WAYNE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
Ida Sue School
266 Oldman Road Wooster, Ohio 44691
(330) 345-7251 Fax (330) 345-0917
Superintendent's Office (330) 345-6016

July 20, 2026.

Dear Parents and Guardians,

As the start of a new school year approaches, we are excited to welcome our students and families back to Ida Sue School! To help us prepare for a successful beginning, we ask that you complete and return the enclosed enrollment paperwork before the first day of school. Having these forms submitted in advance allows our staff to update student information, prepare individualized supports, and ensure everything is in place for a safe and smooth transition back to school.

Included in this packet:

- Enrollee Permission Information
- Emergency Medical Authorization form
- School calendar
- Alert System sign up

- *Remind – sign up for text 'reminds' from school and classroom teacher. If you are currently enrolled in Remind, you do not need to sign up again. Your child will automatically be assigned to the correct classroom.*

**Nursing paperwork was sent home with initial enrollment packet. We will send out a separate electronic packet for additional nursing papers such as Treatment Authorization, Medication form, nurse delegation, seizure form, etc. if needed.*

Please be very thorough and complete when filling out your child's health/medical issues and limitations on the Emergency Medical form (EMF). Both the Enrollment Permission Information and EMF should be completed and returned to the school **by August 4th**, and **NO later than Friday, August 8th. Students will not be transported or able to attend school without prior submission of these forms.**

First day of school is Wednesday, August 13th, 2025

Start time is 8:15 & school ends at 2:15.

If you have any questions or concerns, feel free to give us a call.

Sincerely,

Jennifer Chong, M.Ed.
Director of Educational Services
jchong@waynedd.org
330-345-7251 ext.272

ENROLLEE PERMISSION INFORMATION

IDA SUE SCHOOL

266 Oldman Road Wooster, OH 44691

330-345-7251

Enrollee Name _____ **Grade** _____ **School Year 2026-2027**

Address _____School District _____

Parent / Legal Guardian

Name _____

Father's name Mother's name

Father/Guardian email _____ phone _____

Mother/Guardian email _____ phone _____

Student resides with ☐Father ☐ Mother ☐ Both ☐Other _____

Permissions

Class Roster: Permission is granted for the enrollee to be included in the classroom roster, to be given upon request to any parent of a classroom child and can be used for other school purposes. ☐ yes ☐no

Field Trips/Activities: Permission is granted for the enrollee to participate in all program activities including field trips, recreational activities, etc. during the course of this school year and summer programming. ☐ yes ☐no

Picture: Permission is granted for the enrollee to appear in still or motion pictures for the educational, promotional (including newspaper and social media) or other appropriate purposes. ☐ yes ☐no

Yearbook: Permission is granted for the enrollee to appear in the Ida Sue School yearbook. ☐ yes ☐no

Technology/Digital Platforms: Permission is granted for enrollee to engage and use technology and digital platforms in the classroom such as Class Dojo, Google classroom and Lumio, and other interactive learning tools. ☐ yes ☐no

**Personally identifiable information may be used.*

Please list any specific exclusions here: _____

Signature: _____ Date: _____

Parent/Guardian

WAYNE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
EMERGENCY MEDICAL AUTHORIZATION

TO BE UPDATED ANNUALLY Date Completed:_____

LEGAL NAME:_____ Date of Birth::_____

ADDRESS:_____ Home Phone:_____
Street City State Zip

Email address:_____ Cell Phone: _____

SS# _____ Medicare# _____ Medicaid #_____

	Name	Address	Phone	Employer/Shift/Phone
Mother/Responsible Party				
Father/Responsible Party				
Group Home Name (if applicable)				
Court Appointed Guardian				

EMERGERCENCY BACKUP: IDENTIFY TWO PEOPLE THAT LIVE OUTSIDE THE HOME that have a telephone and available transportation who have agreed to relay a message and/or pick up the individual in an emergency.

1. _____

2. _____
Name Address Phone

HEALTH INFORMATION

INDIVIDUAL'S: Height: _____feet _____inches Weight: _____lbs. Age: _____yrs.

