

Goldwood Primary School

21600 Center Ridge Road · Rocky River · Ohio · 44116

440-356-6720 · www.rrcs.org

Dr. Carol Rosiak, Principal

Dear Parents,

Starting kindergarten is a major milestone for your child—and for you. The role you play in this turning point in your youngster's life is a very important one. Understanding the world of kindergarten and its objectives is the first step toward helping to make the most of this introduction to formal education.

The goal and general purpose of kindergarten is to emphasize social, emotional development, and expand students' knowledge of their environment, as well as to teach academic skills. It acts as an introduction to the structure of school, to learning cooperation and interaction with peers, and to mastering new concepts and exploring new worlds.

This may seem quite ambitious for a group of 5 and 6 year olds. At Goldwood this responsibility is a priority. We engage the students in a rigorous curriculum to ensure that an authentic command of essential knowledge is aligned to clearly defined goals. During this process, the children become excited about the knowledge and independence they are gaining. Each child will grow immensely during the kindergarten year!

Students come into the kindergarten classroom with very different backgrounds and levels of preparation. Many of the activities are individualized to accommodate the unique needs of each child. While some students come to the classroom with very little interactive experience outside of the family environment, some have been involved in highly structured preschool or daycare programs. Our teachers embrace these differences and differentiate instruction to promote learning for all students.

Here are some suggestions from the kindergarten team:

- Teach your child to print their name using an upper case letter for the first letter and lower case for the rest. Children get confused when they are taught at home to print their names in all upper case and then are told to print their names a different way in school.
- Read to your child. This will increase their vocabulary and listening skills. Reading will also expand general knowledge and develop your child's appreciation of reading. Discuss the story with your child.
- Count aloud with your child, recognizing numbers 0-10. Use math in everyday life. For example, have your child count out six spoons to set the table, etc.
- Playing games, involvement in sports, coloring, cutting, painting, drawing, and singing are all excellent ways to develop large and small muscle development. They also assist in developing eye/hand coordination.
- Encourage independence by having your child dress themselves in simple clothing (avoid tight pants with buttons and belts). Tying shoes is another important skill in fostering independence.
- Work on developing listening skills by having your child repeat what you have stated. Paying attention to the teacher certainly is beneficial in the learning process.

- Have your child pick up toys or give them other small tasks/chores so that they understand the concept of responsibility.
- Discuss the start of kindergarten with your child. Show excitement and relate your personal excitement when you started school. Realize that if your child shows uneasiness, this is typical. The uneasiness should subside when kindergarten actually begins.
- Developmental stages mark the growth of all children. Each child passes through these growth intervals at different times and at different rates. Do not push your child in the academic areas if they are uneager as this will have negative results. Make learning fun and praise them when academic risks are taken.

We realize that many parents have already been doing all or many of the suggestions, and we commend you. Some of the entering kindergartners will have surpassed the introductory developmental level. Our rigorous curriculum and supplemental enrichment activities and programs will provide for the varied developmental needs of our students.

The Goldwood Team is looking forward to meeting your child, as he/she enters their first formal year of education! We also look forward to ongoing communication with you.

Respectfully,

Carol Rosiak, Ed.D.

Principal

Rocky River City School District

1101 Morewood Parkway • Rocky River • Ohio • 44116
440-356-6000 • www.rrcs.org • info@rrcs.org

NEW STUDENT REGISTRATION CHECKLIST Kindergarten Only

Step 1: Go to **Registration tab** at www.rrcs.org to complete your online forms

Step 2: After you have all of the documents from this checklist, please call the Board of Education to schedule a registration appointment.

Items to bring to Registration:

- _____ 1. Affidavit of Residency Form ***
- _____ 2. School Entrance Physical Examination Form (Completed by Physician) ***
- _____ 3. Parent Observation Form (Kindergarten Only) ***
- _____ 4. Residence Verification – 2 Items (See Affidavit of Residency Form)
- _____ 5. Parent/Guardian's Driver's License, State Photo ID or Passport
- _____ 6. Student's Birth Certificate – original or certified copy
- _____ 7. Immunization Records
- _____ 8. Custody or Custody Pending Agreement – if applicable
- _____ 9. Students with Special Needs / ETR, IEP, 504 Plan – if applicable
- _____ 10. Residency Certification Form (provided at registration)

