



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 ☐

Military Student: _____ Not Applicable _____ 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) _____ C - Reserves - Reserve Duty

Mother's Name: _____ Maiden Name: _____

Mother's Email Address: _____

Father's Name: _____

Father's Email Address: _____

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 student parents: (Please check all that apply)

	Living at	Legally		Legally	Never	Legal			
		Married		Home	Separated	Divorced	Married	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 | <input type="checkbox"/> only father |
| <input type="checkbox"/> natural mother, step/adoptive father | <input type="checkbox"/> grandparents (legal custody) |
| <input type="checkbox"/> natural father, step/adoptive mother | <input type="checkbox"/> other (explain) _____ |
| <input type="checkbox"/> only mother | _____ |

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

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> _____	

*****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.

Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.	
Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.	
Potential English learner See Language Usage Survey Questions 2-4.	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the student 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



Student Name _____ Birth Date ____/____/____

Per United States Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two 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

People who have 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 and South America (including Central America) and who maintain tribal affiliation or community attachment.

____ (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

(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.

Parent or Guardian Signature _____ Date ____/____/____

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: ____/____/____

English Proficiency Levels—Descriptions

Language domain	Listening	Speaking	Reading	Writing
Level I Beginning	<ul style="list-style-type: none"> Has zero to very limited ability in understanding spoken English Relies on non-verbal cues such as gestures and facial expressions, and requires frequent repetition/rephrasing to understand spoken language May understand some isolated words, some social conventions, and simple directions, commands and questions 	<ul style="list-style-type: none"> Has zero to very limited ability in speaking English May say or repeat common phrases, words and formulaic language May be able to provide some basic information in response to requests and questions Can ask one or two-word questions without regard to structure and intonation 	<ul style="list-style-type: none"> Has zero to very limited ability in reading English May demonstrate some basic concepts of print: (front-to-back, top to-bottom, left-to-right) May distinguish letters from other symbolic representations May follow one-step directions depicted graphically 	<ul style="list-style-type: none"> Has zero to very limited ability in writing English Can participate in writing activities by drawing pictures May be able to copy letters or form them from memory May be able to copy some words May attempt to apply some writing conventions, but often does so inappropriately
Level II Early Intermediate	<ul style="list-style-type: none"> Understands simple, short statements and questions on a well-known topic within a familiar context Can follow simple multi-step directions Can identify the main idea and some details of short conversations or simple orally-delivered text on a familiar topic May still need repetition and rephrasing 	<ul style="list-style-type: none"> Predominantly uses formulaic patterns and memorized phrases Uses language that is often marked by the lack of tense, number, and agreement Uses school-social vocabulary that is limited to key words and has little or no academic vocabulary Responds to questions usually with one or two-word answers 	<ul style="list-style-type: none"> Begins to identify the names of both upper and lower case letters of the alphabet Can identify where words begin and end Can follow multi-step directions depicted graphically During read aloud, gets meaning primarily from pictures and the teacher's tone of voice and gestures 	<ul style="list-style-type: none"> Produces writing that is marked by the lack of tense, number, and agreement Makes frequent errors in mechanics such as punctuation and capitalization Writes most effectively when supported by a visual, a shared experience, or scaffolding Can begin to revise or edit own writing with teacher support
Level III Intermediate	<ul style="list-style-type: none"> Shows understanding simple questions and statements on familiar topics Often requires restatements in graphic terms or at a lower rate Can follow many simple directions Shows appropriate responses when read or told a story (example – laughs at humor) Has difficulty comprehending academic-related 	<ul style="list-style-type: none"> Can communicate ideas and feelings in English, but with some difficulty Speaks coherently, but with hesitations and with grammatical and syntactic errors Can retell a simple story, but detail may be lacking Can respond appropriately to many questions, but with errors in grammar and vocabulary 	<ul style="list-style-type: none"> Reads simple printed material within a familiar context Understands short discourse on familiar topics Has a small repertoire of high frequency words Partially uses details to extract meaning Partially perceives the feeling and tone in a poem or story Has some weaknesses in predicting from details 	<ul style="list-style-type: none"> Composes short paragraphs that are mostly intelligible Begins to edit for sentence-level structure, spelling and mechanics and revises for content, organization and vocabulary, usually with the support of the teacher Writes with less dependency on visual supports, shared experiences, and scaffolding
Level IV Advanced	<ul style="list-style-type: none"> Understands conversations in most school/social settings Understands main ideas and significant relevant details of extended discussions or presentations on familiar and relevant academic topics May ask for clarification on oral information related to academic content Understands multiple meanings of words and can use context clues to understand messages 	<ul style="list-style-type: none"> Speaks in coherent, fluent sentences, but with occasional errors in vocabulary and syntax Has little difficulty communicating personal ideas and feeling in English Can respond appropriately to many questions in classroom settings, but makes some errors in more complex grammatical structures Can often use language to connect, tell and expand on a topic; and can begin to use it to reason 	<ul style="list-style-type: none"> Can read familiar text with little teacher or visual support; still needs those supports when reading to comprehend unfamiliar text Has oral fluency and uses self-monitoring and self-correction strategies when necessary Can identify main idea of many reading passages Able to identify most specific facts within a text May have some difficulty using details to make predictions 	<ul style="list-style-type: none"> Writes simple social correspondence with some errors in spelling and punctuation May have some difficulty in producing complex sentences Produces writing that generally addresses given topic Produces writing that is generally intelligible but lacking grade-level quality Produces writing that generally expresses complete thoughts
Level V Proficient	<ul style="list-style-type: none"> Shows understanding of academic topical conversations without difficulty Can follow complex and multi-level directions without difficulty Shows understanding of oral information provided via electronic media 	<ul style="list-style-type: none"> Speaks English fluently in social and grade-level academic settings Produces speech that include a variety of adverbs and transitional signals Participates in classroom discussions without difficulty Demonstrates control of age-appropriate syntax and vocabulary when speaking Can use language effectively to connect, tell, expand, and reason 	<ul style="list-style-type: none"> Reads and understands factual information in non-technical prose as well as discussion on concrete topics related to special events Comprehends standard newspaper items addressed to the general reader, correspondence reports and technical materials Shows understanding of the main idea Understands figurative language in a poem 	<ul style="list-style-type: none"> Writes short papers and clearly expresses statements of position, points of view and arguments Shows good control of sentence structure, spelling, and vocabulary Produces writing with wide range of vocabulary Edits for sentence-level structure, spelling, and mechanics and revise for content, organization and vocabulary

