

NOW OPEN 2026-2027

# RE-ENROLLMENT



**Limited Seats Available!**

## Secure Your Child's Spot for the Upcoming School Year

As New Story Schools continues to grow, classroom spots for the upcoming school year are filling faster than ever.

Re-enrollment is now open, and space is limited. To secure your child's placement for next year, families must complete the re-enrollment process before the end of this school year.

Families who do not re-enroll by the end of the school year risk losing their student's spot as we welcome new families into our growing community. After May 1, seats will be available on a first-come, first-served basis and a waitlist may be implemented.

SCAN FOR MORE INFO:



Important Deadline:  
**May 1st**

Complete your re-enrollment by May 1 to be automatically entered to win \$250 in our Early Bird Raffle!

Don't wait—secure your child's spot and ensure a smooth start for next year.

- ✓ Secure your student's spot
- ✓ Avoid waitlists
- ✓ Be entered to win \$250



# 2025-2026 Re-Enrollment Checklist

**\* Opens March 16th \***

Dear NSS Families,

It is time for re-enrollment for the 2026-2027 school year! We are so excited for the year ahead. To re-enroll your child at New Story Schools for the upcoming year, please complete all the items below. Use this page to track which steps have been completed. If you complete all these steps by the May 1st deadline, you will be automatically entered in a raffle to win a \$250 gift card!

- Log into the PowerSchool Parent Portal at <https://newstoryschoolsoh.powerschool.com/> ; once logged in, complete the 2026-2027 Returning Student Enrollment Form (see the Parent Portal guide on the next page for instructions).
- Upload your child's updated immunizations in the PowerSchool Parent Portal.
- Complete and sign the 2025-2026 Autism Scholarship Application and mail to:  
**NSS Outreach/Re-Enrollment**  
**7690 New Market Center Way**  
**Columbus, OH 43235**  
OR scan/email to **Destiny.Stevens@newstoryschools.com**
- Proof of address needs to be included with your application or we will not be able to submit your student's scholarship. This should be a current utility bill in your name dated within the last 60 days. If you do not have any utility bills in your name, please refer to the attached list of approved options or reach out to the school office.

If you need assistance to complete any of these items, reach out to your NSS office admin listed below:

\*NSS Outreach: [Destiny.Stevens@newstoryschools.com](mailto:Destiny.Stevens@newstoryschools.com)



**PowerSchool Parent Portal:**  
**What You Need to Know On Accessing Your Parent Portal Account - PART A**

Please see the steps below to access your PowerSchool Parent Portal Account.

Please take a few minutes to login to the Parent Portal using the following steps:

1. Open the internet browser on your computer. Navigate to the following web address: <https://newstoryschoolsoh.powerschool.com>
2. For the username, enter the email address you provided the school.
3. For the password use the temporary password below.
4. The system will prompt you to set your own personalized password. Enter the temporary password as the current password and then enter your own personal password for the new one.

**Username: Email address you provided the school**

**Temporary Password: Newstory123**

**District Code for App: DHKM**

Once you have logged in, you will have access to student information. [Click on the LINK HERE for a brief video](#). OR <https://youtu.be/OeeTHf086a4> . Within the portal, you will be able to access:

- **Grades and Attendance:** View current grades, attendance, and the current quarter attendance totals. Click on the blue percentage to view assignments that make up that grade. Grades are posted to the Parent Portal by your student's teachers. The teacher's grade book is a "snapshot" and does not always accurately reflect the student's overall progress or performance
- **Grades History:** View all grades for the current school year
- **Email notification:** Sign up for automatic email notifications
- **Teacher Comments and Contact:** View all current teacher comments. To email the teacher a question or concern, please click the blue teacher's name link
- **School Bulletin:** Announcements from the school
- **Assignments:** Please remember that all assignments will be posted as soon as possible, but some items will take longer to assess and post. If you have questions regarding an assignment, please email the teacher.
- **\*Returning Student Registration\* Opens March 16th.** This is where the student re-enrollment information for all students will need to be completed starting March 16th. Note: Scholarship students have an additional separate packet to complete for the application. Scholarship applications will not be in PowerSchool.

If you have any questions, difficulties with the account or need to reset your password, please contact the School Office Staff at the location your student attends. Email or call 614-602-3473 and the extension listed below for assistance.

