

EDUCATIONAL SOLUTIONS COMPANY

2023-2024 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.

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 2023-2024 School Year:

Cesar Chavez College Preparatory School
Grades K-5
Phone: 614-294-3020
Fax: 614-299-3680

Educational Academy for Boys & Girls
Grades K-5
Phone: 614-351-9397
Fax: 614-351-8680

Midnimo Cross-Cultural Middle School
Grades 6-8
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: _____

1st Day in School: _____ Date Application Approved: _____ Grade Placement: _____

Waitlisted Date: _____ Time Waitlisted: _____ EMIS completed: _____

S/S: _____ POR: _____ S/R: _____ B/C: _____

**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.

Please indicate which School your child is enrolled:

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

HOUSEHOLD INFORMATION SURVEY

We will participate in the Community Eligibility Provision (CEP) under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. However, to determine eligibility for various additional state and federal program benefits that your child's school may qualify for, please complete, sign and return this application to your school 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, 2022 through June 30, 2023

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each additional member add	+8,732	+728	+364	+336	+168

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 7 -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: _____ 7-digit Case Number: _____

INSTRUCTIONS: Complete this survey and return to your child's school.

The following 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 grade 12.

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

For additional lines, please 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, please do not 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
Total Monthly Household Income (Add lines 1-6)	\$	

- 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.

<p>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.</p>		
Sign Here: X _____		Print Name: _____
Date _____		
Last Four (4) Digits of Social Security Number: XXX-XX- _____		<input type="checkbox"/> 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 Internal Office Use Only:	
Please circle one option.	
QUALIFIES	DOES NOT QUALIFY

