



# FAMILY RESOURCE GUIDE



A SERVICE GUIDE FOR  
MULTILINGUAL FAMILIES

2020 – 2021 SCHOOL YEAR



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## A NOTE FROM THE EXECUTIVE DIRECTOR OF THE MULTILINGUAL MULTICULTURAL EDUCATION DEPARTMENT

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Greetings Multilingual Families of CMSD,

We hope all is well. During this trying time, the Cleveland Metropolitan School District (CMSD) has worked rigorously in putting together a plan of action to address the needs of all of our families during the COVID pandemic.

As you all know, CMSD will be starting the school year remotely as part of the school reopening plan. This means that we have had to adjust, as all of you, to this new way of living and working. We understand that with a change as large as this one, there will be some bumps on the road as we all begin to get accustomed to this new way of living. Also, we recognize that it is difficult to navigate through some services needed and we are here to help. This guide provides the essential information for all of our families to know where those services are at and whom to contact if needed.

As always, do not hesitate to communicate with our department for any items needed. Thank you for all that you do as families and caregivers.

Sincerely,

*Jose O. Gonzalez*

Jose Gonzalez, Ed.S.  
Executive Director of Multilingual Multicultural Education  
Cleveland Metropolitan School District

## ENROLLMENT & REGISTRATION

The Multilingual Welcome Center is currently functioning on a virtual and/or phone basis since the COVID closures. The following are some procedures for families to follow and get in contact with our Welcome Center:

### ***School Enrollment, Re-Enrollment, and School Transfers:***

For school enrollment, re-enrollment and transfer please contact the Welcome Center office through the following phone numbers:

- Ms. Caraballo @ 216-838-6984
- Mrs. Rivera @ 216-838-0140
- Ms Nayef@ 216-577-6927

### ***Documents Needed for Enrollment:***

- CMSD Registration Form (Attached)
- Proof of Birth (Birth Certificate, Green Card, Passport, I-94 Card)
- Proof of Address (Rent Receipt, Lease, recent utility Bill, Public Agency, and Affidavit)
  - Affidavit only used if there is not proof of address (form attached)
- Previous School Records
- Immunization Records (TB test and the results)
- Parent / Caregiver ID
- Any Special Education documents (if needed)

Once the parent/caregiver has spoken to one of the Registration Specialists, the documents must be gathered and sent in. Parents can may go to any library to scan and send their documents for free or may take pictures of the enrollment documents and send it via e-mail. Enrollment documents must be sent to [MultilingualRegistration@ClevelandMetroSchools.org](mailto:MultilingualRegistration@ClevelandMetroSchools.org)

### ***Address Changes & Withdrawals***

Parents can contact their children's school to help change the address, update the contact information, and withdrawal.

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## CRISIS INTERVENTION

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The Multilingual Department's Family Engagement & Student Supports subdivision is committed to assisting families through referrals of services that are in need for students to be successful. Schools and community partners that identify a need from a family or student may contact our coordinators regarding that need. Our Coordinator Contact information is the following:

- Senaida Perez, Family Engagement & Student Support Coordinator
  - 216.246.5831
  - [Senaida.Perez@ClevelandMetroSchools.org](mailto:Senaida.Perez@ClevelandMetroSchools.org)
- Khwater Nayef, Refugee Services Coordinator
  - 216.577.6927
  - [Khwater.Nayef@ClevelandMetroSchools.org](mailto:Khwater.Nayef@ClevelandMetroSchools.org)

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## TRANSLATIONS & INTERPRETATIONS

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The Multilingual Multicultural Education Department's Translations & Interpretations Subdivision is committed to meeting the translations and interpretation needs of our multilingual families in CMSD. All families and caregivers needing translations and interpretation services must request it through your child's school. Also, you may contact our Translations & Interpretations subdivision at [Translations\\_Interpretations@ClevelandMetroSchools.org](mailto:Translations_Interpretations@ClevelandMetroSchools.org)

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## MULTILINGUAL DEPARTMENT STAFF CONTACT INFORMATION

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***Jose O. Gonzalez, Ed.S. – Executive Director (216.838.6972)***

***[Jose.Gonzalez@ClevelandMetroSchools.org](mailto:Jose.Gonzalez@ClevelandMetroSchools.org)***

**Carmen Torres – Administrative Assistant to the Executive Director (216.838.6972)**

**[Carmen.Torres@ClevelandMetroSchools.org](mailto:Carmen.Torres@ClevelandMetroSchools.org)**

### *Student Enrollment / Registration*

- ⇒ Elizaida Caraballo, Intake/Registration Specialist – 216-838-0140  
[Elizaida.Caraballo@ClevelandMetroSchools.org](mailto:Elizaida.Caraballo@ClevelandMetroSchools.org)
- ⇒ Marta Rivera, Intake/Registration Specialist – 216-838-6980  
[Marta.Rivera@ClevelandMetroSchools.org](mailto:Marta.Rivera@ClevelandMetroSchools.org)
- ⇒ Janice Cedeño, Assessment & Student Placement Manager – 216-838-6975  
[Janice.Cedeno@ClevelandMetroSchools.org](mailto:Janice.Cedeno@ClevelandMetroSchools.org)

