



7320 N. Palmyra Road, Canfield, Ohio 44406
330.533.8755 ext. 1181

2023/24 Application New Student

- Applications must include the following: Incomplete applications will not be accepted.
 - Student birth certificate
 - Parent/Guardian or Student Driver's License or State ID
 - 2 Proofs of Residency in Parent/Guardian or Student's Name - Must be NO MORE than 2 months old (ex: utility bill, rent agreement, etc.)

Please return the completed application to the school or email to
s.forsythe@valleyvirtual.org



REMOTE LEARNING ACADEMY

7320 N. Palmyra Road, Canfield, Ohio 44406
330.533.8755 ext. 1181

Request for Student Records

To: _____ Fax or email _____

Attn: _____

Student: _____ DOB _____

- _____ Cumulative Records
- _____ Immunizations and Other Health Information
- _____ Birth Certificate
- _____ Special Education Records (most current IEP/504/MFE)
- _____ Custody Papers
- _____ State Testing Results
- _____ Withdrawal Grades / Report Card
- _____ Current Transcript

Signature of parent / guardian _____ Date _____

*** PLEASE EMAIL RECORDS TO: S.FORSYTHE@VALLEYVIRTUAL.ORG ***

STUDENT INCOME FORM

Dear Parent or Guardian:

Why should you complete the student income form if your child does not eat school meals?

The amount of federal funds your school building receives is dependent on the return of this completed form. These funds pay for additional educational services for students who are failing or at risk of failing to meet the same high standards as everyone else in the school.

These federal funds for additional educational services are known as Title I. Our district provides additional tutoring in reading and mathematics. The Title I law requires that funds be given to schools based on the number of children from low-income families who live in the building's attendance area.

While the amount of money each school receives depends on the number of children from low income families, the tutoring services are based on the academic need of the students regardless of income level.

What happens if you fill out this form?

- Your name will not be given out. Your name and your child's name are NOT required on the form.
- Your school building may be able to get more money.
- That money may be used to hire teachers and buy materials.
- Your child or other children may get extra help with reading and mathematics.

So please fill out this form and return it to:

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: _____ 2nd 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:

| INCOME ELIGIBILITY GUIDELINES | | | |
|-------------------------------|----------|---------|--------|
| Household size | Yearly | Monthly | Weekly |
| 1 | \$23,606 | \$1,968 | \$454 |
| 2 | 31,894 | 2,658 | 614 |
| 3 | 40,182 | 3,349 | 773 |
| 4 | 48,470 | 4,040 | 933 |
| 5 | 56,758 | 4,730 | 1,092 |
| 6 | 65,046 | 5,421 | 1,251 |
| 7 | 73,334 | 6,112 | 1,411 |
| 8 | 81,622 | 6,802 | 1,570 |
| Each additional person: | 8,288 | 691 | 160 |

in Household _____

Fill out one:

Weekly Income _____

Monthly Income _____

Yearly Income _____

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Student's Name _____

Parent / Guardian Signature : _____



REMOTE LEARNING ACADEMY

STUDENT INFORMATION

Today's Date _____ Social Security Number: _____

Name of Student: _____
Last First Middle Appendage, e.g. Jr., III, etc.

Age: _____ Birth Date: ____/____/____ Male _____ Female _____ City of Birth _____

Student Address _____ City _____ State _____ Zip _____

Phone: () _____ Email: _____

Father's Name: _____

Father's Address: _____ City _____ State _____ Zip _____

Phone: () _____ Email: _____

Mother's Name: _____

Mother's Address: _____ City _____ State _____ Zip _____

Phone: () _____ Email: _____

Mother's Maiden Name: _____

SCHOOL HISTORY:

_____ Currently attending _____ Current Grade _____

_____ Not attending _____

Name of School _____

Name of Last School Attended _____

Date last attended _____ Currently being Homeschooled? _____

Resident School District _____

IEP and ETR Special Education Services

(Complete only if student has been previously identified with Special Ed. Services)

