Welcome to the Wooster City Schools

To enroll your 5th - 7th grader, please complete the attached forms and drop off to Lori Niro at EMS. An appointment to meet with a guidance counselor will be made once all necessary enrollment documents are received, including proof of residency and any applicable custody documents. Please call Lori at 330-988-1111, ext. 7167 with any questions or to set up an appointment. Edgewood Middle School is located at 2695 Graustark Path, Wooster, Oh 44691. **Edgewood is closed during the summer.** To enroll during the summer months, please contact Central Office at 330-988-1111, ext. 1241.

To enroll your 8th - 12th grader, please complete the attached forms and drop off to Kelly Williams at WHS, which is open year-round. An appointment to meet with a guidance counselor will be made once all necessary enrollment documents are received, including proof of residency and any applicable custody documents. Please call Kelly at 330-988-1111, ext. 3106 with any questions. Wooster High School is located at 515 Oldman Rd, Wooster, Oh 44691.

### New Student Enrollment Forms and Documents

The following documents are required to enroll a student in Wooster City Schools:

* **Driver’s License or photo ID of person enrolling student**

* **Proof of Residence** - Used to verify you are a current resident of Wooster City School district -
  Deed, building permit, rental agreement, property tax statement, voter’s registration card, or utility bills for **two** consecutive months (gas, water, electric). If you currently reside with a friend or family member, you will need to complete a Residence Affidavit that we will notarize and the person you are residing with needs to come with you and bring proof of residence and a photo ID.

* **Birth Certificate** – **Certified copy is required** in order to verify that the child is eligible to attend school (hospital record is not acceptable)

* **Social Security Card for student** (for identification purposes only)

* **Immunization Records or Waiver**

* **Legal Documents** (custody papers, etc.), if applicable
  State regulations require that you provide complete court-stamped documents for us to copy for matters pertaining to custody. **Note:** This must be an **original court document. A Notary Public seal/signature is not acceptable.**

* **Copy of ETR and IEP** (special education services) or **WEP** (gifted education services), if applicable

The following forms MUST be completed before enrollment:

* Cumulative Record Registration Form
* Emergency Medical Authorization
* **Signed** Consent for Request of Student Records from previous school
* Health History Form
* Home Language Survey
* Transportation Request, if applicable
* New Directory Information Form (Privacy Act)
* New Acceptable Use and Internet Safety Policy
* Free and Reduced Meal Form, if applicable  (**One** completed form per family)
Wooster City School District

Elementary
Cumulative Record
Registration Form

Office Use ONLY
Home School __________________ School Attending __________________
Registration Date ______________
Start Date __________________
Student ID No. __________________ Grade __________________

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way intended to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated. Thank you and Welcome!

I affirm that the information below is correct and give permission to verify my residence, if necessary.

Custodial Parent/Legal Guardian __________________ Date ______________

Has your student ever attended Wooster City Schools? □ No □ Yes If yes, state grade(s) and school(s): __________________

Student Information: Please print your student’s legal name as it appears on his or her birth certificate:
First __________________ Middle __________________ Last __________________

Student lives at: __________________
Include Address, City, State and ZIP Code

Primary Daytime Phone Number __________________ (One number, please! Other numbers will be collected below)

Social Security Number __________________ Date of Birth __________________ Age ______ Gender (M/F) ______

Student’s Grade ______ City of Birth __________________ Country of Birth (if not USA) __________________

Mother’s Maiden Name __________________ District of Residence, if other than WCS

Citizenship: Check one: □ U.S. Citizen □ Dual □ Resident Alien □ Non-Resident Alien □ Other

Ethnicity: Is your student of Hispanic/Latino Heritage (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin. □ Yes □ No

Racial Group: Check all that apply: □ American Indian or Alaskan Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White

Parent/Guardianship Information:
Student lives with: Check all that apply: □ Both parents □ Mother □ Father □ Step Parent □ Other/Guardian □ Alternates between Parents □ Foster Parents

Legal Custody □ Both parents
is with: □ Shared or Joint Parenting Custody documents must be provided. Notarized custody documents are NOT acceptable
□ Mother only If parents were unmarried at the time of birth, the mother is the “sole residential parent and legal guardian.” ORC3109.042
□ Mother only □ Father only If parents were married at the time of birth, custody documents must be provided.
□ Other/Guardian Please state Name and Relationship

