

# EDUCATIONAL SOLUTIONS COMPANY

2022-2023 School Year

Dear Parent/Guardian,

Thank you for your expressed interest in *Educational Solutions Company*, where “**WE ARE MAKING A WORLD OF DIFFERENCE**”. You will find enclosed our enrollment packet. If you have any questions, please feel free to contact the office, Monday through Friday between 7:30 a.m. – 4:00 p.m. For a tour of our facilities you may stop by the school at any time. For more information visit us at [www.edsolns.com](http://www.edsolns.com).

When turning in your child(ren) Enrollment Application please be sure to submit the required documentation below:

- COPY OF YOUR CHILD(REN) BIRTH CERTIFICATE**
- PROOF OF ADDRESS – *MUST BE CURRENT* (LEASE OR RENT RECEIPT, ELECTRIC OR GAS BILL ONLY)**
- COPY OF YOUR CHILD(REN) SOCIAL SECURITY CARD**
- COPY OF YOUR CHILD(REN) MOST RECENT SHOT RECORD**

## Our mission:

To provide a private school education in a private school environment at *no cost* to you. Intimately working with all parents, family, and friends: to achieve the greatest level of success for each student.



**Educational Academy**  
for Boys and Girls



**Cesar Chavez**  
College Preparatory  
School



**Midnimo**  
Cross Cultural  
Middle School



**Unity Academy**  
High School

# EDUCATIONAL SOLUTIONS FAMILY OF SCHOOLS ENROLLMENT FORM

FOR PRINCIPAL USE ONLY:  
Approval Signature:

\_\_\_\_\_

**Please indicate which School you are Enrolling your child for the 2022-2023 School Year:**

**Cesar Chavez College Preparatory School**  
Grades K-5  
2400 Mock Rd  
Columbus, OH 43219  
Phone: 614-294-3020  
Fax: 614-299-3680

**Educational Academy for Boys & Girls**  
Grades K-5  
35 Midland Ave  
Columbus, OH 43223  
Phone: 614-351-9397  
Fax: 614-351-8680

**Midnimo Cross-Cultural Middle School**  
Grades 6-8  
1567 Loretta Ave  
Columbus, OH 43211  
Phone: 614-261-7480  
Fax: 614-261-7481

**Unity Academy High School**  
Grades 9-12  
Phone 614-299-1007  
Fax 614-299-3684

**PLEASE PRINT**

Student's Legal Last Name \_\_\_\_\_ Student's Legal First Name \_\_\_\_\_

Student's Middle Name \_\_\_\_\_ Circle, if applicable: Jr. II III IV

Gender (Circle) Male Female Student's Birth Date \_\_\_\_-\_\_\_\_-\_\_\_\_ (mm-dd-yyyy)

**Proof of age:** (Circle appropriate) Birth Certificate other \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Ethnicity (Circle Appropriate)**

American Indian/Alaskan Native	Asian/Pacific Islander	Black/African-American(Non-Hispanic)	
Hispanic	Multiracial	White (Non-Hispanic)	Somali
Other _____ (Be Specific)			

Student's Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Proof of Address type (Circle Appropriate) Landlords Statement Lease Utility Bill Other \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

HAS YOUR STUDENT EVER ATTENDED A PUBLIC SCHOOL? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of School Attended \_\_\_\_\_ School District \_\_\_\_\_

Date attended \_\_\_\_\_ Grade \_\_\_\_\_

Based on your **home address** what school **would** your child attend \_\_\_\_\_

**Does your child qualify for Special Needs Services? (I.E.P, Special Education) Yes \_\_\_ No \_\_\_**

**If yes, what type?** \_\_\_\_\_

**For Office Use Only:**

Application checked for completeness (both sides) \_\_\_\_\_ Date Application Completed: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Waitlisted Date: \_\_\_\_\_ Time Waitlisted: \_\_\_\_\_

Grade Placement: \_\_\_\_\_ EMIS completed: \_\_\_\_\_

PoA: \_\_\_\_\_ S/S: \_\_\_\_\_ POR: \_\_\_\_\_ S/R: \_\_\_\_\_

Has your child been suspended or expelled from another school district Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, when? \_\_\_\_\_

**Parent/Guardian Information**

(If both parents have custody and/or live with this student, please fill out information for both parents.)

