



Gaitway High School Principal: Anthony Forfia  
School Phone: 440-708-0013 ext. 152  
AForfia@escwr.org

### **Required Paperwork Help Sheet**

- Page 2: 2023-2024 Kenston Local School District Calendar- I will include this separately
- Page 3: Absence Policy Reminder
- Page 4-5: Medical Authorization Record- this form only needs to be completed if your student needs to take medicine during the school day! Please remember that this form must be signed by the prescribing physician!
- Page 6-7: Emergency Medical Authorization: We need this form completed for all students at the beginning of each year!
- Page 8-9: Acceptable Use Policy: Please sign and return this document as it is required for all students
- Page 10: Transportation Permission: required for all students
- Page 11: Parent/Guardian Communication Information: required for all students
- Page 12: Photography/Publication Permission Sheet: required for all students
- Page 13: Student Cell Phone Use Policy: required for all students
- Page 14: Release of Information from a healthcare provider to Gaitway High School: This form will need to be completed should you want to share any information with us from a healthcare provider.
- Page 15/16: Gaitway Dress Code Guidelines and Parent/Student Acknowledgement Sign Off

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**2023-2024 CALENDAR (Approved: 5/15/23)**

**LEGEND:**

- No School
- Start/End of School

<p><b>July 2023</b></p> <table border="1"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td>31</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	T	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							<table border="1"> <tr><td>1</td><td>No School</td></tr> <tr><td>2</td><td>Return from Winter Break</td></tr> <tr><td>15</td><td>MLK Jr. Day</td></tr> </table>	1	No School	2	Return from Winter Break	15	MLK Jr. Day	<p><b>January 2024</b></p> <table border="1"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	T	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																
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Gaitway High School Principal: Anthony Forfia  
School Phone: 440-708-0013 ext. 152  
AForfia@escwr.org

**Absence Policy Reminder**

**If your child will be absent from school for any reason, please call:**

**440-708-0013 ext. 152**

You can report your child's absence through email: Please email me at:

**AForfia@escwr.org** to report your child's absence

**We must receive a court or doctor's excuse in order for your child to have their absence excused. If we do not receive a signed/documentated excuse, we will be recording your child's absence as unexcused. This will count towards your child's total hours of lost attendance. Please let me know if you have any questions or concerns about this attendance policy.**



Gaitway High School Principal: Anthony Forfia  
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AForfia@escwr.org

Dear Parent or Guardian,

Attached to this year's Gaitway paperwork is a MAR form (Medication Administration Record). This form must be completed if your child is required to take medication during the school day. Students are not permitted to self administer any medication during the school day. **Gaitway High School staff cannot administer any medication until this form has been completed.**

Please fill out the form completely and sign the appropriate locations at the bottom of the form. You will notice that the second section of the form requires prescriber information. **This portion must be completed by the prescribing physician! You will need to have a separate completed form for each medication. Finally, all medication must be in its original container!**

It is important that you allow enough time for the physician's office to complete the paperwork so that it can be submitted to the school office with all appropriate signatures. **Again, the Gaitway High School staff cannot administer medication(s) until the MAR form has been completed and signed by both the parents/guardians and the prescribing physician!** If this notice does not pertain to your child, please disregard this form entirely.

All the best,  
Anthony Forfia  
Principal: Gaitway High School



Gaitway High School Principal: Anthony Forfia  
 School Phone: 440-708-0013 ext. 152  
 AForfia@escwr.org

**Medication Administration Record (MAR)  
 General Medication Form  
 (Including Asthma Inhaler and Epinephrine Autoinjector Use)**

**Student Information**

Student name			Date of birth	
Student address				
School	Grade/Class	Teacher		School year
List any known drug allergies/reactions			Height	Weight

**Prescriber Authorization**

Name of medication		Circumstance for use		
Dosage		Route	Time/Interval	
Date to begin medication		Date to end medication		
Circumstances for use				
Special instructions				
Treatment in the event of an adverse reaction				
Epinephrine Autoinjector	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes, as the prescriber I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.			
Asthma Inhaler	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes, if conditions are satisfied per ORC 3317.716, the student may possess and use the inhaler at school or at any activity event or program sponsored by or in which the student's school is a participant.			
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief				
Possible Severe Adverse Reaction(s) per ORC 3317.716 and 3313.718				
a) To the student for whom it is prescribed (that should be reported to the prescriber)				
b) To a student for whom it is not prescribed who receives a dose				
Other medication instructions				
Does medication require refrigeration?		Is the medication a controlled substance?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prescriber signature	Date	Phone	Fax	
Prescriber name (print)				
Reminder note for prescriber: ORC 3313.718 requires backup epinephrine autoinjector and best practice recommends backup asthma inhaler.				