### *Multilingual Family Engagement / Family Crisis*

- ⇒ Senaida Perez, Family Engagement & Student Support Coordinator – 216-838-6982  
[Senaida.Perez@ClevelandMetroSchools.org](mailto:Senaida.Perez@ClevelandMetroSchools.org) (216) 246-5831 ©
- ⇒ Khwater Nayef, Refugee Services Coordinator – 216-838-6978  
[Khwater.Nayef@ClevelandMetroSchools.org](mailto:Khwater.Nayef@ClevelandMetroSchools.org) (216) 577-6927 ©

### *School Level Translations & Interpretations*

- ⇒ Maribelle Guzman, Translations & Interpretations Manager 216-838-6981  
[Maribelle.Guzman@ClevelandMetroSchools.org](mailto:Maribelle.Guzman@ClevelandMetroSchools.org)
- ⇒ Kimberly Berrios, Translations & Interpretations Specialist – 216-838-6977  
[Kimberly.Berrios@ClevelandMetroSchools.org](mailto:Kimberly.Berrios@ClevelandMetroSchools.org)
- ⇒ Kaleb Garcia, Translations & Interpretations Specialist – 216-838-6979  
[Kaleb.Garcia@ClevelandMetroSchools.org](mailto:Kaleb.Garcia@ClevelandMetroSchools.org)

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## APPENDIX

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The following pages are various forms and resources for our families and community partners to use in various instances.



# Multilingual Multicultural Education Department

"Supporting English Learners Achieve Academic Excellence."



CLEVELAND  
METROPOLITAN  
SCHOOL DISTRICT

## Student Enrollment Form

☐ Re-enrollment ☐ Pre-registration ☐ Never enrolled at CMSD

1111 Superior Ave. E, Suite 1800, Cleveland, OH 44114 • 216.838.0000

Student's legal name:

Last Name

First Name

Middle Initial

Suffix

Address:

Number

Street

City

Zip Code

Apt. number:

Up

Down

Grade:

Most recent school district attended/Community school:

Birthday:

Month

Date

Year

Birthplace:

City

State

Nickname:

Gender:

☐

Male

☐

Female

Is student of Hispanic/Latino origin, regardless of race?

☐

Yes

☐

No

Race (select at least one):

☐

White

☐

Black/African-American

☐

Asian

☐

American Indian/Alaska Native

☐

Hawaiian/Other Pacific Islander

Student Lives With: (check all that apply):

☐

Mother

☐

Father

☐

Step-parent

☐

Foster parent

☐

Legal guardian

☐

Host parents (foreign exchange student)

☐

Self – Independent student

☐

Other (explain):

Are you or your child currently homeless, doubled-up for economic reasons (living in someone else's home), or an unaccompanied youth (student living and in the care of someone who is not the custodial adult) or student in foster care?

☐

Yes

☐

No

Legal Custody:

☐

Mother and Father – Legally married

☐

Mother – Never legally married to biological father

☐

Father – Never legally married to mother/established paternity through courts

☐

Shared parenting through divorce or legal separation

☐

Parents legally married but not living together

☐

Student is 18 years old and lives independently

☐

Legal guardian\*

☐

Grandparent Affidavit/Power of Attorney\*

☐

CCDCFS\*

Court journal entry:

☐

Probate Court

☐

Juvenile Court

\*Case Number:

School choice(s):

1.

2.

3.

School Choices entered in Choice Portal (ChooseCMSD.org)?

☐

Yes

☐

No

Did the child learn to speak a first language other than English?

☐

Yes

☐

No

Is the language most often spoken by the child one other than English?

☐

Yes

☐

No

Is the language most often spoken in the child's home one other than English regardless of the language spoken by the child?

☐

Yes

☐

No

Native language:

Is the child in gifted or advanced placement classes?

☐

Yes

☐

No

If yes, describe services:

Does the child have a 504 Plan or medical plan?

☐

Yes

☐

No

If yes, describe services:

Does the child have a current IEP (special education)?

☐

Yes

☐

No

If yes, list year of most recent evaluation:

If yes, do you have a copy of the IEP and MFE?

☐

Yes

☐

No

If yes, indicate program:

Is the child currently suspended?

☐

Yes

☐

No

If yes, from what district?

Is the child currently expelled?

☐

Yes

☐

No

If yes, from what district?

