



**BOARDMAN LOCAL SCHOOLS
NEW STUDENT ENROLLMENT
CHECKLIST**

Student Name _____

Grade _____

Building _____

Please provide the following:

1. Certified Birth Certificate (*raised seal or colored stamp*) _____
2. Proof of Custody (if applicable) _____
*Most recent court order. **MUST** be signed by judge!
3. Immunization Records _____
4. Parent/Guardian Photo ID _____
5. 2 current proofs of residency, ex. utility bill or lease, etc. _____
(*mail you **received** at your **current address** within the last 30 days - no personal or junk mail*)

Please complete and return the following:

1. Enrollment _____
2. Emergency Medical/Health Form _____
3. Consent for Release of Records _____
4. Record of Custodial Change _____
5. Home Language Survey _____
6. Residency Notice _____
7. Transportation Request Form _____
8. School Meal Application (Must be completed for enrollment even if you do not qualify) _____
9. Kindergarten Enrollment Only Success by Six _____

You **MUST CALL** the enrollment office to make an appointment for registration.
*For an appointment, or questions,
please call 330-259-7189.*
 Appointment Hours 8:00 am - 3:00 pm
 Closed for lunch Noon-1:00 pm

Make sure ALL forms are completed and signed.

Please answer the following:

1. Is your child under a current **IEP/ETR**? YES___ NO___
If YES, please bring with you
2. Is your child under a current **504 Plan**? YES___ NO___
If YES, please bring with you
3. Does your child have a **Gifted Identification**? YES___ NO___
If YES, please bring with you
4. Do you speak **ENGLISH** as the primary language in your home? YES___ NO___
5. If moving here from **out-of-state**, and your child has attended **ANY** Ohio school in the past, please indicate that school name and city here: _____

Building use only:
 School Fee Collected _____
 cash/check # _____

PHONE #: _____ ROOM #: _____ BUS #: _____ STUDENT ID #: _____

BOARDMAN LOCAL SCHOOLS ANNUAL ENROLLMENT / REGISTRATION FOR SCHOOL YEAR 20__ - 20__

1. STUDENT'S LEGAL NAME _____ Last _____ First (as listed on birth certificate) _____ Middle _____ Gender: Male _____ Female _____

2. GRADE LEVEL _____ ENTRY DATE _____

3. ADDRESS _____ CITY _____ ZIP _____

4. PREVIOUS ADDRESS _____ CITY _____ ZIP _____

5. BIRTH DATE _____ BIRTH PLACE _____ City _____ State _____
Month/Day/Year

6. PRIMARY LANGUAGE SPOKEN AT HOME _____

7. NEW STUDENT: (a) Has this child ever attended any Boardman School? Yes _____ No _____ If yes, which building _____
(b) Has this child ever received Special Services? Title 1 - Yes _____ No _____ Special Education - Yes _____ No _____

8. LAST SCHOOL ATTENDED (If Kindergarten Enrollment List Pre-School) _____

9. PREVIOUS SCHOOL ADDRESS _____

10. PARENT / GUARDIAN: **Please check the box(es) indicating with whom the child resides**
If you wish to receive communications via Email, please list Email address below

MOTHER'S NAME _____ Home Address _____ Primary Phone _____
Occupation _____ Secondary Phone _____
Company _____ Email _____ Work Phone _____
Step-Father (If Applicable) _____ Phone _____ Work Phone _____

FATHER'S NAME _____ Home Address _____ Primary Phone _____
Occupation _____ Secondary Phone _____
Company _____ Email _____ Work Phone _____
Step-Mother (If Applicable) _____ Phone _____ Work Phone _____

LEGAL GUARDIAN _____ Home Address _____ Primary Phone _____
Occupation _____ Secondary Phone _____
Company _____ Email _____ Work Phone _____

Status of biological parents (please check one):
 Married Divorced Separated Widowed Never Married

If divorced, who has legal custody? Mother Father Shared If shared, who is residential parent? _____