Last Physical Exam:_____ Last Vision Exam: _____Last Dental Exam:_____
Date Date Date

Immunizations Last Year: Type/Date: _____Last Tetanus: _____

Medical Diagnosis Problems/Syndrome	Physical Limitations	Food Restrictions	Allergies

LIST ALL CURRENT MEDICATIONS THE INDIVIDUAL TAKES DAILY, **WHETHER AT HOME OR SCHOOL**.
IF NO MEDICATION IS TAKEN, WRITE **NONE.**

Name and Dose of Medication	Name and Dose of Medication	Name and Dose of Medication

NOTE: Services will be interrupted if current emergency information is not provided. It is the responsibility of the parent/guardian/caregiver to inform the school nurse immediately of changes in this information. ORC3313.712

I, Parent / Guardian Name_____ authorize the nursing staff of the Wayne County Board of Developmental Disabilities to administer the following over the counter medications as needed. Please check those that you give permission to the nurses to administer.

_____Acetaminophen (Tylenol) _____ Sunscreen _____ Insect Repellant _____ Skin Barrier

_____ Hydrocortisone 1% Cream _____ Triple Antibiotic Ointment _____ Diphenhydramine (Benadryl)

Does the individual have seizures? ☐ Yes ☐ No If yes, give the date of last seizure: _____

How long does a seizure last? _____ (minutes/seconds) How often do they occur?_____

BEFORE, DURING, OR AFTER A SEIZURE, DO ANY OF THE FOLLOWING OCCUR? (please check)

☐ Cries Out ☐ Rolls Eyes ☐ Urinates ☐ Twitches ☐ Becomes Confused ☐ Becomes Rigid

☐ Falls Down ☐ Skin Color Changes ☐ Becomes Unconscious ☐ Body Jerks ☐ Vomits

---

IMPORTANT – YOU MUST COMPLETE AND SIGN EITHER PART I OR PART II BELOW

PART I **TO GRANT CONSENT**

In the event reasonable attempts to contact me at _____(phone) or to contact _____(other parent or guardian) _____(phone) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____(physician) (address) (phone) or Dr. _____(dentist) (address) (phone) or in the event these are not available, by any other licensed physician or dentist, and (2) the transfer of the individual to _____(preferred hospital) _____ or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

_____ _____

Individual's Signature Date Parent/Guardian Signature Date

OR

PART II **REFUSAL TO CONSENT**

I **do NOT** give my consent for emergency medical treatment of this individual. In the event of illness or injury requiring emergency treatment, I wish the program authorities to take the following action:

_____

_____

_____ _____

Individual's Signature Date Parent/Guardian Signature Date

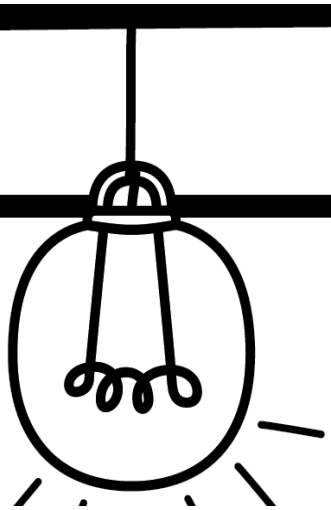
ADVANCED DIRECTIVES

None _____ **Living Will** _____ **DNRCC** _____ **DNRCC Arrest** _____

Ordered by _____

Revised 4/16/2024

Please sign up!



remind

Dear Families,

This year we will be utilizing a parent-teacher communication app called "**Remind**" for our school and classroom communications. The app is not necessary to receive text reminders via your phone. However, you are welcome to download the free app if you wish to store messages. The free, secure app can be downloaded to any iPhone or Android device which will allow me to communicate easily with you via secured text-messaging. **ALL text communication will go through the remind texts. Staff will no longer text using personal devices**.

**Your personal contact information is not visible to me or the school*.

Signing up for my messages on Remind is easy.

REMIND – no app necessary

On your phone message app: **Text the @code** of the class or school that you want to join to **81010**. You'll immediately receive a text confirming you've joined the school or class and prompting you to enter your full name.