(Athens) [Alicia.Hurst@newstoryschools.com](mailto:Alicia.Hurst@newstoryschools.com) x3039

(Circleville) [Sherena.Renick@newstoryschools.com](mailto:Sherena.Renick@newstoryschools.com) x3016

(Columbus & Outreach) [Destiny.Stevens@newstoryschools.com](mailto:Destiny.Stevens@newstoryschools.com) x3018

(Berea) [Destini.Powell@newstoryschools.com](mailto:Destini.Powell@newstoryschools.com) x4493

(Sandusky) [Alyssa.Shaw@newstoryschools.com](mailto:Alyssa.Shaw@newstoryschools.com) x3017

(Independence) [Jazzmin.Hardman@newstoryschools.com](mailto:Jazzmin.Hardman@newstoryschools.com) x3246

(Toledo) [Ashley.Creager@newstoryschools.com](mailto:Ashley.Creager@newstoryschools.com) x4493

(Columbus) [Raegan.Anderson@newstoryschools.com](mailto:Raegan.Anderson@newstoryschools.com) x3003

## New Story Schools Ohio

Phone: (614) 602-6473

[www.newstoryschools.com](http://www.newstoryschools.com)

Fax: (614) 602-6493

### Athens:

5196 Washington Rd  
Albany, OH  
45710

### Berea:

5196 Washington Rd  
Albany, OH  
45710

### Circleville:

1421 N Court St  
Circleville, OH  
43113

### Columbus:

7690 New Market Center Way  
Columbus, OH  
43235

### Independence:

600 West Resource Dr  
Independence, OH  
44131

### Sandusky:

514 Jackson Street  
Sandusky, OH  
44870

### Toledo:

1905 Indian Wood Circle  
Maumee, OH  
43537

# AUTISM SCHOLARSHIP PROGRAM 2026-2027 STUDENT APPLICATION

\*\*\* Student Data Must Match Birth Certificate \*\*\*

STUDENT INFORMATION

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_ GENDER: FEMALE  MALE

NATIVE LANGUAGE: \_\_\_\_\_ MOTHERS MAIDEN NAME: \_\_\_\_\_

LAST FOUR DIGITS SSN#: \_\_\_\_\_ CURRENT GRADE LEVEL 2025-2026: \_\_\_\_\_ GRADE LEVEL 2026-2027: \_\_\_\_\_

ETHNICITY :  Asian/Pacific Islander  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander  
 (Select Only One)  Black/Non-Hispanic  Multiracial  Hispanic  White/Caucasian/Non-Hispanic

**WILL YOUR STUDENT BE HOME EDUCATED? OR ATTENDING A PRIVATE SCHOOL?**

HOME EDUCATED:  YES  NO

IF NO, PROVIDE NAME OF PRIVATE SCHOOL STUDENT WILL ATTEND: \_\_\_\_\_

PRIMARY GUARDIAN

I AM THE (CHECK ONE):  Natural Parent  Adoptive Parent  Residential Parent  Student that is at least eighteen years of age  
 Legal Guardian of student applying for scholarship funds

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ SSN# LAST FOUR DIGITS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_ IN WHAT COUNTY DO YOU LIVE? \_\_\_\_\_

IN WHAT SCHOOL DISTRICT DO YOU LIVE? \_\_\_\_\_

SECONDARY GUARDIAN

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ SSN# LAST FOUR DIGITS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO THE PROVIDER WITH CURRENT PROOF OF ADDRESS**

**Proof of residency is required of all first year and renewal applicants and must be submitted to the school with the application.** Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill **MUST SHOW MATCHING SERVICE AND MAILING ADDRESS** in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.

*Other Acceptable Documents:* A monthly mortgage statement (less than 90 days old) **OR** lease/rental agreement (signed by lessee and lessor) **AND** a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc) with parent/guardian's name and address. \*\*\*[Additional information can be found on the scholarship webpage.](#)\*\*\*

I \_\_\_\_\_ **AGREE TO THE FOLLOWING:**  
 (Parent Name)

1. The information provided on the application is true and accurate;
2. I have submitted only one Autism Scholarship application for this student;
3. I have received the fee and service agreement;
4. I understand that acceptance of a scholarship relieves the school district of residence and the school district in which the student is entitled to attend school, if different, of the obligation to provide the child with FAPE;
5. I will inform the provider, my district of residence, and the department immediately of any change in the student's residential address, contact information or custody status;
6. I will inform the department, my provider and my district of residence of my withdrawal from the program and the return to the public school system;
7. I will inform the department of the addition or change of a selected service provider;
8. I will sign all scholarship checks received by my providers for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the provider, I will be responsible for paying the student's tuition and fees;
9. I understand that the scholarship can only be used for my child's tuition and services outlined in their IEP or AEP;
10. I understand that the scholarship can only be applied to the tuition and fees of the provider(s), and that I will be required to pay tuition and services that exceed the amount of the scholarship and services and costs as prescribed by the policies of the provider.