11. Has the custody of this student ever changed during his/her lifetime? Yes _____ No _____

12. Other Children in your family enrolled in the Boardman Schools:

Name _____ Grade _____ Bldg. _____ Name _____ Grade _____ Bldg. _____

Name _____ Grade _____ Bldg. _____ Name _____ Grade _____ Bldg. _____

Name _____ Grade _____ Bldg. _____ Name _____ Grade _____ Bldg. _____

13. Is this enrollee currently under expulsion from another school? Yes _____ No _____ Suspension? Yes _____ No _____

14. Military Student: _____ Not Applicable

_____ A - Active Duty - Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)

_____ B - National Guard - Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)

★ Due to reporting changes from the United States Department of Education, ONE of the following questions MUST be answered:

15. Is the student of Hispanic/Latino heritage? Yes _____ No _____

(a.) If Yes, check all that apply... White _____, Black or African American _____, Asian _____, American Indian or Alaska Native _____, Native Hawaiian or Other Pacific Islander _____

(b.) If No, and student is of one race, check only one... White _____, Black or African American _____, Asian _____, American Indian or Alaska Native _____, Native Hawaiian or Other Pacific Islander _____

(c.) If No, and student is multiracial, check all that apply... White _____, Black or African American _____, Asian _____, American Indian or Alaska Native _____, Native Hawaiian or Other Pacific Islander _____

★ Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

I hereby certify that the information contained on this enrollment form is complete and accurate. I understand that incorrect information regarding custody and residency will result in a violation of Section 3313.64 of the Ohio Revised Code and will, by law, result in the following:

Immediate withdrawal of student(s) from school and a tuition assessment at the current daily rate from the date of enrollment. The rate will be in excess of \$40.00 per day as calculated by the State of Ohio Department of Education.

Section 3313.64 also provides for the recovery of attorney's fees in a civil action regarding residency.

Parent/Guardian Signature _____

Date _____

The State of Ohio requires the Emergency Medical Form be updated annually

Homeroom #: _____

Student Information

Student Name:	<input type="checkbox"/> Male	Date of Birth:	Grade:
	<input type="checkbox"/> Female		
Student Address:	City/State:	Zip:	

Residential Parent/Guardian Information (please answer questions A, B, & C)

A. Student lives with (please X one): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other: _____	B. Status of Biological Parents (please X one): <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed
C. Who has legal custody for child(ren)(please X one): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Shared <input type="checkbox"/> Other: _____	<i>If separated or divorced, Custody papers are required for student file. For shared custody, please provide addresses of both parents below.</i>

Legal Parent/Guardian Information**Legal Parent/Guardian Information**

Name:	Name:
Cell Number:	Cell Number:
Home Number:	Home Number:
Email:	Email:
Relationship to Student:	Relationship to Student:
Is your address the same as the student? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, list your current address, city, state, & zip code:	Is your address the same as the student? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, list your current address, city, state, & zip code:

Emergency/Alternate Contacts

In the event you are unable to contact me at the above numbers, you have my permission to contact the following alternates. They have my permission to receive health care information regarding my child and can take my child home during school hours if needed.

Contact 1 (Other than Parent/Guardian)	Contact 2 (Other than Parent/Guardian)
Name:	Name:
Relationship:	Relationship:
Best Contact Number:	Best Contact Number:
Contact 3 (Other than Parent/Guardian)	Contact 4 (Other than Parent/Guardian)
Name:	Name:
Relationship:	Relationship:
Best Contact Number:	Best Contact Number:

Emergency Authorization

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the named doctor below, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does NOT cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Consent Given: <input type="checkbox"/> YES (if YES, please list "Medical Contacts" below) <input type="checkbox"/> NO (if NO, please give "Consent Refusal Instructions" below)	
Physician Name:	Physician Phone:
Dentist Name:	Dentist Phone:
Medical Specialist:	Medical Specialist Phone:
Hospital Name:	Hospital Phone:
Facts concerning the child's history including allergies, medications being taken, and any physical impairments such as heart conditions, diabetes, epilepsy, etc., to which a physician or school staff should be alerted:	

Consent Refusal Instructions:

Parent/Guardian Signature: _____ Date: _____

Boardman Local School District Health Information (School Year 20____ - 20____)

Student Name: _____ Grade: _____

Your child's health and education are very important to us. The information provided below will be used to facilitate your child's learning. Informing and educating staff about your child's needs will help promote his/her wellbeing. Confidentiality will be maintained and the information will be shared only with those responsible for meeting the child's health care needs.

