

Please fill out this form and return it ASAP and no later than noon on October 24, 2013 as an email attachment to: Gayle Delphia, gdelphia@twinsburg.k12.oh.us. Thank you!

District Name: Brecksville-Broadview Heights City Schools
District IRN#: 043646
Contact Name: Dr. Carla Calevich, Director of Curriculum and Instruction
Phone Number: 440-740-4028
Email: calevichc@bbhcsd.org

My district is in academic or fiscal distress: Yes _____ No X

If yes, we need a resolution from the commission in support of the Straight A Fund.

My district receives school improvement funds/support: Yes _____ No X

If yes, please make a brief explanation of how this grant will advance the improvement plan:

 Signature of Superintendent

October 24, 2013 Date

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District Name: CUYAHOGA HEIGHTS
District IRN#: 046557
Contact Name: Joe Bergant
Phone Number: 216 429 5702
Email: JBERGANT@CUYHHS.ORG

My district is in academic or fiscal distress: Yes _____ No

If yes, we need a resolution from the commission in support of the Straight A Fund.

My district receives school improvement funds/support: Yes _____ No

If yes, please make a brief explanation of how this grant will advance the improvement plan:

J Bergant Signature of Superintendent
10/23/13 Date

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District Name: Cuyahoga Valley Joint Vocational School District

District IRN#: 050922

Contact Name: Dr. Celena Roebuck, Superintendent

Phone Number: 440.838.8920

Email: croebuck@cvccworks.edu

My district is in academic or fiscal distress: Yes _____ No X

If yes, we need a resolution from the commission in support of the Straight A Fund.

My district receives school improvement funds/support: Yes _____ No X

If yes, please make a brief explanation of how this grant will advance the improvement plan:



Signature of Superintendent

10/23/13 Date

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District Name: Garfield Heights City Schools

District IRN#: 044040

Contact Name: Terry Olszewski

Phone Number: 216-475-8100

Email: tolszewski@garfield-heights.k12.oh.us

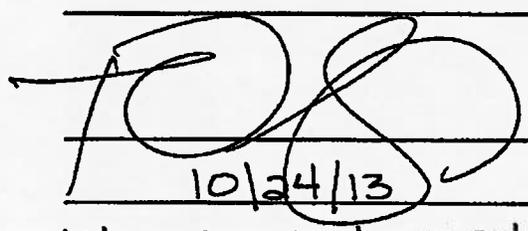
My district is academic or fiscal distress: Yes No to

If yes, we need a resolution from the commission in support of the Straight A Fund.

My district receives school improvement funds/support: Yes No

If yes, please make a brief explanation of how this grant will advance the improvement plan:

The Garfield Heights Schools will use Straight A funds to help support our district School Improvement Plan while following the Ohio Improvement process to drive & encourage new instructional approaches that will meet the learning needs of our students.



Signature of Superintendent

10/24/13

Date

We want to update & utilize instructional strategies to support individual student learning styles & enable students to increase academic achievement & ~~improve~~ provide students with positive behavior supports.

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District Name: Independence Local School District

District IRN#: 046565

Contact Name: Steve Marlow

Phone Number: 216-642-5850

Email: smarlow@independence.k12.oh.us

My district is in academic or fiscal distress: Yes _____ No x

If yes, we need a resolution from the commission in support of the Straight A Fund.

My district receives school improvement funds/support: Yes _____ No x

If yes, please make a brief explanation of how this grant will advance the improvement plan:

Steve Marlow Signature of Superintendent

10/23/13 Date

Please fill out this form and return it ASAP and no later than noon on October 24, 2013 as an email attachment to: Gayle Delphia, gdelphia@twinsburg.k12.oh.us. Thank you!

District Name: North Royalton City School District

District IRN#: 044545

Contact Name: Gregory J. Gurka, Superintendent

Phone Number: 216-244-4185

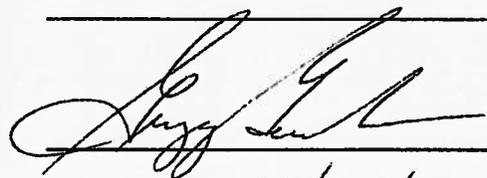
Email: greg.gurka@northroyaltonsd.org

My district is in academic or fiscal distress: Yes _____ No X

If yes, we need a resolution from the commission in support of the Straight A Fund.

My district receives school improvement funds/support: Yes _____ No X

If yes, please make a brief explanation of how this grant will advance the improvement plan:



Signature of Superintendent

12/23/13

Date

Please fill out this form and return it ASAP and no later than noon on October 24, 2013 as an email attachment to: Gayle Delphia, gdelphia@twinsburg.k12.oh.us. Thank you!

District Name: Revere Local School District

District IRN#: 050054

Contact Name: Randy Boroff, Superintendent

Phone Number: 330-523-3101

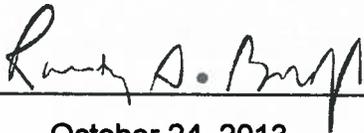
Email: rboroff@revereschool.org

My district is in academic or fiscal distress: Yes _____ No (X)

If yes, we need a resolution from the commission in support of the Straight A Fund.

My district receives school improvement funds/support: Yes _____ No (X)

If yes, please make a brief explanation of how this grant will advance the improvement plan:



Signature of Superintendent

October 24, 2013

Date

Please fill out this form and return in ASAP and no later than October 22, 2013 as an email attachment to Jayme Browning, jbrowning@scsohio.org. Thank you.

District Name: Twinsburg City School District

District IRN #: 050070

Contact Name: Kathryn M. Powers

Phone Number: 330-486-2002

Email: kpowers@twinsburg.k12.oh.us

My district is in academic or fiscal distress: Yes _____ No

If yes we need a resolution from the commission in support of the Straight A Fund.

My district receives school improvement funds/support: Yes _____ No

If yes please make a brief explanation of how this grant will advance the improvement plan.