I authorize the Ohio Department of Education & Workforce, my school district of residence, the district of my nonpublic school and my selected providers to share the following information regarding my child: current and past Individualized Education Program (IEP), Evaluation Team Report (ETR), Autism Education Plan (AEP), data for the IEP and ETR development including progress and interim reports.

**BY SIGNING BELOW, I AGREE TO ALL THE ABOVE STATEMENTS.**

**I AUTHORIZE:** \_\_\_\_\_ (Name of Provider)

to apply on my behalf for the Scholarship Program through the Ohio Department of Education & Workforce's electronic application system.

**Signature of Primary Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO THE PROVIDER WITH CURRENT PROOF OF ADDRESS**

*The Ohio Department of Education & Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of Education & Workforce is an [equal opportunity employer](#) and provider of [ADA services](#). The Department's [Notice of Non-Discrimination](#) applies to all programs and activities.*



# AUTISM & JON PETERSON SCHOLARSHIP PROGRAMS

## ACCEPTABLE FORMS OF ADDRESS PROOF

Proof of residence is required of all first-year and renewal applicants. Documents submitted must contain the parent/guardian's name, current address and the full date. The date should be current (within 90 days). Handwritten address proof (e.g., receipts, notes, etc.) and post office boxes are not acceptable. The utility bill **MUST SHOW MATCHING SERVICE AND MAILING ADDRESS** in the name of the Parent/Guardian. Parents/guardians must document residency by providing the scholarship provider with one of the following utility bills (to be accompanied with their scholarship application):

1. Electric
2. Gas
3. Water
4. Sewer
5. Cable/Internet
6. Monthly mortgage statement
7. Lease/rental agreement (the entire document including the signatures of both parties) **AND** one other form of address proof (like a pay stub, bank statement, insurance statement, car payment statement, etc). **Note:** A lease/rental agreement by itself IS NOT SUFFICIENT address proof; it must be accompanied by another form of address) proof.

If the student's parent/guardian has no utilities in his/her name, then the parent/guardian must provide the following:

1. A signed and notarized statement from the person (i.e., third party) with whom the parent/guardian and the student live or from whom they rent that confirms that they reside at the address. This letter must be from the third party, not the parent/guardian.
2. A copy of a current utility bill in the name of that third party, AND
3. A copy of a piece of current business type mail in the name of the parent/guardian.
  - a. Business mail would be things such as pay stubs, car notes, car insurance, monthly bank statements, and official document from a government agency. It must be a business with which the parent/guardian is currently doing regular business.
  - b. NO credit card solicitations or service set-up work orders. NOTHING HAND WRITTEN.

### Below are examples of how this alternative works:

Example #1: Ms. Smith's daughter has an Autism scholarship. She and her daughter reside with her uncle, Mr. Brown. Mr. Brown will need to write or type a statement and have it notarized, which should include him signing the statement in front of a notary. He will also need to provide a copy of a current utility bill in his name, since he owns or rents the property. Ms. Smith must provide a copy of last month's bank statement. Compiled together, this alternative will suffice as proof of residence for the student regarding the current school year. She must do this annually. If she should move and obtain utilities in her name, then this alternative method is no longer her option and she must comply with the required utility bill requirement instead.

Example #2: Mr. Johnson's son has a JPSN scholarship. Mr. Johnson and his son live in an apartment. All of the utilities are included in the price of the rent, so Mr. Johnson does not receive any utility bills in his name. Mr. Johnson will need to obtain a notarized letter from the rental office confirming that he and his son live in the apartment. Mr. Johnson will also need to provide another form of address proof, such as a current pay stub or bank statement.

**Unacceptable** proof of address includes tax forms, junk mail, and driver's licenses. Old and outdated address proof is also unacceptable.

Parents/guardians must remember to keep the provider informed of any address changes that occur and to submit the required documentation to ensure continued program eligibility

## **NSS BILLING POLICY 2026-2027: Outreach**

The billing rates are as follows for in person and virtual services. Service:

- Aide Services: \$81 per hour for group services and \$98 per hour for individual services.
- Behavior or Intervention Services performed by a licensed teacher, BCBA or Psychologist: \$216 per hour for group services and \$273 per hour for individual services.

