

# PROOF OF RESIDENCY



Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

LEGAL ADDRESS

Number Street \_\_\_\_\_ Telephone/Home \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone/Work \_\_\_\_\_

I certify that I, the parent/guardian of the above student are residents of the Jackson-Milton Local School District or for open enrollment in an adjacent school district, and we reside at the address indicated. Residency is defined as the location at which you and the child sleep and eat most meals. **IT IS A CRIMINAL OFFENSE SUBJECT TO FRAUD CHARGES TO FALSIFY RESIDENCY.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

ADDITIONAL INFORMATIONAL MATERIALS REQUIRED BY STATE LAW

1. Birth certificate of child being enrolled
2. Proof of grade placement – current report card or school records
3. Proof of Child Custody or guardianship (if applicable)
4. Proof of Immunization
5. Proof of Social Security Number

Please circle and attach photocopies of appropriate documentation – one from each column.

Column 1

1. House Closing Papers
2. Deed
3. Mortgage Documents
4. Building Permit
5. Rental Agreement/Lease
6. Notarized Parent Residency Affidavit (on back)

Column 2

1. Two current utility bills
2. Two current charge statements
3. Drivers License
4. Tax statement

FOR OFFICIAL USE – TO BE COMPLETED BY SCHOOL ADMINISTRATOR

APPROVED FOR ENROLLMENT \_\_\_\_\_ TEMPORARY APPROVAL \_\_\_\_\_

School \_\_\_\_\_ Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

State of Ohio )  
 )  
County of Mahoning )

I, \_\_\_\_\_, having been duly sworn and deposed, hereby state and affirm the following:

1. I am the parent of \_\_\_\_\_.
2. I have legal custody of my above-named child, and s/he presently resides with me.
3. My "legal residence" (address) is

\_\_\_\_\_  
(Street Number and Street) (City) (State) (Zip Code)

4. For purpose of Affidavit, I intend the term "legal residence" to refer to the location where I eat my meals, sleep on a regular basis, receive my mail, and, if applicable, where I am registered to vote.
5. I am the owner/lessee of the address specified above.
6. The address specified above is within the Jackson-Milton Local School District (Austintown, Canfield, Western Reserve, Southeast, Newton Falls, Mineral Ridge and Lordstown).

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
\_\_\_\_\_, Affiant

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**NOTICE: READ CAREFULLY** - Knowingly falsifying this document is a violation of Ohio Revised Code Section 2921.13(A) which is a FIRST DEGREE MISDEMEANOR punishable by a prison term of six (6) months and/or a fine of up to \$1000.00. Further the Affiant will be charged (and prosecuted in court, if necessary) to collect all back tuition to the Jackson-Milton Local Schools for all days my child(ren) illegally attended school.



# JACKSON-MILTON LOCAL SCHOOLS REGISTRATION FORM

ADMISSION DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_ BUS: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female  
Address of Residence: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Parent Broadcast Phone Number (only 1 number will be used): \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Birth City: \_\_\_\_\_  
Ethnicity: White  Black  Asian  Hispanic/Latino  Am. Indian  Multiracial

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

If another adult is living in the home, please fill in name and relationship: \_\_\_\_\_

Number of brothers: No. of older \_\_\_\_\_ No. of younger \_\_\_\_\_ Number of sisters: No. of older \_\_\_\_\_ No. of younger \_\_\_\_\_

Other children living in the household (step children etc.) \_\_\_\_\_

Has the student ever attended the JM school district before?  Yes  No If yes, last grade attended: \_\_\_\_\_

School district last attended: \_\_\_\_\_

Does student receive IEP services or have a 504 Plan? Yes  No  Special Education  504

Does the student receive Title One Services? Yes  No  Math  Reading

Has the student been identified as Gifted? Yes  No

Are there any other special needs which the school should be aware of concerning your child? (i.e., guidance counselor, OT, PT, behavior plan, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Phone Number and Name of a Relative or Neighbor (Do NOT leave this blank...the school must have this information):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**\* Over \***  
Side 2 **MUST** be completed and signed

## INFORMATION REGARDING LEGAL CUSTODY

Information regarding student parents: (Please check all that apply)

	Married	Living at Home	Legally Separated	Legally Divorced	Never Married	Legal Guardian	Deceased
Mother:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child lives with:

- |   |   |
|---|---|
| <input type="checkbox"/> both natural parents<br><input type="checkbox"/> natural mother, step/adoptive father<br><input type="checkbox"/> natural father, step/adoptive mother<br><input type="checkbox"/> only mother | <input type="checkbox"/> only father<br><input type="checkbox"/> grandparents (legal custody)<br><input type="checkbox"/> other (explain) _____ |
|---|---|

**Part I.**

Has the custody of this child ever been altered since the child's birth? (Divorce, foster, etc.)

