

STUDENT REGISTRATION FORM

| | | | | |
|-------------------------------|----------------------|--|------------------------------------|------------------------------|
| Students Name | | Date of Birth | Current Age | Gender |
| Grade Entering | Last Grade Completed | Last School Attended | | City of Last School Attended |
| Current Address of Residency | | | | |
| County of Student's Residence | | School District of Student's Residence | Is this Child a Ward of the State? | |
| Mother's Last Name | | | City in which the Child was born | |
| Student Live with | | | Person with Legal Custody | |
| Brothers Name (if any) | | | Sisters Name (if any) | |

PARENT INFORMATION

| | | | | |
|-------------------------|------------|--------------|------------|--|
| Parent or Guardian Name | | Relationship | | |
| Address | | | | |
| Home Phone | Cell Phone | | Work Phone | |
| Email | | | | |
| Parent or Guardian Name | | Relationship | | |
| 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 _____

School Phone _____ **School Fax** _____

Please forward the records identified below to:

Highlands Community Learning Center
Attn: Student Records
5120 Godown Road
Columbus, Ohio 43220

I authorize the release of records including IEP and 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 request 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 withdraw _____ who is in the
(Student Name)

_____ from _____ effective immediately.
Current Grade (School Name)

School Address: _____

School Phone: _____

I am enrolling the above named student at Highlands Community Learning Center.

Name of Parent _____

Address: _____

Parent Signature _____

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.

| FEDERAL ELIGIBILITY INCOME 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. Use one free and reduced-price school meal application for all students in your household. 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 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.
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 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)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

| Child's First Name | MI | Child's Last Name | Grade | Student? Yes No | Foster Child | Homeless, Migrant, Runaway |
|----------------------|----------------------|----------------------|----------------------|---|--------------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

NO > Go to STEP 3 **If YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more 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.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First and Last) | Earnings from Work | How often? | | | | Public Assistance/ Child Support/Alimony | How often? | | | | Pensions/Retirement/ All Other Income | How often? | | | |
|--|--|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Weekly | Bi-Weekly | 2x Month | Monthly | | Weekly | Bi-Weekly | 2x Month | Monthly | | Weekly | Bi-Weekly | 2x Month | Monthly |
| <input type="text"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X Check if no SSN

STEP 4 Contact information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) Apt #

City State Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

