



REMOTE LEARNING ACADEMY

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

2024/2025 Application Returning Student

Applications must include the following:

- 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!

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** _____

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 _____



REMOTE LEARNING ACADEMY

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 _____