Court-stamped custody documents must be provided. Notarized custody documents are NOT acceptable

Parents are: □ Parents still married, but separated, and not divorced. No custody order exists

□ Mother □ Married □ Never Married □ Separated □ Divorced □ Mother deceased □ Father deceased
□ Father □ Step Father □ Foster Father □ Male Guardian

Name __________________
Address __________________
Home Phone __________________
Cell Phone __________________
Employer __________________
Work Phone __________________
Email Address __________________

Name __________________
Address __________________
Home Phone __________________
Cell Phone __________________
Employer __________________
Work Phone __________________
Email Address __________________

Please complete the reverse side of the form
Persons other than those listed on this form who are authorized to pick up student at school:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
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**Child Care used:**  ☐ Not applicable  ☐ Every day before school  ☐ Every day after school

Who is your childcare provider?

Provider ______________________________

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<tr>
<th>Name</th>
<th>Address</th>
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**Educational Information:**

Last school attended ______________________________

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<th>Address</th>
<th>City/State</th>
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School District ______________________________

☐ Public School  ☐ Private School  ☐ Charter School  ☐ Online or Community School  ☐ Home School

Was your child receiving Special Education / Intervention Services? If yes, please explain:

________________________________________________________________________

☐ Remedial Reading  ☐ Remedial Math  ☐ Speech  ☐ IEP  ☐ 504 Plan  ☐ Occupational Therapy  ☐ Physical Therapy

☐ Other, please specify ______________________________

Has your child ever repeated a grade?  ☐ No  ☐ Yes  If yes, which grade? __________

Has your child ever been identified as Gifted and Talented?  ☐ No  ☐ Yes

Has your child ever participated in a Gifted and Talented Program?  ☐ No  ☐ Yes

Please list the names of all other children in the home (attach sheet if more than four):

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School</th>
<th>Grade</th>
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<th>Name</th>
<th>Age</th>
<th>School</th>
<th>Grade</th>
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</table>

Revised 10/11
Wooster City Schools
McKinney-Vento Intake Affidavit

Student’s Name: ___________________________ Date of Birth: ____________
Age: ___________ Grade: ___________
Parent/Guardian Name(s): ___________________________________________________________

Address: _________________________________________________________________________

Siblings of Student: ________________________________________________________________
________________________________________________________________________________

Please answer the following questions:
1. Is this student’s home address a temporary living arrangement? ☐ Yes ☐ No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No
3. Is this student in temporary or emergency foster care placement? ☐ Yes ☐ No
4. As a student, are you living with someone other than your parents or legal guardian? ☐ Yes ☐ No

If you answered YES to any of the above questions, please complete the remainder of this form.
If you answered NO to all of the above questions, you may stop here. Proof of residency is required!

******************************************************************************************************

1. Where is this student currently living? (Check box)
☐ In a motel/hotel- Name of motel/hotel: ______________________
☐ In a shelter- Name of shelter: ______________________
☐ Temporary/emergency foster care:
☐ With another family in a house or apartment
☐ Moving from place to place
☐ In a location not designed for sleeping accommodations such as a car, park or campsite

2. With whom does the student currently live? (Check box)
☐ Both parents
☐ One parent (mark which parent) ☐ Mother ☐ Father
☐ One parent and another adult (mark which parent) ☐ Mother ☐ Father
☐ A relative (specify which e.g. grandparent)
☐ Friend or other adult (please identify)

3. At this time, what is the greatest need for your child? (check all that apply)
☐ School supplies
☐ Referral for food assistance
☐ Other- Please describe
☐ Help for academic improvement
☐ Medical referral/immunizations
☐ Help for behavior improvement
☐ Mental health/counseling referral

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with the community and governmental agencies pursuant to an interagency collaboration between this school district and (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other WCS staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow WCS staff to conduct screenings as part of the district’s McKinney-Vento program.

Parent/Guardian Signature: ___________________________ Date ___________________

WCS Witness Signature: ___________________________ Date ___________________
EMERGENCY MEDICAL AUTHORIZATION

School (circle one): Littlest Generals  Cornerstone  Kean  Melrose  Parkview  □ New Student  Grade:_____

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.