**IF YOU DO NOT SUBMIT ALL REQUIRED DOCUMENTS,
YOUR REGISTRATION WILL NOT BE FINALIZED**

*** AVAILABLE AT www.RRCS.org UNDER THE REGISTRATION TAB

Kindergarten Important Dates

Kindergarten Information Night	January 25, 2024	6:00 PM (Parents Only)
Kindergarten Registration	January 29, 2024 – March 1, 2024	Follow instructions on website and schedule appointment at Board of Education (440-356-6000)
Kindergarten Orientation	August 20, 2024	5:00 PM (Parents Only)
Kindergarten Screening	May 6-10, 2024	Screening appointments will be scheduled during initial registration appointment
Kindergarten Soft Start	August 21, 22, 23, 2024	1/3 of students will attend each day, specific assignments shared in June
First Day of School for All Kindergarten	August 26, 2024	School Day: AM: 9:05 AM - 11:50 AM PM: 12:35 PM - 3:20 PM All Day K: 9:05 AM - 3:20 PM

All Day Kindergarten Tuition Due Dates

Deposit	Registration appointment	\$ 250.00
First Semester Tuition Payment	August 2, 2024	\$1,625.00
Second Semester Tuition Payment	January 10, 2024	\$1,625.00



Kindergarten Parent Observation Form

Please complete this form as part of your registration packet.

This questionnaire is confidential and your responses will be shared only with professional personnel.

The information learned will help in planning an educational program for your child.

Student Name			
	Last	First	Birthdate

What is the name you want your child to be called at school/name tags:

☐ Female ☐ Male

Parents/Guardian		
Siblings:		
Name and age		

Name of Preschool(s) Attended		<input type="checkbox"/> 3 yr <input type="checkbox"/> 4 yr <input type="checkbox"/> PreK
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Please answer the following questions in order for us to get to know your child better.

1. Is there any pertinent family information that would aid us in working with your child?

2. Is there any other information that will help us to understand your child?

3. Has your child ever been evaluated for an Individual Education Plan (IEP) or received outside intervention services? If yes, please elaborate.



Kindergarten Parent Observation Form

Please complete this form as part of your registration packet.

This questionnaire is confidential and your responses will be shared only with professional personnel.

The information learned will help in planning an educational program for your child.

4. Does your child have any Allergies or medical concerns? If yes, please elaborate.

5. If applicable, what day care will your child attend in the fall?

Academic Skills		
Can identify uppercase letters in random order	<input type="checkbox"/> Some upper case letters <input type="checkbox"/> All upper case letters	
Can identify lowercase letters random order	<input type="checkbox"/> Some lower case letters <input type="checkbox"/> All lower case letters	
Identify the beginning sounds in some words	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Is your child reading independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Social Skills		
Uses words instead of being physical when angry	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Plays cooperatively with other children	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Follows simple directions	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Goes to the bathroom by him/herself	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Waits his/her turn	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Is able to control his/her emotions	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Can separate from parents	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Follows routines	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Language		
If a language other than English is spoken in the home, please indicate the spoken language. _____ • Does your child speak/understand English well enough to function in the classroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fine and Gross Motor Skills		
Holds and uses scissors	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Holds a pencil or crayon properly	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Zip or button	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Tie their own shoes	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
Print their own name	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet

Frequently Asked Transportation Questions For Kindergarten Parents

- **Where does my child catch the bus?**
You will receive a letter with detailed route information for your student the first week of August.
- **Can my child be transported to or from a Child Care Provider?**
Yes. In order for us to transport your child to/from a Child Care Provider, you will need to complete and submit our online form, located in the transportation section of our districts website.
- **Can I have more than one bus stop?**
Student pick-up/drop-off will only be at one established location with no varying days. Your student will be transported from that location five days per week. The A.M. bus stop may differ from the P.M. bus stop.
- **Are kindergarten students picked up at their house or at a neighborhood stop?**
Most students are picked up and dropped off at neighborhood stops with other students. In some instances, your student may have a pick-up or drop-off location at your house.
- **If I missed the bus, can I follow the bus to get my child on or off at the next stop?**
No, this is not safe and the child can only get on or off at his/her assigned bus stop. Parents can drive to the assigned school and wait for the child to be brought back.
- **What if my child missed the bus?**
Please take your child to school. Each bus is on a schedule, sending the bus back will only result in further delays for other students.
- **Must I be at the stop to pick up my child?**
This is your choice. Please communicate with the driver if your child is safe to walk home alone or if someone other than you will be meeting the bus. Our drivers will always be vigilant about keeping your student safe. However, they may not know if you are home or not. We never want to put your child in danger. It is important that you are home on time. Route times may vary due to unforeseen circumstances or a change in student attendance. We ask that you are available to receive your child at the school's dismissal time.
- **Will my student's bus be on time the first few days of school?**
Buses may run early or late the first two weeks of school. Please be at the bus stop 5 minutes before its scheduled arrival time. We thank you for your patience as we work out our schedules.
- **Can my child get off at a different stop or ride a different bus to go home with a friend to play?**
No, we only allow students to get off at another stop in emergency situations. If an emergency occurs, please call both the school and the transportation department with information detailing your request.
- **How should I prepare my child to ride the school bus?**
Safety Town is a great way to start. The driver will go over the bus rules with all of the students the first two weeks of school. Please make sure you go over the Transportation Policies, Procedures and Guidelines that are available on the transportation web page.

If you have any questions or concerns, please do not hesitate to contact me.

Thank you and we look forward to seeing you in the fall.



Erin Peacock
Transportation Services Manager



Rocky River City School District

20951 Detroit Road • Rocky River • Ohio • 44116

440-356-6042 • www.rrcs.org

Erin Peacock, Transportation Services Manager
peacock.erin@rrcs.org

Dear Parents and Guardian:

The Rocky River City School District Transportation Department realizes that it may be necessary to provide an alternate transportation location for students that require childcare providers. Student pick-up/drop-off will only be at one established location with no varying days. Parents may have their child picked up at home on one route/bus stop and dropped off at the childcare provider on another route/bus stop in the afternoon or vice versa.

Transportation to and from a childcare provider will be based on the following criteria:

- 1) Requests for childcare transportation are made via an online Childcare Provider Form located in the Transportation Services tab on the district's web page www.rrcs.org.
- 2) For service to start at the beginning of the school year, the online form must be submitted prior to August 1st. Forms submitted after August 1st will not go into effect until the second week of school. Forms submitted after the first day of school will take a minimum of five (5) working days to go into effect.
- 3) The service must be for five (5) days per week. Service is for the entire school year or until permanently changed by calling the Transportation Department.
- 4) The location of the childcare provider to or from which the student is to be transported must be located in an area designated as eligible for transportation to the school of attendance.
- 5) Transportation services to childcare locations must not cause the district to incur additional costs or require the establishment of new routes. Such transportation shall be provided only if there is sufficient space for students on the appropriate bus after space has been made available for all other students qualified for transportation.
- 6) All students must have a Childcare Provider Form submitted online and approved by the Transportation Department before service can begin.
- 7) Childcare Provider Forms are effective for the current school year only and must be resubmitted annually.

If you have any questions regarding this matter, please contact the Transportation Department at (440) 356-6042 ext: 6042. Thank you in advance for your understanding and cooperation.

Sincerely,



Rocky River City School District

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440-356-6042 · www.rrcs.org
Erin Peacock, Transportation Services Manager
peacock.erin@rrcs.org

The Rocky River City School District Transportation Department uses the bus pass system, Zonar ZPass, a safety program that verifies students boarding and disembarking activity from District school buses.

The technology will be used for all students who utilize Rocky River City School District Transportation to and from school.

Additional information:

- Each student who utilizes school transportation will be given a ZPass badge.
- ZPass badges will be delivered directly to the school.
- **Students will be able to ride the bus on the first day of school without a ZPass.**
- Students will scan their ZPass card across the Zone Pad when boarding and disembarking the bus.
- The scan will record the time, date and location of boarding and disembarking activity.

When the ZPass is scanned, the information will be sent to the StopFinder app, which allows users to view the location of the school bus, see estimated arrival times, and receive alerts and messages from the school or Transportation Department, all in real-time.



The Stopfinder app is available for IOS at the Apple App Store and Android devices at the Google Play Store. We encourage you to download this app.

If you have further questions about this program, please contact the Rocky River City School District Transportation Department at 440-356-6042.