_____ IEP Date of most recent _____ 504 Plan Date of most recent _____

_____ ETR Date of most recent _____ Identified Disability _____

School District _____

Background Information

1. Is this student enrolled and attending classes at this time? YES NO
If no, circle reason: Suspended Expelled Other: _____
2. Is this student currently on probation or under court supervision? YES NO
If yes, name of probation officer _____
3. Is the student involved with any social service agency at this time? YES NO



2023/24 Contact Information

Student Name _____ DOB _____

Personal Email _____

Phone _____

Address _____

Mother / Guardian Name _____

Email _____

Phone _____

Father / Guardian Name _____

Email _____

Phone _____

Medications / Allergies / Medical Conditions that we should be aware of:

Emergency Contact

Name _____ Phone _____

Signature of Parent / Guardian _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION
Section 3313.712, Ohio Revised Code
Mahoning Unlimited Classroom

Student Name _____ Name of Home School _____
Address _____ Grade _____
_____ Social Security # _____
Home Telephone _____ Cell Phone _____ Birth Date _____

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.

Mother's Name _____ Daytime Phone _____
_____ Cell Phone _____
Father's Name _____ Daytime Phone _____
_____ Cell Phone _____

Name of relative, friend, or childcare provider to be notified if unable to reach parent:

Name _____ Relationship _____
Address _____ Daytime Phone _____
_____ Cell Phone _____

PART I -- TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

DOCTOR _____ PHONE _____
DENTIST _____ PHONE _____
HOSPITAL _____ EMERGENCY PHONE _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my 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; 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 physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date _____ Signature of parent/guardian _____

1. Does your child have any health problems or concerns the school personnel should be aware of?
If so, what?
2. Is your child under a doctor's care on an ongoing basis?
3. Does your child take any medication regularly?
4. Does your child have any allergies -- either food or environmental? Specify, please.

ENROLLMENT ACCEPTANCE

Statement of Education Equality

The Mahoning Unlimited Classroom is committed to a policy of education equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to sex, race, color, religion, national origin, physical, mental, emotional, or learning disability, age, sexual orientation or gender or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact:

Acknowledgment of Expectations

Please initial each of the following statements.

_____ I understand that I am enrolling my student in a public school with attendance requirements that I am expected to meet.

_____ I understand that Public School enrollment includes participation in the required state testing program.

_____ I accept the responsibility to supervise my student in using the curriculum, and I understand that I am expected to become knowledgeable about it.

_____ I expect to have the guidance and support of a professional teacher in implementing the curriculum program with my student.

I understand that student progress is an expected part of The Mahoning Unlimited Classroom program in addition to the hours logged. Teachers will review progress and consider other factors, including parental input, when making student advancement decisions.

_____ I understand that I am required to participate in regular telephone conferences with my student's teacher(s) and that I may be asked to submit work samples periodicals.

Please accept this signed and completed document to enroll _____ (student's name) in The Mahoning Unlimited Classroom. I understand that completion of this enrollment form does not guarantee admission into the program.

Parent/Guardian's Signature _____ Date _____

Special Education Services

Complete only if student has been previously identified with Specialized Services

- ☐ IEP Date of most recent _____ School District _____
- ☐ ETR Date of most recent _____ School District _____
- ☐ 504 Plan Date of most recent _____ School District _____
- ☐ Speech / Language Services
- ☐ Occupational Therapy Services
- ☐ Other Services _____

Identified Disability Category _____

Outside of School Services

- ☐ My child receives outside of school services for Speech & Language Therapy
Location _____
- ☐ My child receives outside of school services for Occupational Therapy
Location _____
- ☐ My child receives outside of school services for Psychiatric / Mental Health
Location _____

Would you like the school to have contact with the Counselor ____ yes ____ no

- ☐ My child previously received Special Education Services and was dismissed from services.
Year _____ School District _____

MAHONING UNLIMITED CLASSROOM ETHNICITY QUESTIONNAIRE

Student Name _____ Birth Date _____

When collecting race/ethnicity information, the United States Department of Education requires school districts to collect this information by using a two (2) part question found below:

Part 1: ETHNICITY

Is the student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)? _____

Yes

No

Regardless of whether your answer is YES or NO to Part 1, you must also select 1 or more racial groups in Part 2.

