
25000 Country Club Blvd. #135
North Olmsted, Ohio 44070

FAX: 440-617-6809



Request for Student Records

To the Parent/Guardian: Please complete, sign, and return to AEA as soon as possible.

Student Name: _____
(Last) (First) (Middle)

Current Grade: _____ Date of Birth: _____

Previous School: _____

School Address: _____

School Phone: _____ School Fax: _____

I hereby authorize _____ (previous school) to release school records on file for the above-named student to the Albert Einstein Academy for Letters, Arts, and Sciences.

Parent/Guardian: _____ Relationship _____
(Print Name)

Parent/Guardian: _____ Date: _____
(Signature)

To the Current School: The student above is registering at the Albert Einstein Academy. To aid our enrollment process, please send the following information for the student:

Please provide SSID # to this student: _____

- All report cards/progress reports
- Results of all standardized tests and evaluations
- Results of all cognitive abilities tests and evaluations
- Psychological reports
- Results of all criterion-referenced tests and evaluations
- All Special Education Records including current ETR, IEP, and/or behavioral plan
- School disciplinary records
- Counseling reports
- Current health records
- Current 504 Plan
- Birth Certificate

Please send this information (including this form) to the address listed below. Should you have any questions, please feel free to contact admissions.

AEA Phone: 440-471-4982.

AEA School Fax: (440)-617-6809

enrollment@aeaohio.org

Albert Einstein Academy of Letters, Arts, and Sciences

Attn: Student Records Request



Immunizations

Dear Parents / Guardians:

The Ohio Law Sections 3313.671 and 3701.13 of the Ohio Revised Code require that all students enrolled in Kindergarten through Grade 12 have written proof that they have received the following immunizations in their student files:

Kindergarten and School Age Entrance:

- DPT/DTaP (Diphtheria, Pertussis, Tetanus) - 5 doses
- IPV (Polio / Poliomyelitis) - 4 doses
- MMR (Measles, Mumps, Rubella) - 2 doses
- Hepatitis B - 3 doses
- Varicella (Chickenpox) - 2 doses
- *Influenza - recommended yearly*

Grade 7:

- Tdap (Diphtheria, Pertussis, Tetanus) - 1 dose
- MCV4 (Meningococcal) - Dose 1 of 2
- HPV (Human Papillomavirus) - *Recommended* - 3 doses

Grade 12:

- MCV4 (Meningococcal) - dose 2 of 2

Please provide a copy of your child's current immunization record and return it with your registration packet.

The Ohio Revised Code states that any student who does not submit proof of these immunizations by the 15th day of school will be excluded from school attendance.



Proof of Residency

We are required by the Ohio Department of Education to keep Proof of Residency on file for each student attending AEA. We must have **ONE** of the following for each student attending:

1. Voter registration card
2. Lease / rental agreement
3. Rent receipt
4. Mortgage statement
5. Utility statement
6. Bank statement

The Proof of Residency must be current and include your full name and Address. **No P.O. Boxes are permitted.**

If you move during the school year, you must provide a NEW Proof of Residency document.



Special Services Questionnaire

Student's Name: _____ Grade in Fall 2023: _____

Does your child receive any educational services/assistance or been given a diagnosis that has an impact on the child at school?

Yes No Decline to answer

If yes, please explain. _____

Please list any medications prescribed for your child relating to his/her current special needs.

What type of special education services or testing has your child received?

How long have these services been provided?

If your child has a current I.E.P. (Individual Education Plan) or 504 Plan please list the name of the district, the district contact and their phone number? Please attach a copy of the plan if you have one.

District Name: _____

District Contact: _____ Phone: _____ Ext. # _____

Please provide us with any additional comments/information that will help us support your child.