ADDITIONAL TIPS

1. Do not punch holes or bend the card.
2. We encourage you to attach the ZPass badge to the student's back pack, binder or key chain so it will not be lost or misplaced.
3. The ZPass badge is issued specifically to the student's ID number that is printed on the front of the card and cannot be used by any other students.
4. If a card is lost or misplaced, please notify the school office or the Transportation department immediately.



Rocky River
CITY SCHOOL DISTRICT
Caring · Exceptional · Competitive

Goldwood Student Fees \$55.00

All fees must be paid at the beginning of the school year. Please contact the school office with questions.

ROCKY RIVER CITY
SCHOOL DISTRICT

Goldwood Primary School
21600 Center Ridge Road
Rocky River, Ohio 44116

All students should also
have the following:

Fitness Education Clothing

Students have time scheduled for fitness instruction weekly. Students are required to wear tennis shoes, and clothing that promotes movement. *Girls are encouraged to wear shorts under skirts.

Book Bags

Students should have a large backpack or book bag to help carry home library books, school communications, as well as their own papers, art projects, etc.

Marking Clothing and other items

It is important for you to mark items likely to be mixed up, such as raincoats, sweaters, boots, mittens, hats, lunch boxes, and book bags. A permanent black marker is good to use. Often there are only slight differences, if any, and identification will save time, trouble, and even tears.

Please ask your child about his/her supplies throughout the year to ensure proper materials are ready and organized.



Goldwood Primary School Supply Lists 2024-2025



Kindergarten Supplies

- 1 pair of **Fiskar** scissors-6" or less (good quality is important)
- 6 boxes of 24 **Crayola** thin crayons
- 5 **LARGE** glue sticks
- 20 **sharpened** pencils (#2) with erasers (Ticonderoga brand preferred)
- 2 pink erasers
- 1 set of 8 **Crayola** Washable markers (not thin markers)
- 4 **BLACK** thin, fine point Expo low odor dry erase markers (No Crayola please)
- 1 plastic pencil box (8 5/8"x 5 3/4" x 2 1/2")
- 1 each (red, yellow, green) sturdy **plastic** folder (with bottom pockets)
- 1 headphone set with basic computer head jack (in zip-lock bag labeled with name) NO ear buds or microphones on the wire please!
- Old adult size shirt/t-shirt for art class—labeled with students name in a freezer bag
- 1 hand sanitizer
- 2 boxes of tissues (200 or more count)
- 1 box gallon zip-lock **freezer** bags (Boys)
- 1 container of Clorox wipes (Girls)



Please note individual teachers may request additional supplies.

1st Grade Supplies

- Crayons - 2 boxes of 24 (thin crayons)- Big boxes are too unmanageable
- Elmer's White Glue – 1-8 ounce and 4 large glue sticks (1.27 oz.)
- 2 erasers - large
- 1 sturdy plastic folder and 2 paper folders with bottom pockets - please no side pockets.
- 24 pencils (#2) with erasers - sharpened
- 1 pair scissors (with points)
- Colored pencils- **pre-sharpened** package of 12 (sharpened)
- 2 boxes washable markers
- 1 thin yellow highlighter
- Pencil sharpener (with attached container for shavings, not battery operated)
- 1 box of sandwich sized zip bags - boys
- 1 box of gallon sizes zip bag - girls
- 8 black dry erase markers (low odor, fine tip Expo)
- Clorox wipes
- 1 box of tissues
- Art box 6" X 11" (not too tall, desks are skinny)
- 1 small sock to use as an eraser on dry erase board
- Old adult size shirt/t-shirt for art class—labeled with students name in a freezer bag

Headphones (compatible with basic computer head-set jack, standard plug—NO USB) in a Ziploc bag labeled with name.

Can be same pair used in prior grade.

No ear buds or microphones on wires, please.

Please note individual teachers may request additional supplies.