1. Peanut Allergy?	___ Yes ___ No	Describe reaction: _____ Difficulty breathing? ___ Yes ___ No Emergency medication? ___ Yes ___ No Do you eliminate all peanut-containing food? ___ Yes ___ No
2. Other Food Allergy?	___ Yes ___ No	Food: _____ Describe reaction: _____ Difficulty breathing? ___ Yes ___ No Emergency medication? ___ Yes ___ No
3. Allergy?	___ Yes ___ No	Medications, seasonal or environmental? Please list: _____ Has allergy required emergency care in the past? ___ Yes ___ No Comments: _____
4. Sting Allergy?	___ Yes ___ No	Bee/insect? _____ Describe reaction: _____ Difficulty breathing? ___ Yes ___ No Emergency medication? ___ Yes ___ No
5. Diabetes?	___ Yes ___ No	DIABETES MANAGEMENT PLAN FROM DOCTOR AND SUPPLIES MUST BE IN THE NURSE'S OFFICE BY THE FIRST DAY OF SCHOOL.
6. Asthma?	___ Yes ___ No	Inhaler? ___ Yes ___ No <i>*If yes, inhaler must be kept in the nurse's office.</i>
7. Epilepsy/seizures?	___ Yes ___ No	Emergency Medication? ___ Yes ___ No
8. Heart Condition?	___ Yes ___ No	Describe: _____ Activity restrictions? ___ Yes ___ No Describe: _____ _____
9. Other? (Any other health information you would like us to know about your child.)	___ Yes ___ No	Describe: _____ _____ _____

Please check ALL that apply regarding your child's vision and hearing:

Eyes: ___ Lazy Eye ___ Crossed ___ Difficulty Seeing ___ Glasses ___ Contacts
Ears: ___ Frequent Infections ___ Tubes ___ Hearing Difficulty ___ Hearing Aid for: ___ Right Ear ___ Left Ear

Daily Medications Taken by Student

Requirements for Medications to be administered at school:

A. It is strongly recommended to parents, with their physician's counsel, that the medication schedule should be adjusted to avoid administering medication during school hours.

B. If this is not possible, then the Medication Authorization Form must be filed with the respective building nurse's office before the student will be allowed to take medication during school hours. This written and signed request form is to be submitted each school year.

Name of Medication:	Reason for Taking:	Taken Where?
		Home and/or School
		Home and/or School
		Home and/or School

Any additional information regarding your child's health that should be brought to our staff's attention: _____

Parent/Guardian Signature: _____ Date: _____



BOARDMAN LOCAL SCHOOLS
Parental Consent for Release of Records
(Student Enrollment)

I am the parent/legal guardian of _____,

grade _____, age _____, date of birth _____.

You are authorized to release the records to:

Boardman High School _____
 7777 Glenwood Avenue
 Youngstown, OH 44512
 Fax: 330-758-7515

Market Street Elementary _____
 5555 Market Street
 Youngstown, OH 44512
 Fax: 330-782-1063

Boardman Glenwood Junior High _____
 7635 Glenwood Avenue
 Youngstown, OH 44512
 Fax: 330-758-8067

Robinwood Lane Elementary _____
 835 Indianola Road
 Youngstown, OH 44512
 Fax: 330-782-2405

Boardman Center Intermediate School _____
 7410 Market Street
 Youngstown, OH 44512
 Fax: 330-726-3431

Stadium Drive Elementary _____
 111 Stadium Drive
 Youngstown, OH 44512
 Fax: 330-726-0496

West Boulevard Elementary _____
 6125 West Boulevard
 Youngstown, OH 44512
 Fax: 330-726-0397

WITHDRAWING SCHOOL - PLEASE provide student **SSID:** _____

Student records, and all personally identifiable data on file for the student indicated.