End date:

**Multilingual Multicultural Education Department***"Supporting English Learners Achieve Academic Excellence."***Parent(s)/Guardian Information**

Name: \_\_\_\_\_

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Remarried	<input type="checkbox"/> Lives with	Relationship to child: _____
<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Deceased	<input type="checkbox"/> Does not live with	

Address: \_\_\_\_\_

Number	Street	City	Zip Code
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Completing this section ensures you will be notified of important information affecting your child(ren)

<input type="checkbox"/> E-mail _____	<input type="checkbox"/> Home Phone _____	<input type="checkbox"/> Text message opt out
<input type="checkbox"/> Cell Phone _____	<input type="checkbox"/> Work Phone _____	

Name: \_\_\_\_\_

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Remarried	<input type="checkbox"/> Lives with	Relationship to child: _____
<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Deceased	<input type="checkbox"/> Does not live with	

Address: \_\_\_\_\_

Number	Street	City	Zip Code
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Completing this section ensures you will be notified of important information affecting your child(ren)

<input type="checkbox"/> E-mail _____	<input type="checkbox"/> Home Phone _____	<input type="checkbox"/> Text message opt out
<input type="checkbox"/> Cell Phone _____	<input type="checkbox"/> Work Phone _____	

**Emergency Contact Information (in addition to contacts listed above)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Number	Street	City	Zip Code
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Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please list all other children under the age of 22 who live at the home address:**

NAME	GRADE	DATE OF BIRTH	GENDER	RELATIONSHIP TO CHILD	CURRENT SCHOOL

How did you hear about CMSD?	<input type="checkbox"/> Mailer	<input type="checkbox"/> Facebook	<input type="checkbox"/> E-Newsletter
<input type="checkbox"/> Radio	<input type="checkbox"/> Flyer	<input type="checkbox"/> Friend/colleague	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Community event	<input type="checkbox"/> CMSD employee	_____
<input type="checkbox"/> Website	<input type="checkbox"/> School visit	<input type="checkbox"/> Cleveland resident	_____

**Why did you choose your child's school?**

<input type="checkbox"/> Distance from home/work/childcare	<input type="checkbox"/> Word of mouth/Recommendation
<input type="checkbox"/> Programs offered at building	<input type="checkbox"/> Other: _____
<input type="checkbox"/> State rating	_____

*The Cleveland Metropolitan School District has the authority to require students to be immunized as a requirement for admission to school, except in situations of good cause such as religious convictions. I am signing that I am aware of the District's Immunization Policy. I am also signing that I hereby certify, under penalty of perjury, that all of the information that I have given is correct in all respects to the best of my knowledge.*

Parent/Legal Guardian/Independent Student: \_\_\_\_\_ Date: \_\_\_\_\_



**Multilingual Multicultural Education Department***"Supporting English Learners Achieve Academic Excellence."***OFFICE USE ONLY**

1- Beginning  
2-Early Intermediate  
3-Intermediate  
4-Advance  
6-Does NOT Qualify

**Multilingual Multicultural Education Office  
Student Enrollment Form/Parent Interview/Page 3**

Student Name: \_\_\_\_\_

Live in continental U.S.A. previously? ☐ YES ☐ NO City of Origin: \_\_\_\_\_Country of Origin: \_\_\_\_\_ Citizenship Status: ☐ (Citizen) ☐ (Refugee) ☐ (Immigrant) ☐ (Migrant)

Date of entry to the U.S.A.: \_\_\_\_\_ Date Entered USA School: \_\_\_\_\_

**Educational Background: Schools previously attended (start with most recent school):**

NAME OF SCHOOL	CITY/STATE-COUNTRY	GRADE	YEAR	TYPE PROGRAM/SERVICE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student School Records: YES ☐ NO ☐ At what age did your child enter school? \_\_\_\_\_**Has your child:**

- Attended school regularly? YES ☐ NO ☐
- Been promoted on the basis of age? YES ☐ NO ☐
- Failed a grade? YES ☐ NO ☐
- If YES, state grade (s) and reason for failure. \_\_\_\_\_
- Ever been interrupted from his education? YES ☐ NO ☐
- If YES, state reason and length of interruption. \_\_\_\_\_
- Has student received Bilingual Education Services? ☐ Yes ☐ No If yes, number of years: \_\_\_\_\_
- Has student received English as a Second Language instruction? ☐ Yes ☐ NO If yes, number of years: \_\_\_\_\_

**Home Language Usage Survey**

Parents speak mostly \_\_\_\_\_ in the home

Parents speak mostly \_\_\_\_\_ with the student /Student preferred language \_\_\_\_\_

**STUDENT LANGUAGE SURVEY**

Please answer the following questions with these number from 1=Never 2=Hardly Ever 3=Sometimes 4= Mostly 5= Always:

- 1- Does your child speak a language other than English at home?
- 2- Does your child speak a language other than English outside your home?
- 3- Does your child speak English at home?
- 4- Does your child speak English outside your home?
- 5- Does your child read in a language other than English?
- 6- Does your child write in a language other than English?
- 7- Does your child read in English?
- 8- Does your child write in English?