Signature of Parent or Legal Guardian(s)

Preferred Phone Number

Please print name of above signer

Relationship to Student



EMERGENCY MEDICAL AUTHORIZATION FORM

Date _____

Student Last Name _____ First Name _____ Grade _____

Student's Home Address (Street) _____ (City) _____ (Zip) _____

Student's Home Phone _____ Parent's email address _____ Birthday _____

Parent/Guardian 1 Name _____ Relationship (Mother, Father, etc...) _____ Daytime Phone _____

Parent/Guardian 2 Name _____ Relationship (Mother, Father, etc...) _____ Daytime Phone _____

Parent/Guardian 3 Name _____ Relationship (Mother, Father, etc.) _____ Daytime Phone _____

Please List Two Emergency Contacts

Emergency Contact Name _____ Relationship _____ Daytime Phone _____

Emergency Contact Name _____ Relationship _____ Daytime Phone _____

Medical Information

I hereby GIVE consent for the following medical care providers and hospitals to be called:

Physician _____ Phone _____ Dentist _____ Phone _____

Medical Specialist _____ Phone _____ Local Hospital _____ Phone _____

Medication

All medication required at school must be accompanied by a separate medication authorization form.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

Parent/Guardian Name (printed) _____ Signature of Parent/Guardian _____ Date _____



Medical Record

Campus: _____ Grade: _____
Student Name: _____ Birth Date: _____
Name of Physician: _____ Phone: _____
Name of Dentist: _____ Phone: _____

Medical History

Please provide the year of any of the following illnesses:

Chicken Pox:	Scarlet Fever:	Eczema:	Diabetes:
Measles:	Convulsions:	Ear Infections:	Heart Disease:
Mumps:	Strep Throat:	Hearing Problems:	Kidney Disease:
Rubella:	Hay Fever:	Vision Problems:	Other:

Does your child have: (If yes, please explain.)

1. Any known physical handicaps:
2. Allergies or asthma:
Emergency treatment required:
3. Bee sting allergy / food allergies:
Emergency treatment required:
4. Hospitalization (reason and dates):
5. Injuries or operations:
6. Serious illness:
7. Currently taking any medication:
Name of medication:
Reason for medication:
8. Will your child need medication at school? YES or NO
9. Other health problems or concerns:

Parent / Guardian Signature: _____ Date: _____

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: <i>(First Name and Last Name)</i>	Student Date of Birth: <i>(mm/dd/yyyy)</i>
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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 language(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.

2. What language did your child learn first?

3. What language does your child use the most at home?

4. What languages 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? _____

6. Has your child ever received formal education outside of the United States?
 Yes No

If yes, how many years/months? _____

If yes, what was the language of instruction? _____

7. Has your child attended school in the United States? Yes No

If yes, when did your child first attend a school in the United States?

_____/_____/_____
 Month Day Year

Additional Information

Please share additional information to help us understand your child's language experiences and educational background.

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Parent/Guardian Signature: _____ Today'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: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>





Community Service Requirement Form

Student Name: _____ Grade (Fall 2023): _____

COMMUNITY SERVICE PROGRAM

For each year enrolled at AEA, the student must complete a minimum of **5 hours** in Intermediate School, (grades 4-6) **15 hours** in Middle School (grades 7-8) and **25 hours** in High School (grades 9-12).

Community Service Program Purpose:

- Help students become more active members of their community
- Increase student knowledge and understanding of their community
- Meet real community needs
- Foster relationships between the school and surrounding communities
- Encourage student altruism and caring for others
- Improve student personal and social development
- Teach critical thinking and problem-solving skills
- Increase career awareness and exposure among students
- Improve student participation in and attitudes toward school
- Improve student achievement in core academic courses
- Reduce student involvement in risk behaviors
- Global awareness

Community Service Project Examples:

Some examples of Community Service Projects that would receive credit towards the 15/25-hour minimum requirement would include, but are not limited to, volunteering at the American Red Cross, helping out in a nursing home, and/or assisting a non-profit agency.

Community Service Hours:

All hours must be human or animal service related, unpaid and completed outside of school hours. All hours must be documented in writing. Parents may not sign the form as a supervisor. Paperwork of completion must be turned into the office by the last day of school. Completion of the community service requirement will be listed on the student's final yearly transcript.

Community Service Activity and Prior Approval Forms:

Community Service Activity Forms can be obtained from the school secretary. Students are encouraged to keep a copy of all forms submitted for their own records.

By signing below, I acknowledge that I have read, and understand that all students attending the Albert Einstein Academy are required to complete a specific number of community service hours during each of the years that they attend the school.

