# STUDENT REGISTRATION FORM

Students Name		Date	of Birth	Current A	ge	Gender
Grade Entering	Last Grade	Completed	Last School A	ttended		City of Last School Attended
Current Address o	f Residency					
County of Student	's Residence	e So	chool District of	Student's R	esidence	Is this Child a Ward of the State?
Mother's Last Nan	ne	•		City in wh	ich the Child	was born
Student Live with				Person w	ith Legal Cus	stody
Brothers Name (if	any)			Sisters Na	ame (if any)	
PARENT INFORM	IATION					
Parent or Guardia	n Name			Relations	ship	
Address				•		
Home Phone		Cell Phone			Work Phone	е
Email						
Parent or Guardia	n Name			Relations	ship	
Address						
Home Phone		Cell Phone			Cell Phone	
Email						

## **Consent for Release of Student Records**

To Whom It May Concern:

The student named below has registered at Highlands Community Learning Center Please release the records for:

Student Name	Date of Birth:
Address :	
Grade Level School Name	School District Name
School Address	<del></del>
School Phone	School Fax
Please forward the records identified below to:	
Highlands Community Learning Center Attn:Student Records 5120 Godown Road Columbus,Ohio 43220	
authorize the release of records including IEP and E	ETR records for the above named student.
Parent Signature	Date
Please forward the following records:	
Transcript of all grades and credits Ohio Proficiency Test Results Behavior Reports/Assessments Attendance Records Adoption/Custody Papers (if applicable) IEP and ETR Records (if applicable)	Withdrawal Grades and Credits Received Standardized Test Results Speech Therapy Health Records Psychological Report (if applicable) Vocational Evaluations (if applicable)
If records are not available, please return this reques	t indicating the following
No Records Available Reason(s)	
Unable to send Records Reason(s)	

If you have any questions please call us at 614-210-0830
\*\* Written consent for release is no longer required when records are requested by authorized school personnel. (Education Amendments of 1974, "Protection of the Rights and Privacy of Parents and Students" Section 438, Subsections (b) Parts A and B page 97).

# **Student Withdrawal Request Form**

I would like to officially withdrawal	(Student Name)	who is in the
	(Student Name)	
from		effective immediately
Current Grade	(School Name)	
School Address:		
School Phone:		
I am enrolling the above named stude	nt at Highlands Community Learning Center.	
Name of Parent		
Address:		
Parent Signature	<del> </del>	
Date		

### Highlands Community Learning Center Free and Reduced-Price School Meals Application

#### **URGENT: READ FIRST**

- Complete *only one* application per household
- List the names of **all** household members on the application (Part 1)
- Check the box *if no income* for each household member listed (*Part 1*)
- Sign and provide the last four digits of your Social Security Number (*Part 6*)

Failure to complete this information may result in a delay in processing your application.

#### **SUBMIT APPLICATION**

Paper applications may be mailed to: Highlands Community Learning Center 5120 Godown Road Columbus, Ohio 43220

**OR** bring the completed application to the school office.

#### Frequently Asked Questions About Free and Reduced-Price School Meals

Children need healthy meals to learn. Highlands Community Learning Center offers healthy meals each school day. **Your children may qualify for free meals or for reduced-price meals.** 

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 limits on the federal income eligibility guidelines.

FEDERA	AL ELIGIBILITY INCOM	IE CHART FOR SCHOOL	YEAR 2019-2020
Household size	Yearly	Monthly	Weekly
1	\$23,107	\$1,926	\$445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
Each additional person:	8,177	682	158

- 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 or family or household then the children may qualify as homeless, migrant or runaway
- 3. **Do I need to fill out an application for each child?** No. <u>Use one free and reduced-price school meal application for all students in your household.</u> We cannot approve an application that is not complete.
- 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 Highlands Community Learning Center, 43035, 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 first few days 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 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 may also 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 the school.
- 10. **May I apply if someone else in my household is not a U.S. citizen?** Yes. You or your child(ren) members 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.
- 13. 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 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.
- 14. 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 is also excluded from income.
- 15. 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.
- 16. 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 who quality for free meal benefits. School food service personnel must have parent consent to share the student meal application if your child(ren) quality 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.
- 17. **My family needs more help. Are there other programs we might apply for?**To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010. If you have other questions or need help, call 614-210-0830

Sincerely,

**Highlands Community Learning Center** 

### **Household Application for Free and Reduced Price School Meals**

Complete one application per household. Please use a pen (not a pencil).