PARENT, please complete:

Name of last school attended _____

Address _____

City, State, and Zip Code _____

Phone #: _____

Fax #: _____

 Parent/Guardian Signature

 Date

FOR BOARDMAN LOCAL SCHOOL OFFICE USE ONLY:

Date records requested _____ Date records received _____

Student start date _____

**BOARDMAN LOCAL SCHOOLS
RECORD OF CUSTODIAL CHANGE**

This form must be completed for each student and returned to the school.

Part I. Enrollment information to be completed by Parent/Guardian, or Representative from Agency of Custody as part of the enrollment process:

Has the custody of _____ ever been altered since child's birth?
(divorce, foster, living with grandparent, etc.)

_____ No If **No**, please sign this form. **DO NOT COMPLETE PART II.**

_____ Yes If **Yes**, complete **Part II**, and sign this form.

Part II. **PLEASE ENSURE THAT THE SCHOOL HAS A COPY OF THE MOST RECENT CUSTODY CHANGE ON FILE.** Enrollment information to be completed by Parent/Guardian, or Representative from Agency of Custody, if there has ever been a change of custody:

Child's Name _____ Date of Birth _____

Current Address _____ Grade _____

Custody Status Pending? _____ No _____ Yes Date of Altered Custody _____

Does your child receive Special Education Services? _____ No _____ Yes

Parent/Guardian or Agency address at time of custody alteration _____

I hereby certify that the information contained on this form is complete and accurate. I understand that incorrect information regarding custody and/or residency will result in a violation of Section 3313.64 of the Ohio Revised Code. Such a violation will result in a tuition charge in excess of \$40.00 per day while the child was enrolled in the Boardman Local Schools.

Signature of Parent/Guardian or Agency Representative

Date

OFFICE USE ONLY

Custody Papers, identifying the school district responsible for tuition, are due 60 calendar days from the date of enrollment.

Enrollment date: _____

Custody papers are due on _____ or the student's enrollment will be terminated.

School District responsible for tuition per court entry: _____

Enrollment approved by: _____

pc: Student File
EMIS Coordinator
Treasurer

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____
<p>Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>	
<p>Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____/_____/_____ Month / Day / Year</p>	
<p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p>		
<p>Parent/Guardian First Name: _____</p>		<p>Parent/Guardian Last Name: _____</p>
<p>Parent/Guardian Signature: _____</p>		<p>Today's Date: <i>(mm/dd/yyyy)</i> _____</p>

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

<p>Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p>Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p>Potential English learner See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.</p>
<p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district

**BOARDMAN LOCAL SCHOOLS
IMPORTANT RESIDENCY NOTICE**

Student Name: _____

Grade: _____ Building: _____

Our "legal residence" (address) is:

Street Number and Name	City	State	Zip Code
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** Legal residence refers to the location where the child and I eat our meals, sleep on a regular basis, receive mail, and if applicable, where I am registered to vote. The address specified above is within the Boardman Local School District.*

All residents may be subject to random residency checks by our Boardman Police School Resource Officer.

Knowingly falsifying any of the documents included in the Boardman Local School District's enrollment process is a violation of Ohio Revised Code Section 3313.64 and will, by law, result in the following:

Immediate withdrawal of your child from Boardman Local Schools and a tuition assessment at the current daily rate from the date of enrollment. The rate will be in excess of \$40.00 per day as calculated by the State of Ohio Department of Education.

Section 3313.64 also provides for the recovery of attorney's fees in a civil action regarding residency.

Parent/Guardian Signature

Date



Boardman Local School District Transportation Request Form



Date: _____ Date to begin busing: _____

Student's Last Name: _____ First Name: _____

Parent's Home Address: _____

Parent's Names (First & Last): _____

Home Phone #: _____

Mom Cell #: _____

Dad Cell #: _____

School of Attendance: _____ Grade: _____ DOB: _____

Medical Alert/Concerns: _____

Your transportation needs expressed here will be for the **entire current school year**. Any future changes must go through the building of attendance and/or transportation department. The transportation department can be reached at 330.726.3408.

MORNING TRANSPORTATION

I will need busing from my home address.

I will **NOT** need busing from my home address.

