

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

All-Day Kindergarten Option

2025-2026 Program Information

K Registration:

January 27-February 28, 2025

- 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, February 28, 2025. 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 2025-2026 school year.

Tuition:

\$3,650.00 (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. 1, 2025	\$1700.00
Payment #2 due Jan. 9, 2026	<u>\$1700.00</u>
	\$3650.00

*****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 half-day kindergarten program.***

Curriculum:

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

25-26 Kindergarten Information:

Kindergarten info night:	January 23, 2025, 6:00pm
Kindergarten registration:	January 27-February 28, 2025
Kindergarten screening:	May 12-16, 2025
Kindergarten Self-Guided Tour:	August 18, 2025, 1:00-3:00pm (for incoming K students, parents and guardians)
Kindergarten Orientation:	August 19, 2025, 4:30pm (parents only)
Kindergarten Soft Start	August 20, 21 or 22, 2025 (1/3 of students will attend each day, specific assignments shared in June)
First Day for All Kindergarten:	August 25, 2025
School day:	ADK: 9:05am-3:20pm HDK: 9:05am-12:15pm



**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 2025-2026 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: _____

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 23, 2025	6:00 PM (Parents Only)
Kindergarten Registration	January 27, 2025 – February 28, 2025	Follow instructions on website and schedule appointment at Board of Education (440-356-6000)
Kindergarten Screening	May 12-16, 2025	Screening appointments will be scheduled during initial registration appointment
Kindergarten Self-Guided Tour	August 18, 2025	1:00PM – 3:00PM (Parents/Guardians and students)
Kindergarten Orientation	August 19, 2025	5:00 PM (Parents/Guardians Only)
Kindergarten Soft Start	August 20, 21, 22, 2025	1/3 of students will attend each day, specific assignments shared in June
First Day of School for All Kindergarten	August 25, 2025	School Day: AM: 9:05 AM – 12:15 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 1, 2025	\$ 1,700.00
Second Semester Tuition Payment	January 9, 2025	\$ 1,700.00



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

Goldwood Student Fees \$57.00

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 2025-2026



Kindergarten Supplies

- 1 pair of **Fiskar** scissors-6" or less (good quality is important)
- 5 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 – 1-4 ounce bottle and 4 large glue sticks (1.27 oz.)
- 2 erasers - large
- 3 sturdy plastic 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)
- Anti-bacterial hand wipes (Wet Ones)- girls
- Clorox wipes- boys
- 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 headset jack, standard plug—NO USB) in a Ziploc bag labeled with name.

Can be same pair used in prior grade.

No wireless, 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)
- 1 box gallon bags
- 1 box sandwich sized bags—boys
- 1 box quart sized bags—girls
- Art box 6" X 11"**
- 1 laminated sturdy paper 5 Star pocket folder – (not red, blue, green yellow)
- 1 inch binder with pocket inserts
- 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 wireless, ear buds or microphones on wires, please.

Please note individual teachers may request additional supplies.



**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: _____



Rocky River City School District

1101 Morewood Parkway • Rocky River • Ohio • 44116
440.356.6000 • wasserbauer.tina@rrcs.org • www.rrcs.org
Tina Wasserbauer MS, RDN, LD
Nutrition Services Specialist

Hello and welcome to Rocky River Kindergarten Information Night!

If you believe your family may qualify for the Federal School Lunch Program please fill out the application below and return it to Tina Wasserbauer at the Board of Education Building. This application may be used to determine qualifying status for reduced fees and tuition for all day kindergarten students.

If you have any questions please feel free to call or email Tina Wasserbauer.

**2025-2026 Kindergarten Pre-Qualifying Application
(For Informational Purposes Only)**

**** A NEW APPLICATION MUST BE SUBMITTED AFTER JULY 1, 2025, FOR THE 2025-2026**

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. <div style="display: flex; justify-content: space-between;">SchoolGrade</div>				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 J. Norman at 440.356.6000 or email at norman.jennifer@rrcs.org Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>																	
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: <input type="checkbox"/> Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver. <input type="checkbox"/> 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>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.</i> Sign here: X _____ Print name: _____ Date: _____ Address: _____ Phone Number: _____ Last four digits of your Social Security Number: ____ <input type="checkbox"/> 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
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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 nd 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.

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.

INCOME ELIGIBILITY GUIDELINES 2024-2025 THESE RATES CHANGE JULY 1, 2025			
Household size	Yearly	Monthly	Weekly
1	\$27,861	\$2,322	\$536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each Additional Person:	9,953	830	192

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary

for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

This institution is an equal opportunity provider.