



REMOTE LEARNING ACADEMY

7320 N. Palmyra Rd., Canfield, OH 44406
330.533.8755 ext. 1181

2024/2025 Application New Student

Applications must include the following:

- Certified copy of student's birth certificate
- Parent/Guardian's Driver's License/State ID
- Student's Driver's License/State ID (If applicable)
- Proof of Custody (if applicable). A certified copy of a judgment entry, court order, or decree signed by a judge and filed with the Clerk of Courts must be presented allocating custody or guardianship.
- 2 CURRENT Proofs of Residency in Parent/Guardian's Name – MUST be NO MORE than 2 months old (current utility bill, payroll stub, credit card statement, bank statement, etc)
- Proof of internet service (can count as 1 form of proof of residency if the bill is in the parent/guardian's name)

Please return the completed application with the required documentation to the school or email it to s.forsythe@valleyvirtual.org.

Incomplete applications will NOT be accepted!



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330.533.8755 ext. 1181

IRN # 148999

Request for Student Records

(Name of Previous School)

(Phone)

(Address/City/State/Zip)

(Fax)

(Student Name)

(Date of Birth)

(Current Grade Level)

Please send the following documents:

- Cumulative Records
- Immunizations and Other Health Information
- Birth Certificate
- Special Education Records (Most recent IEP, MFE, IAT, 504 Plan, and ELP)
- Custody Paperwork (If applicable)
- State Testing Results
- Withdrawal Grades/Report Card
- Current Transcript (High Students Only)

I grant permission for the Release of Information concerning my child:

Parent/Guardian _____

Date _____

Please email ALL records to Sue Forsythe at s.forsythe@valleyvirtual.org



STUDENT INFORMATION

Name _____
 Last First Middle Suffix

Age Date of Birth Male ☐ Female ☐ City of Birth

Student Address	City	State	Zip
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Phone _____ Email _____

Mother/Guardian's Name _____

Address	City	State	Zip
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Phone _____ Email _____

Mother's Maiden Name

Father/Guardian's Name

Address	City	State	Zip
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Phone _____ Email _____

SCHOOL HISTORY

☐ Currently Attending _____ Current Grade _____
Name of School

☐ Not Attending Name of Last School Attended

Date Last Attended _____ Currently being Homeschooled? _____

School District of Residence

SPECIAL EDUCATION SERVICES

(Complete only if student has been previously identified with Special Education 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
a. If no, please mark the reason: ☐ Suspended ☐ Expelled ☐ Other: _____
2. Is this student currently on probation or under court supervision? ☐ YES ☐ NO
a. If yes, name of probation officer: _____
3. Is the student involved with any social service agency at this time? ☐ YES ☐ NO

2024/2025 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* _____

Valley Virtual Remote Learning Academy **Emergency Medical Form** School Year 20____ - 20____

The State of Ohio requires the Emergency Medical Form be updated annually

Student Information	
Student Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ Grade _____
Student Address _____	City/State _____ Zip _____

Residential Parent/Guardian Information (please answer questions A, B, & C)	
A. Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other _____	B. Status of Biological Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed
C. Who has legal custody: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Shared <input type="checkbox"/> Other: _____	<i>If separated or divorced, custody papers are required for student file.</i>

Legal Parent/Guardian Information	Legal Parent/Guardian Information
Name _____	Name _____
Relationship to student _____	Relationship to student _____
Cell Number _____	Cell Number _____
Home Number _____	Home Number _____
Email _____	Email _____

Emergency/Alternate Contacts	
<i>In the event you are unable to contact me at the above numbers, you have my permission to contact the following alternates. They have my permission to receive health care information regarding my child and can take my child home during school hours if needed.</i>	
Contact 1 (Other than Parent/Guardian)	Contact 2 (Other than Parent/Guardian)
Name _____	Name _____
Relationship _____	Relationship _____
Best Contact Number _____	Best Contact Number _____

Emergency Authorization	
<i>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 the named doctor below, or in the event the designated 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 dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.</i>	
Consent Given: <input type="checkbox"/> YES (if Yes, please list contacts below) <input type="checkbox"/> NO (if No, please given "Consent Refusal Instructions" below)	
Physician Name _____	Physician Phone _____
Dentist Name _____	Dentist Phone _____
Medical Specialist _____	Medical Specialist Phone _____
Hospital Name _____	Hospital Phone _____
Facts concerning the child's history including allergies, medications being taken, and any physical impairments such as heart conditions, diabetes, epilepsy, etc., to which a physician or school staff should be alerted: _____ _____ _____	
Consent Refusal Instructions: _____ _____	

Parent/Guardian Signature: _____ **Date** _____

Valley Virtual RLA Classroom Ethnicity Questionnaire

Student Name _____ Date of Birth _____

When collection 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 people 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 Alaska 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/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, Non-Hispanic

☐ Black or African American

☐ Asian

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child's ethnicity _____

Employee Signature _____ Date _____

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)

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

- ☐ National Guard Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)

- ☐ Reserves

Student Name _____

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 Act is directed to contact:

Jack Zocolo, Superintendent

Acknowledgement of Expectations

Please initial each of the following:

- _____ 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 further understand that if my child fails to participate in ANY required state testing for two (2) consecutive years, he/she will not be able to return to Valley Virtual.
- _____ I accept 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 Valley Virtual's 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 periodically.

Please accept this signed and completed document to enroll _____ (student's name)
In the Valley Virtual Remote Learning Academy. 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 Special Ed 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 _____

- ☐ My child previously received Special Education Services and was dismissed from services.

Year _____ School District _____

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

STUDENT INCOME FORM

Dear Parent/Guardian:

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

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 funding.
- That money may be used to hire teachers and buy materials.
- Your child or other children may get extra help with reading and mathematics.

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on the chart:

in Household _____

Fill out one:

Weekly Income _____

Monthly Income _____

Yearly Income _____

INCOME ELIGIBILITY GUIDELINES 2024-2025			
Household Size	Yearly	Monthly	Weekly
1	\$27,861	\$2,322	\$536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each Additional Person:	9,953	830	192

Privacy Act Statement: This explains how we will 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 the 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 number is NOT required when you apply on behalf of a foster child or you list 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.

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 the 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 Ave, SW, Washington, D.C. 20250-9410, or (2) fax: (833)256-1665, or (3) email: program.intake@usda.gov.

Student Name _____

Parent/Guardian Signature _____

STUDENT NETWORK/INTERNET USER AGREEMENT & PARENT PERMISSION FORM

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 or parent/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 the Valley Virtual Remote Learning Academy 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:

_____ 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 _____

Phone _____ Email _____



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PHOTO RELEASE FORM

Student _____ Date of Birth _____

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 _____

Parent/Guardian Name _____

Parent/Guardian Email _____

HANDBOOK

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

Signature of Parent/Guardian _____

Signature of Student _____

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>