Sources: North Carolina Department of Education, 1999; Iowa Department of Education, 2000; IDEA Reading and Writing Proficiency Tests, Examiner's Manual, 1995; Ballard and Tighe; The State Collaborative on Assessment and Student Standards (SCASS) for Assessing Limited English Proficient Students and American Institutes for Research (AIR), English Language Development Assessment K-2 Test Administration Manual, 2005

HOME LANGUAGE SURVEY

DATE: _____

SCHOOL DISTRICT: _____

NAME OF STUDENT _____
Family Name
First Name
Middle I.

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/daughter speak when he/she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently to your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/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 (G-1270), 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: _____

Student is LEP? _____ Yes _____ No

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

If student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? Yes _____ No _____

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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? _____

Name of medications

Diabetes No _____ Yes _____ Emergency diabetic medications? _____

Name of medications

Does student take any medication regularly? No _____ Yes _____ Specify _____

Name of medications, amt taken, how often

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? _____



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 _____

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 Pre-K - 12th grade and lunch costs \$2.45 for Pre-K – 5th grade and \$2.95 for 6th grade – 12th 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.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2020-2021			
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

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 **[SCHOOL, HOMELESS LIAISON, or MIGRANT COORDINATOR]** at kim.fisk@jmlocal.com or (330) 538-3308 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 child(ren)'s building principal.**
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 **your child(ren)'s building secretary** 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 your child(ren)'s building secretary 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 JMES Office (330) 538-2257 ext 1400 or JMHS/MS Office (330) 538-3308 ext 1200.

Si necesita ayuda, por favor llame al teléfono JMES (330) 538-2257 ext 1400 or JMHS/MS (330) 538-3308 ext 1200.

Si vous voudriez d'aide, contactez nous au numero: JMES (330) 538-2257 ext 1400 or JMHS/MS (330) 538-3308 ext 1200.

Sincerely,



Kirk W. Baker
Superintendent
Jackson-Milton Local Schools

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 **SCHOOL, HOMELESS LIAISON** at kim.fisk@jmlocal.com or (330) 538-3308 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 **SCHOOL, HOMELESS LIAISON** at kim.fisk@jmlocal.com or (330) 538-3308 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 at kim.fisk@jmllocal.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.

2020-2021 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.		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
	School	Grade		
			<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 SCHOOL, HOMELESS LIAISON, at kim.fisk@jmllocal.com or (330) 538-3308 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")
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input 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"/>	<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 _____ Print name: _____ 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 perMonth, ☐ 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 2021-2022			
Household size	Yearly	Monthly	Weekly
1	\$23,828	\$1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
Each additional person:	8,399	700	162

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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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.

Parent/Guardian may attach 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

PARENT BROADCAST- CONTACT FORM

Please indicate below the name of your Jackson-Milton student and which phone number 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.

If your phone numbers 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: _____

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 _____



Jackson-Milton Local Schools

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

Date: _____ Grade: _____

Teacher: _____

Student Name: _____ Male _____ Female _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Age: _____

Military Student: _____ Not Applicable _____ 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) _____ C – Reserves – Reserve Duty

Primary Contact & Relationship

*Please notify office of any change in address and/or custody

Name: _____ Name: _____

Address: _____ Address: _____

City, Zip: _____ City, Zip: _____

Phone Number: _____ Phone Number: _____

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?

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