Parent/Guardian: _____ Date: _____

Student: _____ Date: _____



Student Code and Standards Form

All AEA students promise to abide by the following Student Code of Conduct:

I will familiarize myself with all provisions contained in the AEA Student Handbook (available online at www.aeahio.org).

I will abide by all AEA policies and follow the directions of the administrators, staff, and instructors of the school as they implement those policies.

I understand that AEA is an academic institution, and that I am here to learn. I will make my academic commitments my highest priority, and I will conduct myself with all proper decorum in accordance with an academic institution.

I will abide by the established AEA Dress Code.

As stipulated in the AEA Academic Integrity Policy, I agree not to cheat, copy, or plagiarize on any assignment or exam, nor will I help anyone else cheat, copy, or plagiarize.

I will be honest and forthright in all my dealings with administrators, staff, and instructors.

I will show respect for the property and physical environment of others, the school, and the community. I will treat others with respect and courtesy, settling disputes in a reasonable manner and without violence.

I will not verbally, physically, mentally, or emotionally harass, bully, or intimidate any student/employee of AEA.

I understand and agree to abide by the contents and principles of the AEA Student Code. I acknowledge that violating the stipulations above could lead to serious consequences including suspension or expulsion from the school.

Student Name: _____

Student Signature: _____ Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____



Student-Parent Directory Release Form

In an effort to help the Albert Einstein Academy community stay better connected throughout the school year we will be compiling a Student Directory that includes students' and parents' names, addresses, phone numbers, and e-mail addresses. Your information will be included in this directory unless you choose to opt out by checking the box below. We do not share your personal information and/or our school directory with any other organizations or with individuals unaffiliated with our school.

Below is information that will be included in the directory unless otherwise specified:

Student's name:

Grade:

Parent/Guardian 1:

Parent/Guardian 2:

Home address:

Home phone:

Cell phone:

Email:

I grant Albert Einstein Academy the right to print the above information in a school directory.

Signature: _____ Date: _____

Student Name: _____

OPT OUT: Please DO NOT INCLUDE our contact information in the Student Directory



Photo/Videotape Release Form

Throughout the school year, there may be times when Albert Einstein Academy staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audiotape/videotape students, or interview students for school-related stories in a way that would individually identify a specific student. Those photographs and/or audio/videotaped images or interviews may appear in school or district publications; in school or district video productions; on the school or district Web site; in the news media; or in other nonprofit, education-related organizations' publications.

Please complete this form, and return it to your child's school

I hereby grant unto my child's school, Albert Einstein Academy, permission to use my child's photograph and/or videotaped image for the purposes mentioned above. I understand and agree that Albert Einstein Academy may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. I further grant unto Albert Einstein Academy permission to allow my child to be photographed, audio/ videotaped, or interviewed by the news media or other organizations for school-related stories or articles.

Please check one: _____ Yes, permission granted

_____ No, permission is not granted

Student's Name

Grade

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Albert Einstein Academy

Phone: (440) 471-4982

Fax: (440) 617-6809

PICK-UP & RELEASE AUTHORIZATION

2023 - 2024 SCHOOL YEAR

The school will release the below named child to the following persons only. Changes to these authorized names must be in writing, signed, and dated by the parent(s) or legal guardian(s).

I _____ authorize the following persons to pick up my
(Parent/Guardian Name)

child, _____ :
(Child's Name) (Grade)

Please list any authorized person who will be picking up your child including mother, father and/or guardian. Failure to list a child's parent will not diminish parental rights and those written in a current court order.

Names:

Phone Numbers:

- | | |
|----------|-------------------|
| 1) _____ | (Home) _____ |
| | (Work/Cell) _____ |
| 2) _____ | (Home) _____ |
| | (Work/Cell) _____ |
| 3) _____ | (Home) _____ |
| | (Work/Cell) _____ |
| 4) _____ | (Home) _____ |
| | (Work/Cell) _____ |
| 5) _____ | (Home) _____ |
| | (Work/Cell) _____ |
| 6) _____ | (Home) _____ |
| | (Work/Cell) _____ |
| 7) _____ | (Home) _____ |
| | (Work/Cell) _____ |

Please notify the school office by **phone and written note/email** when someone other than the regularly scheduled person is picking up your child.