- No \*\* If No, please sign this form\*. Do NOT complete Part II.
- Yes \* If Yes, please complete Part II and sign this form\*.

**Part II.** Enrollment Information is to be completed by Parent/Guardian, or Representative from Agency of Custody if there has ever been a change of custody.

I hereby certify that the information contained on this form is complete and accurate. I understand that incorrect information regarding custody and residence will result in a violation of Section 3313.64 of the Ohio Revised Code.

Does the non-residential parent have visitation rights? \_\_\_\_\_ Explain: \_\_\_\_\_

Is there a court decision that states that the non-residential parent should **NOT** receive school information or attend school activities?

Yes  No

Please attach a certified copy of the page of the court decision bearing the case numbers and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date for registration of the child in this school. It is also the responsibility of the parents to inform the school office/principal of any subsequent modifications during the child's tenure at the school.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

- S.S. Card  Official Birth Certificate  Health Record  Proof of Residency: Col. 1  Col. 2  Registration Form   
 Consent for Release of Records  Emergency Form  Custody Papers  O.E.  Restraining Order   
 Against: \_\_\_\_\_ District to pay tuition per court order: \_\_\_\_\_  
 Nurse  Transportation  Homeroom Teacher  Guidance  SPED Coordinator  EMIS



# Jackson-Milton Local Schools

**RETURN THIS FORM IMMEDIATELY**  
Students risk exclusion for failure to return this form

Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_

Name \_\_\_\_\_

Student Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

**Parent/Guardian & Relationship**

**Please check if any change in address and/or custody**  
(Must provide documentation)

Name: _____	Name: _____
Address: _____	Address: _____
City, Zip _____	City, Zip: _____
Work Phone #'s: _____	Work Phone #'s: _____
Other Phone #'s _____	Other Phone #'s _____
Email Address: _____	Email Address: _____
Relationship to Student: _____	Relationship to Student: _____

Daycare/Other: \_\_\_\_\_ Phone: \_\_\_\_\_  
Siblings' Name & Date of Birth: 1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**If Parents Are Separated Or Divorced Who Has Custody? (Court documentation must be on file at school)**

Custodial Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**If Parents Are Not Available, In Case Of Emergency Call:**

(The individual listed will be permitted to sign this student out of school when parent can't be contacted)

1. Name: _____	3. Name: _____
Phone: _____	Phone: _____
Relationship to Student: _____	Relationship to Student: _____
2. Name: _____	4. Name: _____
Phone: _____	Phone: _____
Relationship to Student: _____	Relationship to Student: _____

**In Case Of Emergency Dismissal, My Child Should Go To This Local Address:**

\_\_\_\_\_

**(OVER) SIDE 2 MUST BE COMPLETED**

Please describe medical conditions your child has including instructions for school or hospital staff to follow in the event of an emergency: (please note that every effort possible will be made to contact individuals listed on this form first; however realize that it may not always be possible to reach those listed! Give information accordingly. Please list such things as allergies and medical conditions, etc.) This information will be provided to hospital staff (if necessary) or school staff unless instructed otherwise.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Permission to contact child's doctor if necessary: Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured Name: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SIGN ONLY ONE LINE BELOW INDICATING YOUR WISHES:**

**Part I – To Grant Consent:**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by above named doctor, 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 any hospital reasonably accessible.