AFTERNOON TRANSPORTATION

I will need busing from school to my home address.

I will **NOT** need busing from school to my home address.

If your K-6 student will not need bus transportation you must provide a detailed note to your building secretary as to how and who will be transporting your student for the year.

Transportation office use ONLY

Bus # and Time for:	Pick-up:	Drop Off:
Stop Location:		

**Ohio Department of Education
Office of Integrated Student Supports – Child Nutrition Programs
National School Lunch Program**

**SCHOOL MEAL APPLICATION AND
SHARING OF APPLICATION INFORMATION FORMS
for the 2020-2021 Program Year**

Instructions for School Districts

This packet contains:

Required information that *must* be provided to households:

- Letter to households
- Free and reduced-price school meals application
- Notice to households of approval/denial of benefits¹

Optional application-related materials that *may* be provided to households:

- Sharing Information with Medicaid and *Healthy Start, Healthy Families*
- Sharing Information with other programs

Optional application-related materials that *may* be posted at the school:

- *Healthy Start, Healthy Families* flyer informing households of the opportunity to apply for free health care coverage

Pages are designed to be printed on 8½” by 11” paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks.

Highlighted brackets indicate fields where applicants should insert school district specific information. If you make additional changes, you must submit your application package to the Ohio Department of Education, Office of Integrated Student Supports for approval.

This prototype application package includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative. If this is not pertinent to your school district, please modify as appropriate.

Please contact our office with any questions.

Ohio Department of Education
Office of Integrated Student Supports
25 South Front Street, Mail Stop 303
Columbus, Ohio 43215
(800) 808-6325
child.nutrition@education.ohio.gov

¹ All households must be notified of their child’s eligibility status and provide eligible children their benefits within 10 operating days of receipt of the application. Households with children who are denied benefits must be given written notification of the denial. The notification must advise the household of the reason for the denial of benefits, the right to appeal, appeal instructions and a statement that the family may reapply for free and reduced-price meal benefits at any time during the school year. Households with children approved for free or reduced-price benefits may be notified in writing or verbally.

Boardman Local School District

Frequently Asked Questions About Free and Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **The Boardman Local Schools** offers healthy meals each school day. Breakfast costs **\$1.50** and lunch costs **K-8 \$2.75- 9-12 \$ 3.25**. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. 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 Jared Cardillo **HOMELESS LIAISON** at Jared.Cardillo@Boardmanschools.org 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 Natalie Winkle, 7777 Glenwood Ave, Boardman, Ohio 44512, 330-726-3410.**
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 **Natalie Winkle, 7777 Glenwood Ave, Boardman, Ohio 44512, 330-726-3410** 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 www.Boardman.payschools.com** to begin or to learn more about the online application process. Contact **Natalie Winkle, 7777 Glenwood Ave, Boardman, Ohio 44512, 330-726-3410** 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: MR. TIM SAXTON, TIM.SAXTON@BOARDMANSCHOOLS.ORG.
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 **Natalie Winkle, 7777 Glenwood Ave, Boardman, Ohio 44512, 330-726-3410** 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 330-726-3410.

Si necesita ayuda, por favor llame al teléfono: 330-726-3410.

*Si vous voudriez d'aide, contactez nous au numero: **330-726-3410**.*

Sincerely,

Natalie J Winkle

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 Jared Cardillo **SCHOOL, HOMELESS LIAISON**, at Jared.Cardillo@boardmanschools.org, 330-726-3412. 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 Jared.Cardillo@boardmanschools.org, 330-726-3412. **SCHOOL, HOMELESS LIAISON**. 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 Jared.Cardillo@boardmanschools.org, 330-726-3412. 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

Part 1. ALL HOUSEHOLD MEMBERS

APPLY ONLINE @ WWW.BOARDMAN.pAYSCHOOLS.COM

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

Jared.Cardillo@boardmanschools.org, 330-726-3412.

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")
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/ quarterly
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.

Please check a box: Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

Signature of Parent/Guardian: _____ Date: _____

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

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

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

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

Address: _____ Phone Number: _____

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

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: _____ 2nd 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.

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