

# EDUCATIONAL SOLUTIONS COMPANY

2024-2025 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. – 4:30 p.m. For a tour of our facilities, you may stop by the school at any time during the following hours: Elementary Schools 8:00 a.m. – 3:30 p.m.; Middle Schools 7:30 a.m. – 3:00 p.m. and High School 7:00 a.m. – 2:30 p.m. 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 2024-2025 School Year:**

**Cesar Chavez College Preparatory School**  
Grades K-5  
Phone: 614-294-3020  
Fax: 614-299-3680  
8:00 AM - 3:30 PM

**Educational Academy for Boys & Girls**  
Grades K-5  
Phone: 614-351-9397  
Fax: 614-351-8680  
8:00 AM – 3:30- PM

**Midnimo Cross-Cultural Middle School**  
Grades 6-8  
Phone: 614-261-7480  
Fax: 614-261-7481  
7:30 AM – 3:00 PM

**Unity Academy High School**  
Grades 9-12  
Phone 614-299-1007  
Fax 614-299-3684  
7:00 AM – 2:30 PM

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

1<sup>st</sup> Day in School: \_\_\_\_\_ Date Application Approved: \_\_\_\_\_ Grade Placement: \_\_\_\_\_

Waitlisted Date: \_\_\_\_\_ Time Waitlisted: \_\_\_\_\_ EMIS completed: \_\_\_\_\_

S/S: \_\_\_\_\_ POR: \_\_\_\_\_ S/R: \_\_\_\_\_ B/C: \_\_\_\_\_

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.

Please indicate which School your child is enrolled:

- Check Mark \_\_\_\_\_ Cesar Chavez College Preparatory School Grades K-5
- Check Mark \_\_\_\_\_ Educational Academy for Boys & Girls Grades K-5
- Check Mark \_\_\_\_\_ Midnimo Cross-Cultural Middle School Grades 6-8
- Check Mark \_\_\_\_\_ Unity Academy High School Grades 9-12

### 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, 2024 through June 30, 2025

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Each additional member add	+9,953	+830	+415	+383	+192

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:**

- 1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children:
- 2. 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.

- 3. 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
<b>Total Monthly Household Income (Add lines 1-6)</b>	\$	

- 4. 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.

Certifico (prometo) que toda la información en esta solicitud es verdadera y que se declaran todos los ingresos. Entiendo que la escuela será elegible para ciertos fondos federales y/o estatales según la información que proporciono. Entiendo que los funcionarios de la escuela pueden verificar (verificar) la información. Entiendo que si doy información falsa intencionalmente, mi hijo puede perder beneficios y puedo ser procesado. Sign Here: X \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date \_\_\_\_\_

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

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

Home Phone _____	Work Phone _____	Email Address _____
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By providing your email address, you may be contact via email by the district.

<b>For Internal Office Use Only:</b> Please circle one option.	
QUALIFIES	DOES NOT QUALIFY

