



# Rocky River

CITY SCHOOL DISTRICT

Caring • Exceptional • Competitive

## Kindergarten Registration Packet



# Rocky River

CITY SCHOOL DISTRICT

Caring · Exceptional · Competitive



## GOLDWOOD PRIMARY SCHOOL

21600 Center Ridge Road

Rocky River, Ohio 44116

440-356-6720 phone | 440-356-6044 fax

Carol Rosiak, Principal

## KINDERGARTEN REGISTRATION INSTRUCTIONS

- Create a [Oneview Parent Portal](#) and submit the new student enrollment form.
  - If you have other children in the district, please login to your existing account.
  - If you are having login trouble, please email Janet Lloyd ([lloyd.janet@rrcs.org](mailto:lloyd.janet@rrcs.org)).
- Submit the items listed on the Kindergarten Registration Checklist, including your enrollment preference form.
  - Half-Day: complete and submit the Preference Form to designate your preference for AM or PM Kindergarten enrollment.
  - All Day: submit your deposit online and email the ADK Registration form to Janet Lloyd ([lloyd.janet@rrcs.org](mailto:lloyd.janet@rrcs.org)), or place your ADK Registration Form and deposit by check, in the Board of Education Secure dropbox.
- Registration items may be submitted by email to Janet Lloyd ([lloyd.janet@rrcs.org](mailto:lloyd.janet@rrcs.org)), or by placing copies in the secure dropbox outside entrance "B" of the Board of Education building located at 1101 Morewood Pkwy.



# Goldwood Primary School

21600 Center Ridge Road · Rocky River · Ohio · 44116

440-356-6720 · [www.rrcs.org](http://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 the make 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 "educational" 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 his or her 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 his/her 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 or seven nails to build a birdhouse.
- 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 be given 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](http://www.rrcs.org) · [info@rrcs.org](mailto:info@rrcs.org)

## NEW STUDENT REGISTRATION CHECKLIST Kindergarten Only

- Step 1:** Go to **Registration tab** at [www.rrcs.org](http://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](http://www.RRCS.org) UNDER THE REGISTRATION TAB

# Goldwood Primary School

21600 Center Ridge Road · Rocky River · Ohio · 44116  
440-356-6720 · www.rrcs.org  
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 2020-2021 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 and use a lottery drawing system to assign numbers. If an opening develops, families are notified in order 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.**

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**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 2021-2022 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: \_\_\_\_\_

## Kindergarten Important Dates

Kindergarten Information Presentation	January 28, 2021	Virtual presentation posted online at <a href="http://www.rrcs.org">www.rrcs.org</a>
Kindergarten Registration	February 8-19, 2021	Follow Instructions on Website and Schedule Appointment at Board of Education (440-356-6000)
Kindergarten Orientation	August 24, 2021	AM and ADK – 9:30 AM – 11:00 AM PM – 1:15 PM – 2:45 PM
First Day of School for Kindergarten	August 25, 2021	AM – 9:05 AM -11:50 AM PM – 12:35 PM – 3:20 PM All Day K – 9:05 AM – 3:20 PM





# Rocky River City School District

## AFFIDAVIT OF RESIDENCY

I, \_\_\_\_\_ certify that I am the  
\_\_\_\_\_ Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Resident of the dwelling/apartment located at \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Date of Occupancy \_\_\_\_\_

I, \_\_\_\_\_ certify that I am the full-time resident of the above address located within the Rocky River City School District, and do not maintain a separate primary residence elsewhere.