**Parent/Guardian Authorization**

<input checked="" type="checkbox"/> I authorize an employee of the school board to administer the above medication. <input checked="" type="checkbox"/> I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. <input checked="" type="checkbox"/> I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify medication order.			
<input checked="" type="checkbox"/> Medication form must be received by the principal, his/her designee, and/or the school nurse. <input checked="" type="checkbox"/> I understand that the medication must be in the <b>original</b> container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.			
Parent/Guardian signature	Date	#1 contact phone	#2 contact phone

**Parent/Guardian Self-Carry Authorization**

<input type="checkbox"/> For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.			
<input type="checkbox"/> For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.			
Parent/Guardian signature	Date	#1 contact phone	#2 contact phone





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## Emergency Medical Authorization

Revised 5/6/2020

This form meets the requirement for Ohio Revised Code Section 3313.712. Programs may use this form or build their own.

Program Name \_\_\_\_\_

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**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.**

Residential Parent or Guardian:

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Other's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name of Relative or Childcare Provider \_\_\_\_\_

Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact<sup>1</sup> #1 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact #3 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

<sup>1</sup> Emergency contact information is required in accordance with Ohio Administrative Code Rule 3301-37-08 (for preschool programs) and Rule 3301-32-10 (for school aged child care programs).



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**PART I OR II MUST BE COMPLETED:**

**PART I - TO GRANT CONSENT** I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical specialist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Emergency Room Phone \_\_\_\_\_

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

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**PART II - REFUSAL TO CONSENT** I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action (written instructions must be completed):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Please complete both pages of the form



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### **INTERNET ACCEPTABLE USE POLICY (AUP)**

**Parents or Guardian: Please read the following permission form carefully!**

**This permission form is required for your child to use the school's access to the Internet, through the Gaitway High School.** Each student and his or her legal guardian must sign this Acceptable Use Policy (AUP) after having read the document and agreeing to adhere to the document's content when using a school Internet connection. Please read this entire application thoroughly! Students will have access to the Internet, an electronic highway connecting millions of computers all over the world and millions of individual subscribers. The user's agreement indicates acknowledgment and acceptance of the risks and regulations for computer and online use.

This is the communication medium of the twenty-first century; we in Gaitway High School are excited to provide Internet access to students. The educational resources now available to our students are impressive. With this access comes the availability of material that may not be of educational value in the context of the school setting. The Gaitway High School discourages access to controversial materials; however, on a global network, it is impossible to control all materials and a user may discover controversial information. *Please Note:* A filtering system is operating on all servers accessing the Internet for Gaitway High School. The valuable information and interaction available on the Internet far outweighs the possibility that users may procure controversial material. *We urge you to discuss these issues with your child!*

Students need to be aware that there is a consequence for inappropriate use of the Internet that will result in immediate loss of privileges, and future access to use the Internet through Gaitway High School will be denied. Each student must be aware this does not give unlimited access privileges to the student. The student receives authorization to visit web sites related to, and in support of, the curriculum and educational assignments given to the student. Your signatures on this agreement indicate you and your child have read the terms and conditions carefully and agree to those terms and conditions.

#### **Terms and Conditions for Obtaining Internet Access**

- 1. Acceptable Use – Use of the Internet will be in support of the educational objectives of the Gaitway High School. Materials inappropriate in a school setting must not be obtained using this account.** Transmission of any material in violation of the U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or protected by trade secrets. Commercial use of this account is prohibited. Obscene material, or material protected by trade secrets. Commercial use of this account is prohibited.
- 2. Privileges – The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges.** This network access to the Internet is designed for educational purposes consistent with the educational objectives of the Gaitway High School.





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- 3. Network Guidelines** – The student is expected to abide by the generally accepted rules of network etiquette. This includes, but is not limited to the following:
- *The system shall be used for purposes related to the Gaitway High School educational objectives and in support of the academic program.*
  - *Do not “share” your account with others. Sharing of accounts may result in a loss of network privileges.*
  - *Use appropriate language. Do not curse, use vulgarities or any other offensive language.*
  - *Do not reveal your name, personal address, phone number or those of other students' colleagues, i.e., do not identify yourself.*
  - *All communications and information accessible via the network shall be assumed to be copyrighted.*
  - *Use of the computer and/or network is not for financial gain or for any commercial or illegal activity.*
  - *The administration reserves the right to monitor and/or restrict any computer activity and on-line communications for improper use.*
- 4. Vandalism** – Vandalism will result in cancellation of privileges and possible legal action. Vandalism includes uploading/downloading any inappropriate or non-school related material, creating computer viruses and/or any malicious attempt to harm, alter or destroy equipment, materials or the data of any other user.