Part 2: RACIAL GROUP

Is the student from one or more of the following racial groups (check all that apply)?

_____ (W) White, Non-Hispanic:

Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ (B) Black or African American:

Persons having origins in any of the black racial groups in Africa.

_____ (A) Asian:

Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ (I) American Indian or Alaskan Native:

Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

_____ (P) Native Hawaiian or Other Pacific Islander:

Persons having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP

I (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE.

School District's determination of child's ethnicity based on observation:

_____ Hispanic/Latino _____ White _____ Black or African American

_____ Asian _____ American Indian or Alaskan Native

_____ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child's ethnicity (please print) _____

Employee Signature _____ Date _____

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.

| | | |
|--|--|---|
| Student Name: <i>(First Name and Last Name)</i> _____ | | Student Date of Birth: <i>(mm/dd/yyyy)</i> _____ |
| Communication Preferences 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? _____ | |
| Language Background 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? _____ | |
| Prior Education 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 | |
| Additional Information 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>





Military Student Identifier:

Definition Identifies student with a parent or legal guardian who is an active member of the Armed Forces or National Guard.

Valid Options:

* Not Applicable (Not a Military Student (default))

A Active Duty Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps or Coast Guard).

B National Guard Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard).

Student Name _____

Student Network/Internet User Agreement and Parent Permission Forms

Permission Form

To use networked resources, all students must sign and return this form, and those under age 18 must obtain parental permission. The activities listed below are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Giving personal information, such as complete name, phone number, address or identifiable photo, without permission from teacher and parent or guardian
- Harassing, insulting or attacking others
- Damaging or modifying computers, computer systems or computer networks
- Violating copyright laws
- Using others' passwords
- Trespassing in others' folders, work or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes, financial gain, or fraud

Violations may result in a loss of access as well as other disciplinary or legal action

STUDENT USER AGREEMENT

As a user of MCUC computer network, I hereby agree to comply with the statements and expectations outlined in this document and to honor all relevant laws and restrictions.

Place your initials before the items to which you agree below:

_____ agree to use the network responsibly

_____ grant permission to have my materials published to the World Wide Web.

Student Signature: _____ Date: ____/____/____

PARENT GUARDIAN PERMISSION

All students are provided with access to district computer resources. In addition to accessing our district computer network, as a parent or legal guardian, I grant permission for the above named student to: (Initial appropriate items).

_____ access the Internet

_____ have his/her materials published to the World Wide Web

These permissions are granted for an indefinite period of time, unless otherwise requested. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet use setting and conveying standards for my daughter or son to follow when selecting, shaping or exploring information and media.

Parent signature: _____ Date: ____/____/____

Student Name: _____ User Name: _____ Student ID: _____

Parent: _____ Address: _____

Home Phone: _____ Parent Email: _____



REMOTE LEARNING ACADEMY

7320 N. Palmyra Road, Canfield, Ohio 44406
330.533.8755 ext. 1181

Photo Release Form

Student: _____ DOB _____

I hereby authorize Valley Virtual Remote Learning Academy to publish the photographs or video taken of my child, and their name, for the use in printed publications, videos, and on authorized websites.

I acknowledge that since my child's participation in any media produced by Valley Virtual is voluntary, we will receive no financial compensation.

I further agree that my child's participation in any media produced by Valley Virtual confers no rights of ownership whatsoever to me or my child. I release Valley Virtual and their employees/contractors from liability for any claims by me or any third party in connection with their participation.

Signature of parent / guardian _____ Date _____



STUDENT/ GUARDIAN EMAIL

Student Name _____

Student Email _____

Guardian Name _____

Guardian Email _____

HANDBOOK

I understand the Handbook for Valley Virtual Remote Learning Academy is online at www.valleyvirtual.org under Documents & Links for my reference.


Signature Guardian: _____

Signature of Student : _____

2021 - 2022 Report Card for

Print This Page

Mahoning Unlimited Classroom

 **Meets Standards**
School Rating

Schools that receive the dropout prevention and recovery report card receive ratings for up to eight measures and four components.