This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed above.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**Part II – Refusal to 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 the following action:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date

Please complete and Return to Jm  
only

CONSENT FOR RELEASE OF EDUCATIONAL RECORDS

Student's full Name \_\_\_\_\_ Grade \_\_\_\_\_

This Student will enter Jackson-Milton Schools through one of the following:

- Moved into J-M School district as resident  
 Attending J-M district as an open Enrollment student  
 Court/ Foster Placed to J-M School district  
 Attending J-M with Superintendent's Agreement

I \_\_\_\_\_ hereby Authorize:

Parent /Guardian signature/ Student must be 18 yrs. Old

Former School \_\_\_\_\_

Address \_\_\_\_\_

City/ State/ Zip Code \_\_\_\_\_

Fax # \_\_\_\_\_

To release records to:

Please transfer in DASL if possible.

**Jackson-Milton HS/MS**

Grades 7<sup>th</sup> -12<sup>th</sup>

IRN # 048322

13910 Mahoning Ave.

North Jackson, Ohio 44451

Please Fax Records to: **330-538-0821**

Phone # 330-538-3308

Please remit records listed below as promptly as possible, to aid in present and future educational decisions.

Ohio Revised Code:

Ohio Statute 3319.321... "And nothing shall prevent the transfer of a student's records to an educational institution for a legitimate educational purpose." (This is a State Law and must be followed.)

Transcript of Credits

Special Education

Transcript of Grades

IEP

Attendance

MFE

Health/ Immunization

Psychological Evaluation

Test information

Accelerated/ gifted

OAT/OGT Scores

Medical

SSID# \_\_\_\_\_

Dear Parent/Guardian:

Children need healthy meals to learn. The Jackson-Milton Local School District offers healthy meals each school day. Breakfast costs \$1.50 for Pre-K -12<sup>th</sup> grade and lunch costs \$2.60 Pre-K – 5<sup>th</sup> grade and \$3.10 6<sup>th</sup> – 12<sup>th</sup> grade. **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.

INCOME ELIGIBILITY GUIDELINES 2022-2023			
Household size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each Additional Person:	8,732	728	168

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 Mrs. Kim Fisk at kim.fisk@jmlocal.com or (330) 538-3232 ext 1204 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 your building principal, Elementary School (330) 538-2257 ext 1400 or High School/Middle School (330) 538-3308 ext 1200.**
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 **building principal, Elementary School (330) 538-2257 ext 1400 or High School/Middle School (330) 538-3308 ext 1200** immediately.
5. **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.
6. **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.



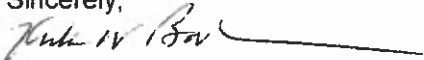
7. **Will the information I give be checked?** Yes, we also may ask you to send written proof.
8. **If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
9. **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: **Kirk Baker, Superintendent, 13910 Mahoning Ave., North Jackson, OH 44451, (330) 538-3232 ext 1100.**
10. **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.
11. **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.
12. **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.
13. **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.
14. **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 **building principal Elementary School (330) 538-2257 ext 1400 or High School/Middle School (330) 538-3308 ext 1200** to receive a second application.
15. **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.
16. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Ohio Supplemental Nutrition Assistance Program (SNAP) or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call **Elementary School (330) 538-2257 ext 1400, HS/MS (330) 538-3308 ext 1200.**

*Si necesita ayuda, por favor llame al teléfono:* **Elementary School (330) 538-2257 ext 1400, HS/MS (330) 538-3308 ext 1200**

*Si vous voudriez d'aide, contactez nous au numero:* **Elementary School (330) 538-2257 ext 1400, HS/MS (330) 538-3308 ext 1200.**

Sincerely,



Kirk W. Baker  
Superintendent  
Jackson-Milton Local Schools  
September 6, 2022

## 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 Mrs. Kim Fisk at [kim.fisk@jmlocal.com](mailto:kim.fisk@jmlocal.com) or (330) 538-3232 ext 1204. 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 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 Mrs. Kim Fisk at [kim.fisk@jmlocal.com](mailto:kim.fisk@jmlocal.com) or (330) 538-3232 ext 1204. 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 **Mrs. Kim Fisk** at [kim.fisk@jmlocal.com](mailto:kim.fisk@jmlocal.com) or **(330) 538-3232 ext 1204**. 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.