Parents/Guardians may also choose to pay privately for Outreach services. Private payment requires a \$1,000 deposit which will be held for the duration of the program. This deposit will be applied to any outstanding charges or refunded at the close of the program or the end of private-pay.

All New Story of Ohio – Outreach Program services are billed on a per-minute basis.

**NEW STORY SCHOOLS OHIO**  
**Payment Responsibility Agreement \*Outreach Program**  
**2026-2027**

1. I understand that New Story Schools Ohio (NSS Ohio) is an educational service provider and will provide services according to my child's IEP. These services may include: intervention, academic education (math, reading, writing, etc.), life skills training (daily living skills, independence skills, community skills, transition services, etc.), and behavior modification (behavior plans, assessments, etc.). However, I understand that NSS Ohio will only provide the services in my child's IEP that NSS Ohio is equipped to provide and therefore may not address every IEP goal. Additionally, I understand that NSS Ohio is not obligated to provide services not listed in my child's IEP as an Autism Scholarship or Jon Peterson Special Needs Scholarship provider.
2. I understand that NSS Ohio will bill the Ohio Department of Education (ODE) Autism Scholarship Program or Jon Peterson Special Needs Scholarship Program for services provided to my child (as described above). I will certify scholarship payments physically and or electronically when required.
3. Alternatively, I may choose to forego payment certification for the Autism Scholarship or Jon Peterson Special Needs Scholarship and pay the fees out-of-pocket instead.
4. I understand that I am responsible to sign any required ODE forms, ( e.g. Requests to Modify, Allocation, Acceptance forms, etc.if applicable) as requested from the school office in order to bill my student's scholarship. Failure to sign these forms and or not return them in a timely manner could jeopardize my student's enrollment by having to temporarily suspend services until the required forms are completed. I also understand that I may be responsible and billed for any tuition cost that may have occurred by failure to provide the requested forms.
5. I understand that my child's Autism Scholarship or Jon Peterson Special Needs Scholarship expires each year and I must reapply before it expires in order to renew it for the following academic year. If I fail to do so, my child may lose their placement for the next year at NSS Ohio.
6. I have read the Billing Policy and Fee Schedule on the previous page understand/agree to the terms and rates.
7. If I wish to withdraw my child from a NSS Ohio program, I will submit written notice (email is okay) 14 days prior to the withdrawal date. Fees will be prorated at the rates specified in the billing policy and fee schedule.
8. I am responsible for any legal or collection fees incurred in settling delinquent accounts for out-of-pocket fees, such as afterschool programs, summer school or private-pay services. I will be assessed a \$25 service charge on all returned/bounced checks.
9. I understand that **ALL** payments are non-refundable.

**I have read and acknowledge the terms above.**

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Parent/Guardian's Name (or student if over 18)

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Signature

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Date

# REQUEST TO MODIFY SERVICES INSTRUCTIONAL ASSISTANT/ AIDE

This form must be completed when the provider and parent have agreed to aide services not listed by the district on the IEP/AEP. This form must be signed by the parent/guardian and the provider official prior to submitting to the scholarship office for approval. **\*A new modification will need to be completed with each IEP renewal. \* Virtual aide services are not permissible for CNPs.**

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_ IRN: \_\_\_\_\_

SERVICE: Instructional Assistant / Aide \_\_\_\_\_ AREA (Please Check One):  ACADEMIC  BEHAVIOR

SERVICE PROVIDED BY (NAME): \_\_\_\_\_

FREQUENCY: \_\_\_\_\_ MINUTES \_\_\_\_\_ HOURS /  DAILY  WEEKLY  MONTHLY

SUPERVISION PROVIDED BY (NAME): \_\_\_\_\_

FREQUENCY: \_\_\_\_\_ MINUTES \_\_\_\_\_ HOURS /  DAILY  WEEKLY  MONTHLY

SCHOLARSHIP PROGRAM:  AUTISM  JON PETERSON

## PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

## MEASURABLE ANNUAL GOAL:

Aide Services to provide support and reteaching under the supervision of other licensed professional. Please see OAC 3301-25-10 or ORC 3319.088 for supervisory information and ORC 3310.43 for instructional assistant information.

## MEASURABLE OBJECTIVES OR BENCHMARKS:

Existing IEP/AEP Objectives

Parent Name (please print): \_\_\_\_\_

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

Provider Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO SUBMIT:

1. Upload the signed and completed form to the DOCS tab using the "Services or Goals Modification" link.
2. Email the scholarship office with the student's SSID or app ID to request review/approval of the service(s).