Parent/Guardian Signature: _____ Date: _____

"A true sign of intelligence is not knowledge but imagination!" -Albert Einstein



Albert Einstein Academy Parent-Student-School Contract

This agreement between the school, parent(s)/guardian(s), and students ensures respect for all members of our school community, allows for a safe learning environment for all, and appropriate learning opportunities for everyone at school. Please sign the bottom of this form and return it to the school. If you have any questions, please contact your building principal.

Albert Einstein Academy is a welcoming and diverse district which provides a comprehensive and rigorous educational environment with resources, programming, and support for all students regardless of race, religion, sexual orientation, or gender identity. In order to achieve our mission, all members of the school community have responsibilities to ensure the best environment for all.

As a parent/guardian I agree to...

- Be sure my child attends school daily and on time with necessary materials.
- Be an active partner and communicate regularly with school staff.
- Establish a time and place for homework and verify that it is completed.
- Be sure my child is rested, fed and properly dressed.
- Support the school in their efforts to maintain proper discipline.

As a student I agree to...

- Attend school regularly and be on time.
- Work hard to do my best in class.
- Complete and return homework assignments.
- Follow the school rules in the code of conduct.
- Ask questions when I do not understand something.
- Respect myself and others.

As a teacher I agree to...

- Show that I care about all students.
- Provide high quality instruction in a supportive learning environment.
- Make classroom rules and discipline plans clear to students and parents.
- Provide homework assignments that will reinforce classroom instruction.
- Communicate and partner with families to support students' learning.
- Notify parents of any change in attendance, achievement, grades, or behavior.

As a principal I agree to...

- Encourage all staff to welcome parents/guardians to the school and invite their participation at meetings, parent-teacher conferences, and all special activities.
- Provide an environment that enhances learning and allows for positive communication between the teacher, parent/guardian, and student.

We agree to RESPECT each other as we learn and grow together.

We have read this compact and agree by signing below to carry out our responsibilities as stated in the compact.

Signature: _____ Date: _____

Signature: _____ Date: _____

I am signing this agreement as a: Parent _____ Student _____ Teacher _____ Principal _____

Albert Einstein Academy of Ohio | 2023 - 2024 District Calendar

AUGUST '23						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

16 - 22 Teacher Work Days
 20 Ice Cream Social
 23 First Day for Students

FEBRUARY '24						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

16 Prof. Development Day
 19 Presidents' Day

SEPTEMBER '23						
S	M	T	W	Th	F	S
			1	2		
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

4 Labor Day
 22 Prof. Development Day

MARCH '24						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

18-19 Parent / Teacher Conferences
 22 End of Quarter 3
 29 Prof. Development Day

OCTOBER '23						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

26 End of Quarter 1
 27 Prof. Development Day

APRIL '24						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

1-5 Spring Break
 26 Prof. Development Day

NOVEMBER '23						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

17 Prof. Development Day
 20-21 Parent/Teacher Conferences
 22-24 Thanksgiving Break

MAY '24						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

10 Seniors Last Day
 19 Graduation Ceremony
 24 Prof. Development Day
 27 Memorial's Day
 31 End of Quarter 4
 Last Day For Students

DECEMBER '23						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

21- Jan. 2, 2024 Winter Break

JUNE '24						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

3-4 Teacher Work Days

JANUARY '24						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

01 New Year's Day
 2 Prof. Development Day
 15 M.L. King Day
 19 End of Quarter 2

Key:

- Teacher Work Days
- First/Last Day
- School Events
- End of Quarter

Visit us at:
www.aeaoio.org

Board Approved March 8, 2022



Albert Einstein Academy of Ohio

Tuition Free, Public Community Schools K-12

Lakewood and Strongsville

440-471-4982 / 440-617-6809 fax

www.aeaohio.org

*Kristen Thomas, M.S.
Superintendent*

2023-2024 School Year

Hello AEA Families!