2nd Grade Supplies

- 24 pencils with #2 lead - *to be replaced monthly* (please sharpen before the first day of school)
- 1 package of 8 or 12 colored pencils
- 2 boxes of 16 or 24 crayons
- 2 boxes of original **Crayola** Washable Markers (not thin markers)
- 1 pair **Fiskar** scissors – 6" or less (good quality is important)
- 4 large Elmer's glue sticks
- 2 boxes of tissues (200 or more count).
- Art box 6" X 11"**
- 1 laminated sturdy paper 5 Star pocket folder – (not red, blue, green yellow)
- 4 laminated sturdy paper 5 Star pocket folders (one each: red, blue, green, yellow)
- 1 spiral notebook tablet – 10 1/2" x 8" – at least 60 sheets
- Pencil sharpener – with attached container for shavings (**not battery operated**)
- 1 disinfectant wipes (**Clorox** or **Lysol** for example)
- 2 erasers
- 6 black Expo dry erase bold , chisel tip markers
- 6 black dry erase markers (low odor & fine tip Expo)
- 2 black fine point Sharpie markers
- Old adult size shirt/t-shirt for art class—labeled with students name in a freezer bag

Headphones (compatible with basic computer headset jack) in a Ziploc bag labeled with name.
Can be same pair used in prior grade.

No ear buds or microphones on wires, please.

Please note individual teachers may request additional supplies.

Goldwood Primary School

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Dr. Carol Rosiak, Principal

Dear Parents,

In preparation for your child's entrance into the half-day kindergarten program, scheduling of morning (9:05-11:50 AM) or afternoon class (12:35-3:20 PM) is an important part of the registration process. If you have a preference for a morning or an afternoon session, you are being given an opportunity to state that preference.

A team composed of the principal, school counselor, grade coordinator, and LRS coordinator will carefully consider the needs of your child and determine placement in an optimal learning environment. A component of the placement process will include parent preference in regard to morning or afternoon session. **A preference is not a guarantee for placement.**

The preference form is due with registration materials on your scheduled date. Parents will be informed in June of a morning or afternoon placement. The scheduling will provide ample time for families to arrange their day care needs for the 2024-2025 school year.

PLEASE BE REMINDED THAT THIS LETTER IS ONLY A REQUEST FOR PREFERENCE, NOT A GUARANTEE OF PLACEMENT.

We usually receive far more requests for morning kindergarten than afternoon. When that happens, we start a waiting list for morning kindergarten. If an opening develops, families are notified in order based on enrollment date until the slots are filled.

MORNING OR AFTERNOON HALF DAY KINDERGARTEN PROGRAM

PREFERENCE FORM

Please return this form along with your registration packet

Child's Name _____

Parent or Guardian Full Name _____

Address _____

Home Telephone Number _____ Work Telephone Number _____

Please Circle One: **MORNING PREFERENCE** **AFTERNOON PREFERENCE** **NO PREFERENCE**

Please remember – A preference is not a guarantee for placement. Please share any special consideration or concern.





ROCKY RIVER CITY SCHOOL DISTRICT

All-Day Kindergarten Option

2024-2025 Program Information

K Registration:

January 29-March 1, 2024

- ADK registration and deposit payment will be taken at your Kindergarten registration appointment.

No lottery required. The number of sections of all-day kindergarten will be determined after registration closes on Friday, March 1, 2024. After this date, admission into the tuition-based all-day kindergarten classes will be on a first-come-first-served basis until remaining spaces are filled. Once all spaces are filled, all-day kindergarten registration will close for the 2024-2025 school year.

Tuition:

\$3,500.00 (includes school fees)

Reduced rates between \$0-\$500 are available for participants in the federal free and reduced lunch program. If you believe you qualify, you must complete the federal free and reduced lunch program application that is available on the Kindergarten Info webpage.

Deposit:

\$250.00

Check or credit card payment due at time of registration

Payments**:

Deposit due at registration	\$ 250.00
Payment #1 due Aug. 2, 2024	\$1625.00
Payment #2 due Jan. 10, 2025	<u>\$1625.00</u>
	\$3500.00

*****If the required payments are not received by each of the due dates, or if a check is returned for insufficient funds, your child will be reassigned to the ½ day kindergarten program.***

Curriculum:

The curriculum covered during the all-day kindergarten program is the same as that covered in ½ day kindergarten program.