**Student Signature Signifying Agreement to Comply with Acceptable Use Policy:**

I understand and will abide by the Acceptable Use Policy (AUP) guidelines listed in this document. Should I commit any violation, my access to the school’s Internet network may be revoked. I further understand that any violation of the policy guidelines is unethical and is cause for school disciplinary review and/or appropriate legal action.

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

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

User’s Signature: \_\_\_\_\_

**Parent/Guardian Signature Signifying Agreement to Comply with Acceptable Use Policy:**

Signature of Parent/Guardian

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

(The actual signed AUP form will remain on file in the Gaitway High School files)



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Dear Parents and Guardians,

Gaitway High School staff has been certified, by the State of Ohio, to transport students in our Gaitway School van. This van allows the vocational program to travel to a variety of locations. The van also allows Gaitway the flexibility to transport students to field trip locations for school purposes and student rewards. To ensure safety of all of our students, we are using this permission form so that we know you have given permission for your child to ride in this school transportation vehicle with our licensed driver. Please let us know if you have any questions or concerns about this permission slip.

Thank you,  
Anthony Forfia

**VAN PERMISSION SLIP**

**Please sign either yes or no below and return**

- Yes, I give my permission for my child to ride in the Gaitway High School van for job training, field trips, and special trips for lunches/positive reinforcement.

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

Parent/Guardian Signature \_\_\_\_\_

- No, I do not give permission for my child to ride in the Gaitway High School van for job training, field trips, and special trips for lunches/positive reinforcement.

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

Parent/Guardian Signature \_\_\_\_\_



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**PARENT/GUARDIAN COMMUNICATION INFORMATION**

**STUDENT NAME:** \_\_\_\_\_

<u>Parent/Guardian Name</u>	<u>Primary Phone</u>	<u>Alternate Phone</u>	<u>Primary Email</u>	<u>Number to text</u>



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**Photography/Publication Permission**

Please initial if you grant/decline permission for each number listed below:

1. My child's photo may be used for program purposes.

Grant Permission \_\_\_\_\_ Decline Permission \_\_\_\_\_

2. My child's first name and possibly last initial may be used in press releases, brochures, newspapers, slides, video productions, or still photos to educate others regarding the ESC of the Western Reserve's programs or to demonstrate teaching techniques.

Grant Permission \_\_\_\_\_ Decline Permission \_\_\_\_\_

3. My child's photo may be used on the ESCWR website.

Grant Permission \_\_\_\_\_ Decline Permission \_\_\_\_\_

4. My child's photo may be used in the Gaitway Video Yearbook which is played at our graduation ceremony and posted on our website.

Grant Permission \_\_\_\_\_ Decline Permission \_\_\_\_\_

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the 2023-2024 school year.

X \_\_\_\_\_ (Parent/Guardian Signature)



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### **Student Cell Phone Policy for Gaitway and Job Training**

1. Students should only make personal cell phone calls during classroom breaks or lunch time. In the event of an emergency, students should seek permission from a Gaitway staff member to make a call.
2. Frequent or lengthy phone calls are not acceptable as they may adversely impact productivity and disturb others.
3. Students should only use their cell phone for personal text messages or social media only during classroom breaks or at lunch. In the event of an emergency, students should seek permission from classroom staff in order to send a text message.
4. Students should be encouraged to use common sense when making or receiving personal cell phone calls during the day. For example, students should speak quietly and reserve personal information or intimate details for non-school hours.
5. Personal cell phone use, even when permitted, must never include language that is obscene, discriminatory, offensive, prejudicial, or defamatory in any way. This includes jokes, slurs, and/or inappropriate remarks regarding a person's race, ethnicity, sexual identity, sexual orientation, religion, color, age, or disability.
6. Students should always turn off ringers or change ringers to "mute" or "vibrate" during designated school hours.
7. **Students are prohibited from using cell phone cameras to record videos or take pictures of other students. This is a violation of our students' privacy. Disciplinary actions may result from unauthorized use of a student cell phone to record videos or take pictures.**
8. Students who are observed on their cell phones without permission during the school day will be asked to give their device to the teacher. We will utilize the ASK, TELL, TAKE, standard each time.

**By signing this document, I agree and will follow this policy when at Gaitway High School or at Job Training sites:**

Student's signature/date \_\_\_\_\_

Printed Student's Name: \_\_\_\_\_

Parent/Guardian Signature/date: \_\_\_\_\_





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**AUTHORIZATION TO RELEASE PERSONAL INFORMATION FROM HEALTH CARE PROVIDERS TO GAITWAY**

**Section 1: Student Information-** This form provides authorization related to the personal health information of the following student:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Section 2: Disclosure of Use of Personal Health Information: I hereby give my permission to :**

\_\_\_\_\_ (Provider name) to use and disclose my personal health information in the manner described below.