Residence verification, two (2) proofs, must be brought and shown to the enrollment officers. A copy will be attached to the affidavit at the time of registration. Verifications are as follows:

- **If you are the Owner** of the dwelling, any two (2) of the following original items: Tax Bill, Insurance Policy on Dwelling, Paycheck Stub with Address, Home Mortgage Coupon, Purchase/Construction Contract, Utility Bill (Gas, Electric, etc.)
- **If you are the Tenant of the dwelling**, complete an Affidavit of Residency, and provide a copy of your current signed lease agreement (a Landlord Verification may also be required) and one of the following forms of verification are required: Income Tax Return, Rental Insurance Policy on Dwelling, Paycheck Stub with Address, Utility Bill (Gas, Electric, etc.).
- **If you Reside with a resident** of Rocky River, **they** must complete an Affidavit of Residency and provide two (2) of the following (if they own the property): Tax Bill, Insurance Policy on Dwelling, Paycheck Stub with Address, Home Mortgage Coupon, Purchase/Construction Contract, Utility Bill (Gas, Electric, etc.) **OR** one of the above and a signed lease agreement (if they rent the property). **You must:** complete an Affidavit of Residency Form and provide one of the following: Insurance Statement, Paycheck Stub with Address, Utility Bill (Cable, Phone, etc.)

I, \_\_\_\_\_ further certify that this above information is true and accurate. I realize that should any of this information be false, I am liable for any penalties which the law provides under the criminal code and that I agree to pay the current tuition cost for each student listed below while legally attending the Rocky River City School District and understand that immediate withdrawal will occur.

List below the names of all persons residing with you at the above address:

Adults	Birthdates	Children	Birthdates

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Your relationship to student

I have read this entire document and the information provided by me on this form is true and accurate.  
*Note: Only sign in the presence of a notary public if you are certifying that you are allowing the family listed above to reside with you.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public \_\_\_\_\_

(Affix Seal Here)

# Rocky River City School District

1101 Morewood Parkway · Rocky River · Ohio · 44116

440-356-6006 · [www.rrcs.org](http://www.rrcs.org)

Ms. Jennifer Norman, Executive Director

[norman.jennifer@rrcs.org](mailto:norman.jennifer@rrcs.org)

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I, \_\_\_\_\_, certify that I am the custodial parent/legal

guardian of \_\_\_\_\_

and that I have established permanent residency at: \_\_\_\_\_

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and I am not maintaining a separate residency elsewhere. I further certify that the student(s) named above do/does reside with me at this address.

I further certify that the information contained in this declaration is accurate. Should any of this information be incorrect, I hereby agree to assume tuition costs for the student listed above for the period of time he/she has been attending the Rocky River City Schools. Should it be necessary to collect tuition, the amount will be determined by the tuition rate as calculated by the number of days your child/children was/were enrolled. The current daily rate is **\$79.36** and is adjusted yearly. Please be advised that if monies due are not promptly remitted, legal action will be pursued.

I acknowledge that the Rocky River City School District may request residency verification at their discretion. I also waive my rights to confidentiality of information and stipulate that the Rocky River City School District may utilize whatever legal means it has at its disposal to verify my residency.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

SEAL  
Rev 1/2021



# 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.

<b>Student Name</b>			
	<b>Last</b>	<b>First</b>	<b>Birthdate</b>

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

\_\_\_\_\_

Female     Male

<b>Parents/Guardian</b>		
<b>Siblings: Name and age</b>		

<b>Name of Preschool(s) Attended</b>		<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

## KINDERGARTEN READINESS

While there is no perfect formula that determines when children are truly ready for kindergarten, you can use checklists to see how well your child is doing in acquiring the skills. Check the skills your child has mastered. Then recheck each month to see what additional skills your child can accomplish easily. Young children change so fast—if they can't do it sometime this week, they may be able to do it a few weeks later.

- ◇ Listen to stories without interrupting
- ◇ Recognize rhyming sounds
- ◇ Pay attention for short periods of time to adult directed tasks
- ◇ Understand actions have both causes and effects
- ◇ Understand general times of the day
- ◇ Cut with scissors
- ◇ Trace basic shapes
- ◇ Begin to share with others
- ◇ Start to follow rules
- ◇ Be able to recognize authority
- ◇ Manage bathroom needs
- ◇ Button shirts, pants, coats, and zip up zippers
- ◇ Begin to control oneself
- ◇ Separate from parents without being upset
- ◇ Speak understandably
- ◇ Talk in complete sentences of five to six words
- ◇ Look at pictures and then tell stories
- ◇ Identify rhyming words
- ◇ Identify the beginning sounds in some words
- ◇ Identify some alphabet letters
- ◇ Recognize some common sight words like "stop"
- ◇ Sort similar objects by color, size, and shape
- ◇ Recognize groups of one, two, three, four, and five objects
- ◇ Count to ten
- ◇ Bounce a ball