STEP 1

Definition of <b>Household</b>	Child's First Name	MI	Child's Last Name			Grade St Yes	udent? Homeless, Foster Migrant, No Child Runaway
Member: "Anyone who is living with you and shares							
income and expenses, even if not related."							apply
Children in <b>Foster care</b> and children who meet the							all that apply
definition of Homeless, Migrant or Runaway are							Check 8
eligible for free meals. Read How to Apply for Free and Reduced Price School							
Meals for more information.							
STEP 2 Do any H	ousehold Members (including you) currently partic	cipate in o	one or more of the follo	wing assistance programs:	SNAP, TANF, or FDPIR?		
	NO > Go to STEP 3 If YES > Wr	rite a case	number here then go to S	ΓΕΡ 4 (Do not complete STEP	(Case Number:		
		nic a casc	number here therego to o	TEL 4 (DO <u>not complete o l'El</u>	<u>o</u> /	Write on	lly one case number in this space.
STEP 3 Report In	come for ALL Household Members (Skip this step if y	you answe	red 'Yes' to STEP 2)				
	A. Child Income				Child income Weekly Bi-	How often? -Weekly 2x Month Monthly	
	Sometimes children in the household earn or receive income Household Members listed in STEP 1 here.	ome. Pleas	e include the TOTAL income	e received by all	Child income Weekly Bi-	-weekly 2x Month Monthly	
	B. All Adult Household Members (including yo	ourself)			Ψ	0 0 0	
Are you unsure what income to include here?	List all Household Members not listed in STEP 1 (includir for each source in whole dollars (no cents) only. If they do						
Flip the page and review the charts titled "Sources		gs from Work	How often?  Weekly Bi-Weekly 2x Month Mor	Public Assistance/	How often?  Weekly Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income	How often?  Weekly Bi-Weekly 2x Month Monthly
	Name of Addit Household Members (First and Last) =======	9	Weekly Brweekly 2x World Wor	Unity State Cappeter uniterly	Weekly Brweekly 2x World Worlding	7 til Other moonie	Weekly Di-Weekly 2x Mortal Mortally
of Income" for more information.	\$			)   <b>\$</b>		\$	
information.  The "Sources of Income	\$		0 0 0 0		0 0 0 0	\$	0 0 0 0
information.  The "Sources of Income for Children" chart will help you with the Child	\$		0 0 0 0	\$	0 0 0 0	\$	0 0 0 0
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information.  The "Sources of Income for Children" chart will help you with the Child Income section.  The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.  STEP 4 Contact i	Total Household Members (Children and Adults)  Last Four Primary  Information and adult signature.  It is in on this application is true and that all income is reported. I understand the signature is reported.	Wage Earne	Social Security Number (SSN) or or Other Adult Household Management of the Adult Management of t	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	aware that if I purposely give
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List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Sources of Income for Children						
Sources of Child Income	Example(s)					
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages					
Social Security     Disability Payments     Survivor's Benefits	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>					
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money					
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust					

	Public Assistance /	Pensions / Retirement /
Earnings from Work	Alimony / Child Support	All Other Income
- Salary, wages, cash bonuses - Net income from self- employment (farm or business)	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local	Social Security     (including railroad     retirement and black lung     benefits)     Private pensions or     disability benefits
If you are in the U.S. Military:  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)  - Allowances for off-base housing, food and clothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

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Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This info Responding to this section is optional and does not affect your children's eligibility for fr	
Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino	
Race (check one or American Indian or Alaskan Native Asian more):	Black or African American
The <b>Richard B. Russell National School Lunch Act</b> requires the information on this application. You do not have to give the information, but if you do not, we 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), Temporary	Persons with disabilities who require alternative means of communication for pogram 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.
Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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	To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:
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.	mail:  U.S. Department of Agriculture ffic of the Assistant Secretary for Civil Rights 1400
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	Independence Avenue, SW Washington, D.C. 20250-9410
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.	fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.
Do not fill out For School Use Only	

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

How often?						4 Monuny X 12	E		
otal Income	Weekly	Bi-Weekly	2x Month	Monthly	Household Size		Free	Reduced	Denied
	0	$\circ$	$\bigcirc$	$\bigcirc$		Categorical Eligibility	0	0	0
	-	1-4-				Data			

Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date