Achievement Component

The Achievement component, previously called the High School Test Passage Rate component, represents the number of students who meet applicable criteria on assessments that are required for graduation.

 **Meets Standards**
Rating

Graduation Rate

The Graduation Rate component looks at the percent of students who are successfully finishing high school with a diploma in four, five, six, seven or eight years.

 **Exceeds Standards**
Rating

Graduation Rates

A Graduation rate is not calculated if there are not at least 10 students in the graduating class

51.7% of students graduated in 4 years


41.3% of students graduated in 5 years


43.7% of students graduated in 6 years

38.0% of students graduated in 7 years

37.6% of students graduated in 8 years

41.9% is the weighted average of all graduation rates.

 **Meets Standards**
Rating

 **Meets Standards**
Rating

 **Exceeds Standards**
4-Year Rating

 **Exceeds Standards**
5-Year Rating

 **Exceeds Standards**
6-Year Rating

 **Meets Standards**
7-Year Rating

 **Meets Standards**
8-Year Rating

 **Exceeds Standards**
Combined Rating

Progress

The Progress component looks closely at the growth all students are making during the school year.

Gap Closing

This component shows how well schools are improving or meeting the performance expectations for all students in English language arts, math, graduation, and English language proficiency.

Ohio's High School Graduation Requirements

Classes of 2023 and Beyond

It's Your **Future.** Get **Ready.**

Before you know it, you'll be receiving your high school diploma. Ohio is giving you new ways to show the world what you can do with it.

As a student entering ninth grade on or after **July 1, 2019**, Ohio's new high school graduation requirements give you more flexibility to choose a graduation pathway that builds on your strengths and passions — one that ensures you are ready for your next steps and excited about the future.

First, cover the basics

You must earn a minimum total of 20 credits in specified subjects and take your required tests. Then, decide how you will round out your diploma requirements.

| | |
|-----------------------|-----------|
| English language arts | 4 credits |
| Health | ½ credit |
| Mathematics | 4 credits |
| Physical education | ½ credit |
| Science | 3 credits |
| Social studies | 3 credits |
| Electives | 5 credits |

Other Requirements

You also must receive instruction in economics and financial literacy and complete at least two semesters of fine arts. Your district may require more than 20 credits to graduate.

Second, show competency

Earn a passing score on Ohio's high school Algebra I and English II tests. Students who do not pass the test will be offered additional support and must retake the test at least once.

Is testing not your strength? After you have taken your tests, there are three additional ways to show competency!

Option 1.

Demonstrate Two Career-Focused Activities*:

Foundational

Proficient scores on WebXams
A 12-point industry credential
A pre-apprenticeship or acceptance into an approved apprenticeship program

Supporting

Work-based learning
Earn the required score on WorkKeys Earn the OhioMeansJobs Readiness Seal

Option 2.

Enlist in the Military

Show evidence that you have signed a contract to enter a branch of the U.S. armed services upon graduation.

Option 3.

Complete College Coursework

Earn credit for one college-level math and/or college-level English course through Ohio's free College Credit Plus program.

*At least one of the two must be a Foundational skill

Third, show readiness

Earn two of the following diploma seals, choosing those that line up with your goals and interests. These seals give you the chance to demonstrate academic, technical and professional skills and knowledge that align to your passions, interests and planned next steps after high school.

At least one of the two must be Ohio-designed:

- ☐ OhioMeansJobs Readiness Seal (Ohio)
- ☐ Industry-Recognized Credential Seal (Ohio)
- ☐ College-Ready Seal (Ohio)
- ☐ Military Enlistment Seal (Ohio)
- ☐ Citizenship Seal (Ohio)
- ☐ Science Seal (Ohio)
- ☐ Honors Diploma Seal (Ohio)
- ☐ Seal of Biliteracy (Ohio)
- ☐ Technology Seal (Ohio)
- ☐ Community Service Seal (Local)
- ☐ Fine and Performing Arts Seal (Local)
- ☐ Student Engagement Seal (Local)

Want to learn more? Contact your school counselor or visit education.ohio.gov/graduation