If your child has acquired most of the skills on this checklist and will be a least five years old at the end of summer, he/she is probably ready for kindergarten. What teachers want to see on the first day of school are children who are healthy, mature, capable, and eager to learn.

## WHAT IS KINDERGARTEN?

Kindergarten is an important first experience in the formal education process. The kindergarten program is designed to help each child make new friends, to work and play with others, to adjust to new situations, to adapt to a daily routine in the classroom, and to begin his/her academic education. If the child can make these personal and social adjustments in kindergarten, a firm foundation for future success in school will exist.

### In kindergarten each child will learn to:

- work independently and with others
- share and take turns
- explore and expand abilities and interests
- express thoughts and ideas
- listen to others
- develop self-control

### Activities will be designed for each child to:

- build self-confidence
- develop vocabulary
- identify differences in sounds, numbers, and colors
- increase interest in books, numbers, and people
- improve coordination
- learn new concepts

.....and much, much more

**ROCKY RIVER CITY SCHOOL DISTRICT**

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

Phone: 440-356-6720  
Fax: 440-356-6044

**ROCKY RIVER CITY SCHOOL  
DISTRICT**

## GOLDWOOD PRIMARY SCHOOL KINDERGARTEN



**Rocky River**

**CITY SCHOOL DISTRICT**

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[www.rrcs.org](http://www.rrcs.org)

# GENERAL INFORMATION

The Rocky River School District will continue to provide half-day kindergarten in the 2017-2018 school year with an optional All Day program (lottery).

Our environment fosters the pillars of character through the use of a positive action program.

Children must be 5 years old before September 30th to enroll in kindergarten.

Kindergarten students all participate in Art, Fitness Education, Library, Computers and Music.

We have a comprehensive counselor program to promote mindfulness.

- Reading is a top priority at Goldwood
- Rooms are all equipped with technology including SmartBoards, computers, and iPads
- Focus on the whole child (creativity, problem solving, social skills)
- Active PTA  
(Assemblies, Snowflake Palace, Book Fairs...)

## Important dates to remember.....

**January 28, 2021** - Kindergarten Information Presentation available online

- \* Learn more about the kindergarten program
- \* Tour classrooms
- \* Meet the staff

**February 8-19** - Kindergarten Registration

**August 24** - Kindergarten Orientation

**August 25** - First Day of Kindergarten

## ACADEMIC CONTENT STANDARDS [WWW.OHIOACADEMICSTANDARDS.COM](http://WWW.OHIOACADEMICSTANDARDS.COM)

### Language Arts

-Phonemic Awareness, Word Recognition and Fluency

Letters  
Syllables

-Acquisition of Vocabulary

Recognizing clues in reading  
Identify new words

-Reading Process

Concepts of print, Comprehension and self-monitoring strategies

-Reading Applications

- Informational, Technical and Persuasive Text
- Literary Text

Using pictures, Remembering what is read and heard  
Main Idea  
Putting events in order  
Fact vs. fantasy  
Characters/ Setting  
Retelling stories

-Writing Process/  
-Writing Applications/  
-Writing Conventions

Grammar, punctuation, spelling rules

-Research

Using writing for different purposes

-Communication

Gathering information  
Following oral instructions  
Questioning skills

### Social Studies

- History
- Economics
- Geography
- People in Societies
- Skills and Methods
- Government
- Citizenship Rights and Responsibilities

Goods and Services  
Importance of Rules  
Natural Resources  
Days of the Week  
Past/ Present  
Holidays  
Location/ Direction  
Map Skills  
Wants vs. Needs  
Recognize Symbols of US  
Traits of a Good Citizen