Cleveland Metropolitan School District

**Multilingual Multicultural Education Department**  
*"Supporting English Learners Achieve Academic Excellence."*



**GENERAL AFFIDAVIT**

**State of Ohio**  
**County of Cuyahoga**

BEFORE ME, the undersigned Notary, on this \_\_, day of \_\_\_\_, 2020,  
personally appeared \_\_\_\_\_

Who being by me first duly sworn, on his/her oath, deposes and says:

I certify that:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
**Signature of Affiant**

\_\_\_\_\_  
**Printed Name of Affiant**

\_\_\_\_\_  
**Address of Affiant**

\_\_\_\_\_  
**Address of Affiant line 2**

Subscribed and sworn to before me, this \_\_\_\_ day of \_\_\_\_, 2020.

\_\_\_\_\_  
**NOTARY PUBLIC**



## RELEASE OF STUDENT RECORDS

School Name: \_\_\_\_\_

ATTN: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

In order to expedite appropriate school and/or programmatic placement, please assist us in obtaining the release of school records for the above student (s).

Please email/mail to:

- [marta.rivera@clevelandmetroschools.org](mailto:marta.rivera@clevelandmetroschools.org)
- [elizaida.caraballo@clevelandmetroschools.org](mailto:elizaida.caraballo@clevelandmetroschools.org)

\_\_\_\_\_ A copy of any school records (transcripts)

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Custody Documents

\_\_\_\_\_ Documents pertaining to Special Education including:

- Individualized Education Program (IEP)
- Psychological Evaluation
- Behavior Plan
- 504 Accommodations Plan

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (18 years old): \_\_\_\_\_ Date : \_\_\_\_\_



Cleveland Metropolitan School District

## Multilingual Multicultural Education Department

*"Supporting English Learners Achieve Academic Excellence."*



### TRANSFER / CHANGE OF ADDRESS

#### If Transfer:

Student Name: \_\_\_\_\_ Special Ed Code: \_\_\_\_\_  
Current Building: \_\_\_\_\_ Lau Code: \_\_\_\_\_  
ID Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Transfer Date: \_\_\_\_\_ Transfer Code/Transportation Code: \_\_\_\_\_

Requested Building: \_\_\_\_\_

#### If Change of Address:

New Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Contact Number( ) \_\_\_\_\_

#### Additional Comments:

Multilingual Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (18 years old): \_\_\_\_\_ Date: \_\_\_\_\_

**Student Withdrawal Form**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student ID: \_\_\_\_\_ Student State ID number: \_\_\_\_\_

School Leaving: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Address: \_\_\_\_\_

New School: \_\_\_\_\_

New School District: \_\_\_\_\_

CURRENT	YES	NO
GIFTED		
LEP		
IEP		
504		
RIMP		

**Reason for Withdrawal – School Official to circle appropriate code:**

- 36 Withdrew from Preschool Program  
37 Withdrew from Kindergarten to Wait Another Year  
40 Transferred to another school district – outside Ohio  
41 Transferred to another Ohio district  
42 Transferred to a Private School  
43 Transferred to home schooling w/Superintendent approval  
44 Withdrew to a Community School  
45 Transferred by court order/adjudication – District not responsible  
46 Transferred out of the United States  
47 Withdrew pursuant to Yoder vs. Wisconsin, only 8th grades  
48 Expelled Dates [From: \_\_\_\_\_] [To: \_\_\_\_\_]  
51 Verified Medical Reasons – Dr.'s authorization on file  
52 Death  
72 Pursued Employment/Work Permit w/JobCorp/GED  
73 Over 18 years of age

K-3 was this student ever  
retained? YES ☐ NO ☐

Which Grade \_\_\_\_\_

Attach copy  
of guardian ID here  
and place copy  
in Student File

**If Guardianship Change – Complete this Section**

Name (New Guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason for guardian change: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

School District Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

nt Address [1] \_\_\_\_\_



Cleveland Metropolitan School District

# Multilingual Multicultural Education Department

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## Student Withdrawal Form (Student Assignments Copy)



CLEVELAND  
METROPOLITAN  
SCHOOL DISTRICT

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please respond to all that apply

1. Reason for withdrawal?


2. Did you experience dissatisfaction from the school faculty? If so, please describe?


3. What did you like about the school?


4. What recommendations do you have to make the school better?


5. New Address (If Moved):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New School: \_\_\_\_\_ City: \_\_\_\_\_