Codes:

Ida Sue School - @ dga8799 **Nursing - @9927fk7**

Primary - ed99dag **Intermediate** - @gab6k84

Secondary - @c6hf9c **Transition** - @g6hba9c **N.E.X.T. Step** - @3d3bc2d

*You can opt-out of message at anytime by replying *unsubscribe@dga8799* **OR**

You can also download the app and have access to complete messaging app. Once you've downloaded the app, create a parent account with your email address. Go to the Classes tab, tap +, and enter our unique class code _____.

******Current enrollees that are already in Remind, will be automatically transferred to next classroom when appropriate.* Parents do not need to re-enroll.******

Thank you for signing up for **Remind**

Jennifer Chong, Director of Educational Services
Wayne County Board of DD
jchong@waynedd.org

WCBDD Alert System

Sign up here for WCBDD Alert System. By signing up here, you will receive WCBDD/Ida Sue School text and/or e-mail alerts and announcements.

In the event of school related communications need or in the event of a weather-related or other emergency we may send an alert to the phone number(s) you provide and/or your email address.

This is a free service provided by Wayne County Board of Developmental Disabilities and Wayne County Ohio, however, normal message fees may apply.

To receive text messages to your cell phone, your cell phone must have text messaging capabilities. Notifications are dependent upon external providers (phone carrier, cell phone, email). Wayne County Ohio cannot guarantee notifications will be received by the intended recipient.

By registering below, you will not receive unsolicited calls. Wayne County Board of Developmental Disabilities, Wayne County Ohio, nor its system vendor sells the contact number database.

*Text "Help" to 69310 for help registering.

*Message and Data rates may apply.

*In order to receive both text and voice alerts enter your cell phone number twice selecting the "text" option first and the "voice" option second.

Thank you for entrusting us with the education and safety of our most precious commodity – our children.

- Wayne Co. Bd of DD Superintendent Dave Ashley

*** First Name:**

*** Last Name:**

Phone 1: ● **Text** ○ **Voice**

+ Add

+ Add

Enter your Wayne county address below.

Your address is vital to provide Wayne Alerts for location-specific public safety concerns and weather notifications.

*** Street Address:**

*** City:**

*** State:** OH ▼

*** ZIP:**

Sign Up Now

Unsubscribe

WAYNE COUNTY BOARD OF DEVELOPMENTAL DISABILTIES
IDA SUE SCHOOL 2026-2027 CALENDAR

Aug. 10-11 Teacher Report Days

Aug. 12 First Day of School
Ida Sue School

AUGUST 2026

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					

SEPTEMBER 2026

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			

Sept. 7 Labor Day
Program Closed

Sept. 14 Fair Day
Program Closed

Oct. 12 Columbus Day
Program Closed

Oct. 16 All Staff Inservice
Program Closed

OCTOBER 2026

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

NOVEMBER 2026

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					

Nov. 5 Parent/Teacher Conferences

Nov. 11 Veterans Day
Program Closed

Nov. 25-27 Thanksgiving Break
Program Closed

Dec. 21–31 Winter Break
Ida Sue School
Closed

Dec. 25 Christmas Holiday
Program Closed

DECEMBER 2026

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		

JANUARY 2027

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						

Jan. 1 Winter Break
Ida Sue School
Closed

Jan. 4 Ida School School
Reconvenes

Jan. 18 M.L. King Jr. Day
Program Closed

Feb. 12 Teacher Work Day
Ida Sue School
Closed

Feb. 15 Presidents' Day
Program Closed

FEBRUARY 2027

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						

MARCH 2027

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			

Mar. 22–26 Spring Break
Ida Sue School
Closed

Mar. 26 Good Friday
Progam Closed

APRIL 2027

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	

MAY 2027

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					

May 21 Graduation

May 24 Last Day for Students
Ida Sue School

May 25 Teacher Report Day

May 31 Memorial Day
Program Closed

June 18 Juneteenth
Program Closed

Ida Sue School

Student days in session	178
Parent Conf. days	1
Staff in-service days	2
Staff report days	3
	184

JUNE 2027

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			

JULY 2027

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

July 5 Independence Day
Program Closed

ISS Make Up Days
May 26, 27, 28