

EDUCATIONAL SOLUTIONS FAMILY OF SCHOOLS

Dear Parent/Guardian,

Thank you for your expressed interest in *Educational Solutions Family of Schools*, 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 (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

EDUCATIONAL SOLUTIONS FAMILY OF SCHOOLS ENROLLMENT FORM

Please indicate which School you are Enrolling your child:

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: 614-351-1774
Fax: 614-351-1968

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

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: _____

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 1st Parent/Guardian Information

Last Name _____

First Name _____

Address _____

City _____ Zip _____

Language spoken at home _____

Does this parent/guardian speak English? Y e s N o

Are you willing to volunteer at the school? Y e s N o

Military? Y e s N o

Employer _____

Business phone # _____ ext _____

Available at work? Y e s N o

Home phone # _____

Cell phone # _____

Email address _____

Please print 2nd Parent/Guardian Information

Last Name _____

First Name _____

Address _____

City _____ Zip _____

Language spoken at home _____

Does this parent/guardian speak English? Y e s N o

Are you willing to volunteer at the school? Y e s N o

Military? Y e s N o

Employer _____

Business phone # _____ ext _____

Available at work? Y e s N o

Home phone # _____

Cell phone # _____

Email address _____

EMERGENCY CONTACT INFORMATION (Other than the parent/guardian)

1st person to be contacted in an emergency

Last Name _____

First Name _____

Business phone # _____ ext _____

Home phone # _____

Cell phone # _____

2nd 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

[Page 1 of 2]

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



1500 West Third Ave STE 125
Columbus, OH 43212
Phone: 614.299.1007
Fax: 614.299.3684



**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

_____ 1st Request _____ 2nd Request _____ 3rd 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
- 3rd 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.

Home Language Survey

Date: _____

School District: _____

Name of Student: _____

Family Name/First Name/Middle Initial

Date of Birth: _____ Place of Birth: _____
Month/Day/ Year City/State/Country

Name of Parent/Guardian: _____
Family Name/First Name

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

For Parents/Guardians:

Please answer the following questions.

1. What language did your son or daughter speak when he or she first learned to talk?

2. What language does your son or daughter use most frequently at home?

3. What language do you use most frequently to your son or daughter?

4. What language do the adults at home most often speak?

5. How long has your son or daughter attended school in the United States?

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (GI270), and proceed to assess the student's English language proficiency.

Initial English Language Assessment

	Communication Skill			Proficiency Level	
Listening	___ Pre-functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Speaking	___ Pre-functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Reading	___ Pre-functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Writing	___ Pre-functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Comprehension*	___ Pre-functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Composite**	___ Pre-functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient

*The Comprehension level is derived from Listening and Reading

**The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension

Assessment instrument(s) used:

Is the student LEP? ___ Yes ___ No

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (GI230).

If the student has been in U.S. schools for less than three years and the student's reading and writing level is intermediate or below, the student is eligible for additional accommodations.

Is this student eligible? ___ Yes ___ No

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 FAMILY OF SCHOOLS 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.

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 Phone: 614-261-7480
 Fax: 614-261-7481

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, 2015 through June 30, 2016

Persons in Family or Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,590	\$1,800	\$900	\$831	\$416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Each Add'l Member Add	+7,511	+626	+313	+289	+145

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

- 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 12th 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

- 3. 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
Total Monthly Household Income (Add lines 1-6)	\$	

- 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.

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