### Math

- Numbers, Number Sense and Operations
- Measurement
- Geometry
- Patterns, Functions and Algebra
- Data Analysis and Probability
- Math Processes

Sets, Counting  
Patterns  
Graphs/Tables  
Money values  
Measurements  
Days, weeks, years  
Classifying objects  
Making predictions  
Sorting data  
Problem solving and reasoning using pictures and objects

### Science

- Science and Technology
- Inquiry
- Physical Science
- Earth and Space
- Life
- Scientific ways of knowing

Natural vs. Man Made  
What if...  
Sorting objects  
Solar system  
Seasons  
Weather  
Habitats of plants/animals  
Living and non-living objects  
Ways to measure  
Using your senses  
Scientific tools

## ROCKY RIVER CITY SCHOOL DISTRICT

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

Phone: 440-356-6720  
Fax: 440-356-6044

# 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 2021-2022



## Kindergarten Supplies

- 1 pair of **Fiskar** scissors-6" or less (good quality is important)
- 4 boxes of 24 **Crayola** thin crayons
- 4 **LARGE** glue sticks
- 20 **sharpened** pencils (#2) with erasers (Ticonderoga brand preferred)
- 1 pink eraser
- 1 box gallon zip-lock **freezer** bags
- 1 box quart zip-lock **freezer** bags
- 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 **red** sturdy **plastic** folder (with bottom pockets)
- 1 **yellow** 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
- Hand sanitizer-girls
- Hand soap-boys
- Clorox wipes
- 1 box of tissues
- 1 inch white binder



**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
- 2 sturdy paper folders & 1 sturdy plastic folder with bottom pockets - please no side pockets.
- 1 primary lined composition journal
- 24 pencils (#2) with erasers - sharpened
- 1 pair scissors (with points)
- Colored pencils- **pre-sharpened** package of 12 (sharpened)
- Washable markers
- 1 thin yellow highlighter
- Pencil sharpener (with attached container for shavings)
- 1 box of snack sized zip bags - boys
- 1 box of gallon sizes zip bag - girls
- 8 dry erase markers (low odor, fine tip Expo) black or blue
- Clorox wipes
- 1 box of tissues
- Art box 6" X 11" (not too tall, desks are skinny)
- 1 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 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.**

## 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)
- 1 bottle of **Elmer's** glue (not colored)
- 4 large Elmer's glue sticks (not colored)
- 1 box tissues (200 or more count).
- Art box 6" X 11"
- 2 laminated sturdy paper 5 Star pocket folders – (not red, blue, green yellow)
- 4 laminated sturdy paper 5 Star pocket folders (one each: red, blue, green, yellow)
- 1 spiral notebook tablets – 10 1/2" x 8" – at least 60 sheets
- Pencil sharpener – with attached container for shavings
- 2 Disinfectant wipes (**Clorox** or **Lysol** for example)
- 2 erasers
- 1 box of quart size baggies—boys
- 1 box of gallon size baggies—girls
- 1 box of sandwich size baggies—boys and girls
- 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.**



# Rocky River City School District

20951 Detroit Road • Rocky River • Ohio • 44116

440-356-6042 • [www.rrcs.org](http://www.rrcs.org)

Erin Peacock, Transportation Services Manager  
[peacock.erin@rrcs.org](mailto:peacock.erin@rrcs.org)

## 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](http://www.rrcs.org)

Erin Peacock, Transportation Services Manager

[peacock.erin@rrcs.org](mailto: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 SafeStop 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 SafeStop 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

20951 Detroit Road • Rocky River • Ohio • 44116

440-356-6042 • [www.rrcs.org](http://www.rrcs.org)

Erin Peacock, Transportation Services Manager  
[peacock.erin@rrcs.org](mailto: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](http://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 1<sup>st</sup> 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,



# Exciting News!!

If you believe you qualify for free/reduced price meal benefits for the 2021-2022 school year you may apply on line.

Applying on line is easy, fast, safe and completely confidential!