24-25 Kindergarten Information:

Kindergarten info night:	January 25, 2024 6:00pm
Kindergarten registration:	January 29-March 1, 2024
Kindergarten screening:	May 6-10, 2024
Kindergarten orientation:	August 20, 2024 5:00pm (parents only)
Kindergarten Soft Start	August 21, 22 or 23, 2024 (1/3 of students will attend each day, specific assignments shared in June)
First day for all kindergarten:	August 26, 2024
School day:	ADK: 9:05am - 3:20pm AM K: 9:05am - 11:50am PM K: 12:35pm - 3:20pm



**ROCKY RIVER CITY SCHOOL DISTRICT
ALL-DAY KINDERGARTEN
REGISTRATION**

Rocky River Board of Education Office
1101 Morewood Parkway
Rocky River, OH 44116

Completing this form places your child into the tuition-based all-day kindergarten program for the 2023-2024 school year.

Child's name: _____

Parent/Guardian name: _____

Child's date of birth: _____

Address: _____

Home phone: _____

Cell phone: _____

Email: _____

Pay [online](#) or by check for \$250 payable to: *Rocky River Board of Education*

For office use:

Date received: _____ By whom: _____ Time: _____ Payment: _____

2024-2025 KINDERGARTEN PRE-QUALIFYING APPLICATION

(FOR INFORMATIONAL PURPOSES ONLY)

****A NEW APPLICATION MUST BE SUBMITTED AFTER July 1, 2024 for the 2024-2025 School Year****

Part 1. ALL HOUSEHOLD MEMBERS												
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.				Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.				Check if No Income			
	School	Grade										

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.
NAME: _____ **7-DIGIT CASE NUMBER:** _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call J. Norman at 440.356.6000 or email at norman.jennifer@rrcs.org
 Homeless ☐ Migrant ☐ Runaway ☐

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/quarterly
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ ____/____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ ____/____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ ____/____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ ____/____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ ____/____

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals. Please check a box: ☐ Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.
☐ No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

Signature of Parent/Guardian: _____ Date: _____

Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of your Social Security Number: ____ ☐ I do not have a Social Security Number

LEAVE BLANK

LEAVE BLANK

Do not complete this section. Intended for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice per Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining/Approval Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____

Verification Result: No Change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free _____ Reduced Price to Paid _____

INCOME ELIGIBILITY GUIDELINES 2023-2024			
Household size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each Additional Person:	9,509	793	183

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

**** FOR REFERENCE ONLY – RATES CHANGE July 1, 2024****Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You are not required to provide information, but if information is not provided, the state agency cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Ohio Works First (OWF) case number or other identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may

contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



**SCHOOL ENTRANCE PHYSICAL EXAMINATION
(TO BE COMPLETED BY PHYSICIAN)**

Name: _____ Date of Birth: _____ Grade _____

Immunization Information

Please complete using the date/month/year

DTaP:	1. _____	2. _____	3. _____	4. _____	5. _____
Td:	1. _____	2. _____	3. _____	4. _____	5. _____
IPV/OPV:	1. _____	2. _____	3. _____	4. _____	5. _____
HIB:	1. _____	2. _____	3. _____	4. _____	
Hepatitis B:	1. _____	2. _____	3. _____		
MMR:	1. _____	2. _____	Hepatitis A:	1. _____	2. _____
Varicella:	1. _____	2. _____	Meningococcal	1. _____	2. _____
Pneumococcal:	1. _____	2. _____	3. _____	4. _____	
Influenza:	_____		Other:	_____	

Exam Date _____ Normal _____ Abnormal findings _____

Height: _____ Weight: _____

General Dental Health _____

Hearing: Right: _____ Left: _____

Vision: Acuity: Right 20/ _____ Left 20/ _____

Strabismus: Yes ___ No ___ Comments _____

Tuberculin test (most recent): Date _____ Results: Positive _____ Negative _____

Chronic Health Concerns: Asthma: _____ Seizure Disorder: _____ ADD/ADHD: _____
Diabetes: _____ Speech therapy: _____ Ear Infections: _____

Other: _____

Was the child referred to any specialists? _____

Restrictions:

Medications: Name/dosage/frequency:

Please complete the school's forms for medication administration if it is necessary for the child to receive prescription or over-the-counter medication in school

Physician name (print): _____ Phone: _____

Address: _____ City/State/Zip: _____

Based on examination consistent with EPSDT/Headstart/AAP guidelines, I certify this child to be in suitable condition for enrollment in school.

Physician signature: _____ Date: _____