



MAHONING UNLIMITED CLASSROOM

.....an Ohio Community School

REQUEST FOR HEALTH and SCHOOL RECORDS

TO: _____ FAX # _____

(NAME OF STUDENT)

(BIRTHDATE)

- _____ CUMULATIVE RECORDS, including current withdrawal grades,
a copy of report card for this school year, test scores and a copy
of student's high school transcript.
- _____ IMMUNIZATIONS AND OTHER HEALTH INFORMATION
- _____ PSYCHOLOGICAL REPORTS, including latest IEP, MFE
- _____ CUSTODY PAPERS (IF APPLICABLE)
- _____ ANY INFORMATION CONCERNING SPECIAL NEEDS
- _____ TEST RESULTS, EOC, OGT, Next Generation 3-8, ACT
- _____ WITHDRAWAL GRADES and REPORT CARDS for CURRENT SCHOOL
YEAR

Signature of Parent/Guardian

Date

Mahoning Unlimited Classroom
Southern Park Mall, 7401 Market St., Suite 519, Suite 170, Youngstown, Ohio 44512
Phone: (330) 533-8755 - Fax: (330) 729-9349

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:

**The Mahoning Unlimited Classroom
7401 Market St., Suite 519
Youngstown, OH 44512**

Please fill in areas marked with an *

Title I Student Income Form—School Year 2018-2019

To the Parent/Guardian: In order to determine if the school your child attends will receive federal No Child Left Behind Act-Title I funds for reading and/or mathematics or other services, specific income information is needed from you. Please complete this survey form, and return it to your child's school immediately. One form should be completed for each child in your family. Thank you for your cooperation.

Student Information: Please print the information below. Please note, name is NOT required, but the other information is.

Name of Student (Not Required)	Grade (Required)	Name of School (Required)
*	*	Mahoning Unlimited Classroom

Circle if child is: • Foster Child • Ward of Court • Welfare Recipient • Food Stamp Recipient

Calculating Household Income: In order to determine if the school your child attends will receive Title I funds, you will have to calculate the total amount of income in your household. Include all income for all household members (include yourself, all children in the home, your spouse, grandparents, and all others related and unrelated in your household.) See list below of the types of income to report:

Earnings from Work

- Wages/salaries/tips
- Strike benefits
- Unemployment Compensation
- Worker's Compensation
- Net income from self-owned business or farm

Pensions/Retirement/Social Security

- Pensions
- Supplemental Security Income
- Retirement income
- Social Security

Public Assistance/Child Support/Alimony

- Public assistance (welfare) payments
- Alimony/child support payments

Other Income

- Disability benefits
- Cash withdrawn from saving
- Interest dividends
- Income from estates/trusts/investments
- Regular contributions from person not living in the household
- Net royalties/annuities/net rental income
- Any other income

Household Income: In column 1 below, enter the total number of people living in the household, whether they receive income or not. In column 2, enter the total amount of income of all those household members. The income can be the amount received per year, per month, or per week, but should be the total before taxes or anything else is taken out.

		Effective from July 1, 2018 to June 30, 2019					
		See Below					
1	2	Household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
Total no. of people living in the household: * _____	Total household income and frequency: * \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Twice per month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Weekly	1	\$15,678	\$1307	\$654	\$603	\$302
		2	21,112	1760	880	812	406
		3	26,546	2,213	1,107	1,021	511
		4	31,980	2,665	1,333	1,230	615
		5	37,414	3,118	1,559	1,439	720
		6	42,848	3,571	1,786	1,648	824
		7	48,282	4,024	2,012	1,857	929
		8	53,716	4,477	2,239	2,066	1,033
		Additional family members	+5434	+453	+227	+209	+105

* Required Parent/Guardian Information

Address: _____
City/State/Zip: _____

Date: _____

FOR SCHOOL USE ONLY
Signature of School District:
X _____

Within guidelines: Yes No

EMERGENCY MEDICAL AUTHORIZATION

Section 3313.712, Ohio Revised Code

Mahoning Unlimited Classroom

Student Name _____

Name of Home School _____

Address _____

Grade _____

Social Security # _____

Home Telephone _____

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.

MAHONING UNLIMITED CLASSROOM

Enrollment Application Form

The Mahoning Unlimited Classroom does not discriminate on the basis of sex, race, color, religion, national origin, physical, mental, emotional, or learning disability, age, sexual orientation or gender.

STUDENT INFORMATION

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

Address: _____ City _____ State _____ Zip _____

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

_____ Male _____ Female (Optional) Social Security # _____ - _____ - _____

STUDENT EMAIL: _____

Father's Name: _____ Father's Email: _____

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

Home Phone: () _____ Cell Phone () _____ WorkPhone () _____

Mother's Name _____ Mother's Email: _____

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

Home Phone: () _____ Cell Phone () _____ Work Phone () _____

Mother's Maiden Name: _____

SCHOOL HISTORY:

_____ Currently attending _____ Current Grade _____

Name of School

Name of Last School Attended _____ Date last attended _____

Not attending: Yes _____ No _____

Currently being Homeschooled? _____ Resident 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

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:

The Mahoning Unlimited Classroom
7401 Market St., Suite 519
Youngstown, OH 44512
Phone 330-533-8755

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 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 _____

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 _____

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>





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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).

_____ **Is our response.**

Student Name _____