Visit:



If you need assistance applying on line, feel free to call the Nutrition Services Department at:  
440.356.6000 ext. 1362

If you are unable to submit an application on line, you may submit a paper application. Current school year applications are available for download after July 1<sup>st</sup> on the district web site- [www.rrcs.org](http://www.rrcs.org)

Paper applications are also available, throughout the year, at the main office in each school and at the Board Office at 1101 Morewood Parkway.



***New school year applications are available July 1<sup>st</sup> each year.***



# Rocky River City School District

1101 Morewood Parkway • Rocky River • Ohio • 44116  
440.356.6000 • [wasserbauer.tina@rrcs.org](mailto:wasserbauer.tina@rrcs.org) • [www.rrcs.org](http://www.rrcs.org)  
Tina Wasserbauer MS, RDN, LD  
Nutrition Services Specialist

## Frequently Asked Questions About Free and Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. The Rocky River City School District offers healthy **meals each school day at Rocky River Middle and High Schools**. Lunch costs \$3.30. **Your children may qualify for free meals or for reduced-price meals.** Reduced price for lunch is 40 cents. This packet includes an application for free or reduced-price meal benefits and detailed instructions. Below are some common questions and answers to help you with the application process.

1. **Who can receive free or reduced-price meals?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF); foster children that are under the legal responsibility of a foster care agency or court; children participating in their school's Head Start program; and children who meet the definition of homeless, runaway, or migrant are eligible for free meals. Also, your children may receive free or reduced-price meals if your household's income is within the federal income eligibility guidelines limits.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2020-2021			
Household size	Yearly	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

2. **How do I know if my children qualify as homeless, migrant or runaway?** If members of your household lack a permanent address; are staying together in a shelter, hotel or other temporary housing arrangement; relocate on a seasonal basis or; children live with you who have chosen to leave their prior family or household then the children may qualify as homeless, migrant or runaway. If you have not been told your children will receive free meals, please call or email **Jennifer Norman at [norman.jennifer@rrcs.org](mailto:norman.jennifer@rrcs.org) or 440.356.6000 to see if they qualify.**
3. **Do I need to fill out an application for each child?** No. Use one free and reduced-price school meal application for all students in your household. We cannot approve an application that is not complete. Please submit all required information. **Return the completed application to T. Wasserbauer, 1101 Morewood Parkway, RR. 440.356.6000**
4. **Should I complete an application if I received a letter this school year saying my children are approved already for free meals?** No, but please read the letter carefully and follow the instructions. If any children in your household were missing from the eligibility notification, contact **T. Wasserbauer, 1101 Morewood Parkway, RR. 440.356.6000** immediately.
5. **Can I apply online?** Yes. If possible, you are encouraged to complete an online application instead of a paper application. The online application requirements are the same and will request the same information as the paper application. Visit **[lunchapp.com](http://lunchapp.com)** to begin or to learn more about the online application process. Contact **T. Wasserbauer, 1101 Morewood Parkway, RR. 440.356.6000 with any questions about the online application.**