As we welcome you to the district, I wanted to inform you of an important piece of information. We will use the EMAIL and PHONE NUMBER you provided on the enrollment form to contact you from the district office to let you know about days off (planned and calamity), safety drills, live safety events and other items as they come up throughout the year. Please make sure that you have provided the best email and phone number so that we can ensure we can contact you. Should these items change, please notify the secretary or principal at your students' school building.

SAFETY INFORMATION:

We participate in safety drills (Fired, Tornado, Active Shooter, Lockdown, etc...) throughout the school year as mandated by the state. Students are taught what behavior expectations are and what the process is to work through these types of scenarios.

Should there ever be a live event rather than a drill, you will be notified via Email and Text Message as information can be distributed throughout the event to provide information necessary in real time. You will also receive an Email and Text identifying that the event has ended. For quick events, please be aware that a note may not be out to the families until the event has ended.

I would like to welcome you all to our schools and should you have any questions, please contact me via email.

Sincerely,

Michelle Petrillo

Michelle Petrillo, M.Ed.
Assistant Superintendent
michelle.petrillo@aeaohio.org

Administrative Offices located at 25000 Country Club, Suite 135, North Olmsted, Ohio 44070

Our Schools continue to grow by referrals from our current families and students. Thank you for recommending AEA.

This message and any response to it is being archived and may constitute a public record, and therefore may be available upon request (ORC 149.43)



Albert Einstein Academy Cell Phone Policy

Strongsville Campus

All cell phones/electronic devices are to be turned off and kept in a student's backpack, locker, or over the door classroom organizer. At times, devices may be used during class with teacher permission and in direct supervision, for educational purposes only. Cell Phones/Electronic Devices may be used during the lunch periods for secondary (Middle school / High school) students only. **Recording of any kind is not permitted.**

Inappropriate use will result in confiscation and/or disciplinary action. Any equipment may be determined by school authorities to be disruptive to the educational process or the orderly operation of the school and deemed prohibited.

AEA is not responsible for the loss, theft, or damage of Cell Phones/Electronic Devices.

***For Parents:** I understand that I should not call or text my child on their cell phone during the school day and will call the school secretary if I should need to speak to my child.

Parent Signature: _____

Date: _____

***For Student:** I understand and will follow the cell phone policy. If I need to contact my parents, I will do so from the office.

Student Signature: _____ Grade: _____

Date: _____



HOUSEHOLD INFORMATION SURVEY

Albert Einstein Academy is participating in the Community Eligibility Option. In order to determine eligibility for various additional state and federal program benefits that your child(ren)'s school may qualify for, please complete, sign and return this application to your student's building if your income falls within or below the guidelines listed in the following chart. **This form is required to be considered for eligibility for waived or reduced school instructional fees.**

FEDERAL ELIGIBILITY INCOME CHART For School Year 2023 - 2024			
Household size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	+9,509	+793	+183

1. WHO CAN GET FREE OR REDUCED FEES?

- All children in households receiving benefits from supplemental nutrition assistance program (SNAP) or Ohio Works First (OWF) are eligible.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible.**
- Children who meet the definition of homeless, runaway, or migrant are eligible.
- Children whose families fall at or below the limits on the Federal Income Eligibility Guidelines.

2. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. You can use one form for the entire family.

3. DO I NEED TO FILL OUT A NEW APPLICATION IF I QUALIFIED IN PREVIOUS YEARS? Yes. You must fill out one new form each school year.

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: _____ 10-Digit Case Number: _____

INSTRUCTIONS: Complete this survey and return to your child's school or mail to the address listed above.

These selections must be completed by the Head of Household or Designee

- SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: _____
- STUDENT INFORMATION** - Complete for each student K through 12th grade

Last Name	First Name	Birth Date MM-DD-YY	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2

- TOTAL MONTHLY HOUSEHOLD INCOME** – Report Income for all members of household excluding foster children. If you have reported a case number above, you do not need to complete this section; proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

- SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX- _____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone	Work Phone	Email Address
		<small>By providing your email address, you may be contact via email by the district</small>

For Office Use Only:

Circle One

QUALIFIES

DOES NOT QUALIFY