Who has custody of this student? (Circle one)

Both Parents    Mother Only    Father Only    Guardian    Other \_\_\_\_\_

With whom does the student live? (Circle one)

Both Parents    Mother Only    Father Only    Guardian    Other \_\_\_\_\_

**Please print 1<sup>st</sup> Parent/Guardian Information**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Language spoken at home \_\_\_\_\_  
Does this parent/guardian speak English?    Yes    No  
Are you willing to volunteer at the school?    Yes    No  
Military?                      Yes    No  
Employer \_\_\_\_\_  
Business phone # \_\_\_\_\_ ext \_\_\_\_\_  
Available at work?            Yes    No  
Home phone # \_\_\_\_\_  
Cell phone # \_\_\_\_\_  
Email address \_\_\_\_\_

**Please print 2<sup>nd</sup> Parent/Guardian Information**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Language spoken at home \_\_\_\_\_  
Does this parent/guardian speak English?    Yes    No  
Are you willing to volunteer at the school?    Yes    No  
Military?                      Yes    No  
Employer \_\_\_\_\_  
Business phone # \_\_\_\_\_ ext \_\_\_\_\_  
Available at work?            Yes    No  
Home phone # \_\_\_\_\_  
Cell phone # \_\_\_\_\_  
Email address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Other than the parent/guardian)**

**1<sup>st</sup> person to be contacted in an emergency**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Business phone # \_\_\_\_\_ ext \_\_\_\_\_  
Home phone # \_\_\_\_\_  
Cell phone # \_\_\_\_\_

**2<sup>nd</sup> person to be contacted in an emergency**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Business phone # \_\_\_\_\_ ext \_\_\_\_\_  
Home phone # \_\_\_\_\_  
Cell phone # \_\_\_\_\_

**How did you hear about Ed. Solutions** (Circle Appropriate) Radio    TV    Friend    Newspaper    Employee    Billboard    Other \_\_\_\_\_

**EDUCATIONAL SOLUTIONS FAMILY OF SCHOOLS  
EMERGENCY INFORMATION FORM**

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\_\_\_\_\_  
STUDENTS NAME

\_\_\_\_\_  
INSURANCE/MEDICAID NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
SCHOOL ATTENDED

The following is required by Section 3313.712 of the Ohio Revised Code.

**EMERGENCY MEDICAL AUTHORIZATION**

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

**PART I OR PART II MUST BE COMPLETED**

**ALL BLANKS MUST BE COMPLETED**

**PART I (TO GRANT CONSENT)**

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone) or \_\_\_\_\_ (other parent) at \_\_\_\_\_ (phone) have been unsuccessful, I HEREBY GIVE MY CONSENT for (1) the administration of any treatment deemed necessary by (preferred physician) Dr. \_\_\_\_\_ at \_\_\_\_\_ (phone) or (preferred dentist) Dr. \_\_\_\_\_ at \_\_\_\_\_ (phone), or in the event the DESIGNATED preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or 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 before surgery is performed.

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY OTHER PHYSICAL IMPAIRMENTS to which a physician should be alerted:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

***DO NOT COMPLETE PART II IF YOU COMPLETED PART I***

**PART II (REFUSAL TO GRANT CONSENT)**

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to TAKE NO ACTION OR TO:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian



## MEDIA INTERVIEWS & PHOTO RELEASE

From time to time outside agencies (local radio or television stations, newspaper or community/state agencies) highlight exemplary programs in our area. This often involves video taping or taking pictures of students in the classroom setting and/or asking students for their opinions or questions about their educational experiences.

While realizing that the public has a right and a responsibility for access to information about the activities in our school; the EDUCATIONAL SOLUTIONS COMPANY is very selective in granting such access to the classroom. Please indicate your feeling regarding your child's involvement in media events by signing one of the following statements.

### AUTHORIZATION ---- MEDIA & PHOTO RELEASE

I, the parent/guardian of \_\_\_\_\_ **DO** give my permission for my child to participate in approved media interviews/video tapes/photographs and release the school and said agency from all claims based upon this activity.

**SIGNATURE** \_\_\_\_\_

**Date:** \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_ **DO NOT** give my permission for my child to participate in approved media interviews/video tapes/photographs.