The Ohio Department of Education and Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of Education and Workforce is an [equal opportunity employer](#) and provider of [ADA services](#). The Department's [Notice of Non-Discrimination](#) applies to all programs and activities.

## New Story Schools

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(Consultant)  
Renee Devlin Ph.D.

### Disclosure of Supervision and Limits of Confidentiality

Dr. Renee Devlin, a psychologist licensed in the State of Ohio, supervises the psychological work provided by the individual noted above. Dr. Devlin supervises therapeutic services requiring supervision as dictated by the Ohio Board of Psychology. Dr. Devlin maintains responsibility, as set forth by the Ohio Board of Psychology, for the work provided by \_\_\_\_\_.

(Consultant)

All information obtained by the supervisee noted above is subject to limits of confidentiality under Duty to Report Suspected Injury or Neglect of a Child (ORC sec 2151.421), Suspected Abuse of Adult (ORC 5101.61), Believed Abuse of MR/DD vulnerable adult (ORC 5123.61), and Knowledge/Belief of Domestic Violence/Abuse in Client Records (ORC 2921.22). We may release and/or obtain information without your written consent if we suspect that a child under 18 years of age and/or an intellectually disabled, developmentally disabled, or physically impaired child under 21 years of age has experienced or may face a threat of experiencing any physical, sexual, or mental injury, disability, or condition. We may release/obtain information if we reasonably believe that abuse or neglect of a child has occurred or will occur. As 'mandated reporters', we may be required to file a report with children's protective services (e.g., FCCS), a local board of developmental disabilities, or an adult protective service agency such as the Department of Job and Family Services. We may be required to provide additional information if requested by these or other agencies.

If we reasonably believe that a client presents a clear and substantial risk of imminent serious harm to him/herself, we must report that information to the appropriate public authorities. If a client poses a risk to another individual and/or property, then we may notify the individual who is at risk and/or the appropriate public authorities. If we believe that the client has been the victim of domestic violence, we may note that knowledge or belief and the basis for it in the record. We will make every attempt to limit disclosure of sensitive information.

Please feel free to ask us any questions about the limits of your confidentiality. Dr. Devlin can be reached at 614-636-2475 or [renee.devlin@newstoryschools.com](mailto:renee.devlin@newstoryschools.com), with office being located at 7649 New Market Center Way, Columbus Ohio 43235. Dr. Devlin is available to meet upon your request. By signing below, I acknowledge the Disclosure of Supervision.

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Dr. Renee Devlin SIGNATURE      Date

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Client's PRINTED Name      Date

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Parent/Guardian SIGNATURE      Date  
OR Client's signature  
(if 18+ years)

# Ohio Home Education Notification Form

**EFFECTIVE OCTOBER 3, 2023**

Sec. 3321.042. (A) As used in this section, "home education" means the education of a child, between the ages of six and eighteen years of age, that is directed by the child's parent. "Home education" does not include education provided to a child who is enrolled full time in a public or chartered nonpublic school. (B) A child receiving home education in the subject areas of English language arts, mathematics, science, history, government, and social studies is exempt from section 3321.04 of the Revised Code. (C) Within five calendar days after commencing home education, moving into a new school district, or withdrawing from a public or nonpublic school, and by the thirtieth day of August each year thereafter, the parent or guardian of a child receiving a home education shall transmit a notice to the superintendent of the child's school district of residence. The notice shall provide the parent's name and address, the child's name, and an assurance that the child will receive education in the subject areas required under this section. The child's exemption under this section is effective immediately upon receipt of notice.

The use of this form is optional, and parents may choose another format so long as all required information is included.

This document serves as our notification of home education for the 20\_\_\_\_\_ / 20\_\_\_\_\_ school year in accordance with ORC §3321.042.

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

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

The following compulsory aged child(ren) will receive home education in the subject areas of English language arts, mathematics, science, history, government, and social studies in accordance with Ohio Revised Code §3321.042:

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

In accordance with ORC §3321.042, the district superintendent shall respond with a written acknowledgment within 14 calendar days of receipt of this notice. A child exempt under this section shall not be required to be excused under section 3321.04 of the Revised Code.

We hereby inform the school board that no personally identifiable information, including directory information as defined in Ohio Revised Code §3319.321(B)(1), should be released without our prior written consent.

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

\_\_\_\_\_  
Date