**Section 3: Description of Personal Health Information to be disclosed:**

Describe the personal health information you are authorizing to be disclosed (i.e. all medical records related to treatment for ADHD, all medical records relating to treatment for depression. etc.)

**Educational/Emotional/Behavioral information**

**Section 4: Description of Persons or Entities Authorized to Receive and Use Personal Information:**

Authorized representatives at Gaitway High School located at 16497 Snyder Road, Chagrin Falls, Ohio 44023 and the contact phone number of: 440-708-0013 have my permission to receive and use the above referenced personal health information.

**Section 5: Purpose of this Authorization: The purpose of this disclosure of personal health information is to: aid in the making of present and future educational decisions and to: support strategies/treatment plans at the school level.**

**Section 6: Expiration and Revocation:**

This authorization may be revoked or canceled at any time to the extent that the district has already released personal health information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke this authorization, contact: KATHY SCHMELZER at GAITWAY HIGH SCHOOL at 440-708-0013 (Ext. 158) or at KSchmelzer@escwr.org. If not revoked, this authorization will expire one year from the date this authorization is signed.

**Section 7: Signature and Refusal to Sign this Authorization:**

I acknowledge that this authorization is voluntary and that I am not required to sign this authorization as a condition of health care treatment unless such treatment is solely for the purpose of creating personal health information for disclosure to: GAITWAY HIGH SCHOOL under this authorization.

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



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AForfia@escwr.org

### **Dress Code Guidelines 2023-2024**

The Gaitway team expects student dress and grooming to be neat, clean, and of good taste so that each student may share in promoting a positive, healthy and safe atmosphere within the school. Its purpose is to emphasize that school is the student's place of work and that respect for other members of society and oneself places some restrictions on the nature of dress and grooming.

It is a mark of maturity when students can freely choose apparel that demonstrates individuality without deviating from the standard of appropriateness. Student dress and grooming will be the responsibility of the individual and his/her parents within the following guidelines:

1. Dress and grooming will be clean and in keeping with health, sanitary and safety requirements.
2. Students must wear acceptable footwear at all times.
3. No chains or spiked or studded jewelry may be worn.
4. Students shall not wear clothing or accessories bearing the following messages:
  - a. Obscene or profane statements or pictures;
  - b. Statements advocating immoral, illegal, sexual or violent behavior;
  - c. Statements advertising, promoting or picturing alcohol, tobacco or drugs;
  - d. Language or symbolism (including, but not limited to, swastikas, rebel flags, the occult or gang affiliation.)
5. Students shall not wear clothing that shows any of the following:
  - a. Boxers/Briefs/Underwear
  - b. Bras
  - c. Back
  - d. Belly/Stomach/Midriff
  - e. Backside/Butt/Bottom
  - f. Breast/Chest
  - g. Bare/Nearly Bare Shoulders
6. Dress and grooming will not be such as to disrupt the teaching/learning process or cause undue attention to an individual student in that it substantially disrupts the school environment.
7. Class activities that present a concern for student safety may require the student to adjust his/her hair and/or clothing during the class period in the interest of maintaining safety standards.
8. Additional dress regulations may be imposed upon students participating in certain extracurricular Activities.



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9. Regulations may be altered according to special school sponsored activities.

If, in the opinion of the administrators, any clothing or accessories are worn by students in violation of this policy, the students will be required to change or cover said clothing, or remove said accessories. Refusal to change or cover said clothing or accessories will result in a disciplinary action and a parent contact.

*Students will also need to adhere to the dress code requirements for when they are in the Fieldstone Farm barn (safety), If students are enrolled in the Job Training class they will need to follow the Job Training dress code to go to work sites.*

**Fieldstone Farm - Barn requirements**

- Sneakers and/or low heel boots, and a pair of winter work boots
- Shirts will be Gaitway attire (see above)
- No Shorts
- No Phones
- No Headphones
- No dangling jewelry on uncovered body

**Job Training sites:**

- ESC Western Reserve polo shirt - Gaitway will provide to students
- Black pants (No leggings or sweatpants)
- Black non-slip shoes
- Optional: White or Black, long sleeve t-shirt that can be worn underneath polo in winter
- No Hoodies
- No Hats
- No Headphones

**Gaitway/Fieldstone Farm Dress Code Acknowledgement:**

Parent/Guardian: \_\_\_\_\_

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