**SIGNATURE** \_\_\_\_\_

**Date:** \_\_\_\_\_

### RECORDS REQUEST

For Information Purposes Only:

According to the Final Regulations – Family Education Rights & Privacy Act (Buckley Amendment) dated June 17, 1976; it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll, may receive a student's records **WITHOUT** written consent for such release.



2740 Airport Dr. STE 300  
Columbus, OH 43219  
Phone: 614.299.1007  
Fax: 614.299.3684



Unity Academy High School



Midnimo Cross Cultural Middle School  
1567 Loretta Ave  
Columbus, OH 43211  
P: 614.261.7480  
F: 614.261.7481



Cesar Chavez College Preparatory School  
2400 Mock Road  
Columbus, OH 43219  
P: 614.294.3020  
F: 614.299.3680



Educational Academy for Boys and Girls  
35 Midland Ave  
Columbus, OH 43223  
P: 614.351.1774  
F: 614.351.1968

### Parent Consent for Student Records Release

Please return information to the school checked above

\_\_\_\_\_ 1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> Request  
(Date) (Date) (Date)

Official records requested from \_\_\_\_\_ for:

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Current Grade: \_\_\_\_\_

The student listed above has completed all new student induction requirements and is now officially enrolled in school checked above.

The above student became an active student on \_\_\_\_\_

You are authorized to release all records which may include the following:

- Transcripts/Academic Records (name, birthday, grade level completed, grades and attendance)
- Report Cards and Progress Reports
- Custody papers, birth certificates
- Withdrawal Grades/Credits
- Health Records (immunization records)
- AIR/OAT/OAA/PARCC/OGT/State Testing Records
- K-3 Diagnostic Assessment
- Kindergarten Readiness Assessment Data
- 3<sup>rd</sup> Grade Reading Guarantee documentation
- Intervention Data (RTI/IAT)
- I.E.P/E.T.R. & all Special Needs Records (if applicable)
- LEP/ESL Screening and/or OTELA/OELPA information
- Other pertinent information

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

According to the Final Regulations – Family Education Rights & Privacy Act (Buckley Amendment) dated June 17, 1976; it is no longer necessary to obtain written consent to release records between schools, it states that school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll, may receive a student’s record without written consent for such.

**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.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____	
<p><b>Communication Preferences</b> 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><b>Language Background</b> 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><b>Prior Education</b> 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><b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.</p>			
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____	

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>





(Appendix A, continued)

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

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

*Please indicate which School your child is enrolled:*

- |                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | <b>Unity Academy High School</b><br>Grades 9-12               | <input type="checkbox"/> | <b>Cesar Chavez College Preparatory School</b><br>Grades K-5 |
| <input type="checkbox"/> | <b>Educational Academy for Boys &amp; Girls</b><br>Grades K-5 | <input type="checkbox"/> | <b>Midnimo Cross-Cultural Middle School</b><br>Grades 6-8    |

### HOUSEHOLD INFORMATION SURVEY

We are participating in the Community Eligibility Option provision under the National School Lunch Program. Under this option, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren)'s school may qualify for, please complete, sign and return this application to your student's building if your income falls within or below the guidelines listed in the following chart.

**INCOME GUIDELINES – 185%**  
**Guidelines to be effective from July 1, 2019 through June 30, 2020**

<b>Number of persons in family or household size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice per month</b>	<b>Every two weeks</b>	<b>Weekly</b>
1	\$23,107	\$1,926	\$963	\$889	\$445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each additional member add	+8,177	+682	+341	+315	+158

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: \_\_\_\_\_ 10-Digit Case Number: \_\_\_\_\_

**INSTRUCTIONS:** Complete this survey and return to your child's school or mail to the address listed above.

**These selections must be completed by the Head of Household or Designee**

- SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: \_\_\_\_\_
- STUDENT INFORMATION** - Complete for each student Pre-K through 12<sup>th</sup> grade

Last Name	First Name	Birth Date MM-DD-YY	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2

- TOTAL MONTHLY HOUSEHOLD INCOME** – Report Income for all members of household excluding foster children. If you have reported a case number above, you do not need to complete this section; proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>Total Monthly Household Income (Add lines 1-6)</b>	\$	

- SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Last Four (4) Digits of Adult Social Security Number: XXX-XX-\_\_\_\_\_  I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

By providing your email address, you may be contact via email by the district

**For Office Use Only:**

Circle One

QUALIFIES

DOES NOT QUALIFY