6. **My child's application was approved last year. Do I need to complete another application?** Yes. Your child's application is valid for that school year and for the start of this school year. You are required to submit a new application unless the school notified you that your child is eligible for the new school year.
7. **I receive Women, Infants and Children (WIC) benefits. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please submit a completed application.
8. **Will the information I give be checked?** Yes, we also may ask you to send written proof.
9. **If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to the following contact person: **S. Gifford, 1101 Morewood Parkway, RR. 440.356.6000**
11. **May I apply if someone else in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price meals.
12. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, submit the report with the routine amount of \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. **What if some household members have no income to report?** Household members may not receive some types of income that are asked for you to report on the application or may not receive income at all. When this happens, please write a 0 in the corresponding field. However, if any income fields are left empty or blank, those also will be counted as zeroes. Please be careful when leaving income fields blank.
14. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it also must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment also is excluded from income.
15. **What if there is not enough space on the application for my family?** List any additional household members on a separate piece of paper and attach it to your application. Contact **T. Wasserbauer, 1101 Morewood Parkway, RR. 440.356.6000 to receive a second application.**
16. **WHY AM I BEING ASKED TO GIVE MY CONSENT FOR AN INSTRUCTIONAL FEE WAIVER?** OHIO PUBLIC SCHOOLS ARE REQUIRED TO WAIVE THE SCHOOL INSTRUCTIONAL FEES FOR CHILDREN THAT QUALIFY FOR FREE MEAL BENEFITS. SCHOOL FOOD SERVICE PERSONNEL MUST HAVE PARENT CONSENT TO SHARE THE STUDENT MEAL APPLICATION IF YOUR CHILD(REN) QUALIFY FOR A FEE WAIVER. IF YOU AGREE TO ALLOW YOUR CHILD(REN)'S MEAL APPLICATION TO BE SHARED WITH SCHOOL OFFICIALS TO SEE IF THEY QUALIFY FOR A FEE WAIVER THEN SELECT **YES** IN PART 5. IF YOU DO NOT WISH FOR THAT INFORMATION TO BE SHARED, THEN SELECT **NO** IN PART 5. ANSWERING NO TO THIS QUESTION WILL MEAN YOUR CHILD WILL NOT BE CONSIDERED FOR A FEE WAIVER. ANSWERING THIS QUESTION EITHER WAY WILL NOT CHANGE YOUR CHILD(REN)'S FREE OR REDUCED-PRICE MEAL ELIGIBILITY.
17. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call **440.356.6000**  
*Si necesita ayuda, por favor llame al teléfono: 440.356.6000*  
*Si vous voudriez d'aide, contactez nous au numero: 440.356.6000*

Sincerely,  
**Tina Wasserbauer MS, RDN, LD**

## INSTRUCTIONS FOR APPLYING

*A household member is any child or adult living with you.*

### IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the school name and grade level for each child.

**Part 2:** List the 7-digit case number for any household member (including adults) receiving SNAP or OWF benefits.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 7:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

### IF NO ONE IN YOUR HOUSEHOLD RECEIVES SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the school name and school grade level for each child.

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **Jennifer Norman at 440.356.6000 or email at [norman.jennifer@rrcs.org](mailto:norman.jennifer@rrcs.org)**. If not, skip this part.

**Part 4:** Complete only if a child in your household is not eligible under Part 3. See Instruction for all other households.

**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary if you did not need to complete in part 4.

**Part 7:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

### IF YOU APPLY FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

#### If all children in the household are foster children:

**Part 1:** List all foster children and the school name and grade level for each child. Check the box that indicates the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 7:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

#### If some children in the household are foster children:

**Part 1:** List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

**Part 2:** If the household does not have a 7-digit SNAP or OWF case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Jennifer Norman at 440.356.6000 or email at [norman.jennifer@rrcs.org](mailto:norman.jennifer@rrcs.org)**. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1-Name:** List all household members with income.
- **Box 2 -Gross Income and how often it was received:** For each household member, list each type of income received for the month. Check the appropriate box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, list the gross income - not the take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she does not have one).

**Part 7:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-

price meals.

**ALL OTHER HOUSEHOLDS (INCLUDING WIC HOUSEHOLDS) FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all household members and the school name and grade level for each child. For any person, including children, with no income, you must check the "No Income Box."

**Part 2:** If the household does not have a 7-digit SNAP or OWF case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Jennifer Norman at 440.356.6000 or email at [norman.jennifer@rrcs.org](mailto:norman.jennifer@rrcs.org)** If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1 – Name:** List all household members with income.
- **Box 2 –Gross Income and how often it was received:** For each household member, list each type of income received for the month. Check the box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income - not take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she does not have one).