## 2022-2023 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

### Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.  School: _____ Grade: _____	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
		<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 Mrs. Kim Fisk at kim.fisk@jmlocal.com or (330) 538-3232 ext 1204.**

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")
	Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly	
<i>(Example) Jane Smith</i>	\$200	<input checked="" 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"/>	\$ _____ / _____

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

- Hispanic/Latino  
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian       American Indian or Alaska Native       Black or African American  
 White       Native Hawaiian or other Pacific Islander

**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: \_\_\_\_\_ 2<sup>nd</sup> 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.

**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.

INCOME ELIGIBILITY GUIDELINES 2022-2023			
Household size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each Additional Person:	8,732	728	168

**USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

# EMERGENCY CARE INFORMATION FOR THE SCHOOL CLINIC

STUDENT NAME \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Phone \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential Parent/Guardian

Name/Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Other Emergency Contacts	{	1. _____	Daytime Phone _____	Alt Phone _____
		2. _____	Daytime Phone _____	Alt Phone _____
		3. _____	Daytime Phone _____	Alt Phone _____

Please identify any health concerns that school personnel should be aware of:

Will student take medication at school? No \_\_\_ Yes \_\_\_ *If Yes, Permission to Dispense Form must be completed*

Will student need medication available while on bus? No \_\_\_ Yes \_\_\_ Medication Name \_\_\_\_\_

Allergies No \_\_\_ Yes \_\_\_ Specify \_\_\_\_\_

Epi-Pen No \_\_\_ Yes \_\_\_ *If yes, Epi-Pen Authorization Form must be completed.*

Asthma No \_\_\_ Yes \_\_\_ *If yes, explain severity* \_\_\_\_\_

Inhaler No \_\_\_ Yes \_\_\_ *If yes, Inhaler Authorization Form must be completed.*

Seizures No \_\_\_ Yes \_\_\_ Emergency seizure medications? \_\_\_\_\_

Diabetes No \_\_\_ Yes \_\_\_ Emergency diabetic medications? \_\_\_\_\_

Name of medication

Name of medication

Name of medication and year received

Does student take any medication regularly? No \_\_\_ Yes \_\_\_ Specify \_\_\_\_\_

Previous Surgeries (be specific) \_\_\_\_\_

Previous concussion/head injury & year \_\_\_\_\_

Hearing or Vision problems (be specific) \_\_\_\_\_

Behavior/emotional problems \_\_\_\_\_

Are there any other medical conditions that school personnel should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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> _____	
<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.	1. In what language(s) would your family prefer to communicate with the school? _____		
<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.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____		
<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.	5. In what country was your child born? _____ 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? _____ 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		
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.	_____		
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



## Directory Information

Dear Parent,

Certain directory information may be released to media, colleges, civic or school-related organizations and state or governmental agencies as well as published in programs for athletic, music and theater presentation of this District. Directory information includes but is not limited to the following kinds of information:

1. Student's name
2. Student's address
3. Telephone number(s)
4. Student's date and place of birth
5. Participation in officially recognized activities and sports
6. Student's achievement awards or honors
7. Student's weight and height, if a member of an athletic team
8. Major Field of study
9. Dates of attendance ("from and to" dates of enrollment)
10. Date of graduation

\_\_\_\_ The release of directory information is allowed.

\_\_\_\_ The release of directory information is denied.

\_\_\_\_ Students name and picture can be used by the school for promotional or recognition purposes

Parent/Guardian may attach a separate signed letter requesting only certain directory information to be released.

This form must be completed and returned to the principal within 10 days. If not returned, directory information may be released.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PHONE NUMBER/EMAIL CONTACT FORM

Please indicate below the name of your Jackson-Milton student and which phone number and email account you would like us to enter into our system so that you will receive all of the informational phone calls made each week for events concerning the Jackson-Milton School System. This phone number will also be used to call you if your student is not in school and we haven't received a call from a parent guardian calling them off that day. The email account will also be used if important information needs to be distributed throughout the year. If your phone numbers or email account should change during the school year, please be sure to inform the school office as soon as possible.

STUDENT'S NAME: \_\_\_\_\_

PARENT/GUARDIAN PRIMARY PHONE NUMBER TO BE CALLED: \_\_\_\_\_

EMAIL ACCOUNT \_\_\_\_\_

---

Thank you for your assistance in keeping our system as up to date as possible so that you will not miss any important school broadcasts. Please return this completed form to the office as soon as possible.

Parent Guardian Signature \_\_\_\_\_