**Part 7:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.



## 2020-2021 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

### High School and Middle School Only

#### 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.  School <span style="float: right;">Grade</span>	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
		<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 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 Jennifer 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"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0	<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"/>	\$ _____/ _____

**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

**Part 7. Children's ethnic and racial identities:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
---	---

**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: \_\_\_\_\_ 2<sup>nd</sup> Notice Sent: \_\_\_\_\_ Results Sent: \_\_\_\_\_

Verification Result: No Change \_\_\_ Free to Reduced Price \_\_\_ Free to Paid \_\_\_ Reduced Price to Free \_\_\_ Reduced Price to Paid \_\_\_

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

INCOME ELIGIBILITY GUIDELINES 2020-2021			
Household size	Yearly	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

**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](mailto: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. _____	4. _____	
MMR:	1. _____	2. _____	Hepatitis A:	1. _____	2. _____
Varicella:	1. _____	2. _____	Meningococcal	1. _____	2. _____
Pneumococcal:	1. _____	2. _____	3. _____	4. _____	
Influenza:	_____		Other:	_____	

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Exam Date \_\_\_\_\_ Normal \_\_\_ Abnormal findings \_\_\_\_\_

\*\*\*\*\*

**MANDATORY SCREENINGS FOR PRESCHOOLERS REQUIRED BY THE OHIO DEPARTMENT OF EDUCATION**

General Dental Health \_\_\_\_\_

Hearing: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Vision: Acuity: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_

Strabismus: Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_

Lead: \_\_\_\_\_ Hematocrit: \_\_\_\_\_

\*\*\*\*\*

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.**

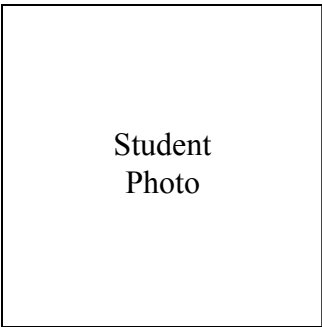
Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PRESCRIBER AND PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL

(Medication Administration Record – MAR)

\*\*\*\*\* One Medication per Form \*\*\*\*\*



Student  
Photo

School \_\_\_\_\_

Student \_\_\_\_\_ Grade/Rm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of Medication and Dosage \_\_\_\_\_

Times of Day to be Administered \_\_\_\_\_

Number of Times/Intervals Medication is to be Administered \_\_\_\_\_

Date to Begin Medication \_\_\_\_\_ Date to End Medication \_\_\_\_\_

Adverse/Severe Reaction that Should be Reported to Physician \_\_\_\_\_

Special Instructions for Administration of Medication \_\_\_\_\_

This medication can be safely administered by non-medical personnel  Yes  No

It is impossible to arrange for this medication to be taken at home and, therefore, it must be administered during school hours  Yes  No

This student is under my care. It is not possible to arrange for this medication to be taken at home under the supervision of a parent and therefore it must be taken during school hours.

\_\_\_\_\_  
Prescriber's Printed Name

\_\_\_\_\_  
Tel

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_  
Date

Please regard my signature below as my assurance that I release \_\_\_\_\_ School, PSI, and any or all of the school's and PSI's officers or employees from any liability or damages resulting from the consequences or adverse reactions of our child's taking or failing to take this medication at the times prescribed. I also agree to keep the school informed in writing of any revision in the physician's prescription. I have had the opportunity to ask questions. They have been fully answered to my satisfaction.

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Tel

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



Educational Products, Inc.

# BACK-TO-SCHOOL SUPPLY SHOPPING MADE EASY



Sample pack image. Your exact school pack will vary based on the items and brands selected by your school.

Our school selected Educational Products, Inc. (EPI) for our 2021 school supply program to help you save time and money on back-to-school shopping. As the #1 provider of school supply packs for over 40 years, more schools choose EPI every year. Plan to order your EPI pack today.



## Teacher Approved

No guesswork on what to buy. Get all the items on your list so your child is prepared for success.



## Quality Products

Items and brands are selected by our school. Plus, EPI offers a school-year quality guarantee.



## Easy & Hassle Free

Avoid the back-to-school shopping crowds or visiting multiple stores for all the supplies on your list.



## Save Up to 40%

Compared to national retailers, you can save up to 40% with EPI school supplies each year.