Student's Name: ____________________________  Birthdate:____________________

Custodial Parent(s) ____________________________________________________________

Home Address: _______________________________  (Include City/State/Zip)

Student resides with (circle all that apply)  Mother  Father  Step-Parent  Guardian/Other:___________________________

List only the names (first and last) of those who have authority to make decisions in an emergency situation involving this student. Then, indicate the order in which you desire contact attempts to be made based on availability (i.e., 1st, 2nd, 3rd):

<table>
<thead>
<tr>
<th>Order</th>
<th>Name</th>
<th>Home Phone</th>
<th>Mobile Phone</th>
<th>Work Phone</th>
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<tr>
<td></td>
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<td>Landline Number ONLY</td>
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<td></td>
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<td>Mobile Phone</td>
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<td>Work Phone</td>
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</tbody>
</table>

Mother
Father
Step Parent
Guardian
Other 1
Other 2

Known Allergies ____________________________________________________________________________________________

Current Medications __________________________________________________________________________________________

Health Concerns (diabetes, seizures, asthma, etc.) __________________________________________________________________

___________________ ________________________________________________________________________________________

Physical Impairments _________________________________________________________________________________________

COMPLETE ONLY ONE OF THE FOLLOWING:

I. CONSENT FOR TREATMENT:
In the event of illness or injury, I hereby give consent for the following medical care providers and local hospital to be called:

Preferred Physician: ___________________________________________  Office #:____________________

Preferred Dentist: ____________________________________________  Office #:____________________

Medical Specialist: ____________________________________________  Office #:____________________

Preferred Hospital: ____________________________________________  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 the preferred doctor indicated, or, in the event the designated preferred 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.

Parent/Guardian Signature: ____________________________________________  Date:____________________

OR

II. REFUSAL TO CONSENT:  DO NOT COMPLETE PART II IF YOU COMPLETED PART I
I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

________________________________________________________________________________________

________________________________________________________________________________________

Parent/Guardian Signature: ____________________________________________  Date:____________________ Revised 1/14
School Health History Record/Update
School Year: _________________________

Student Name: ________________________________ Male _____ Female _____
Date of birth: ___________________________ Grade: _______

Developmental History: Please give the approximate age when your child:
- Walked alone _______
- Spoke in sentences _______
- Was toilet trained _______
- Dressed self _______

How does this child’s development compare to other children, such as brothers/sisters or playmates?
- About the same _______
- Delayed _______
- Advanced _______

Health Conditions: Please check any that your child has or did have:
- Allergies
- Anaphylactic reaction
- Asthma or wheezing
- ADD/ADHD
- Autism
- Behavior/Emotional concerns
- Birth/Congenital malformations
- Blood problems
- Bone/muscle/joint problems
- Bowel/bladder problems
- Cancer
- Chickenpox
- Cystic fibrosis
- Diabetes
- Depression
- Ear problem/hearing difficulty
- Eczema/skin conditions
- Headaches (frequent)
- Heart Disease
- Hepatitis
- Juvenile arthritis
- Lead poisoning
- Meningitis/Encephalitis
- Neuromuscular disorder
- Seizures/Epilepsy
- Sickle cell anemia
- Sore throat (frequent)
- Speech difficulties
- Toothaches/dental problems
- Urinary tract infections
- Vision problems (glasses, contacts)
- Wetting during day or night
- Other ________________________

Illness, Injuries & Hospitalizations (please explain):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Medical Home: Please provide us with your child’s current health care provider’s name and contact information

Physician Name: ________________________________ ________________________________
Address: __________________________________________________________________________
Phone: __________________________________________________________________________

- Please continue on the back -
Current Health: Tell us about any current health conditions or concerns:

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

Student Name: ________________________________________________________________

Allergies: If your child has any food or environmental allergies, please obtain the Allergy Action Plan form from the school clinic for your child's health record.

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Reaction</th>
<th>Treatment</th>
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Medications: Describe medicine your child takes regularly. If your child must take medication at school, please obtain the Medication Administration Authorization form from the school clinic to be completed by you and your child’s doctor.

<table>
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<tr>
<th>Medication</th>
<th>Reason</th>
<th>How often?</th>
<th>What time?</th>
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Explain any special assistance your child may need during the school day:

_____________________________________________________________________________________________________________________________

Please add any comments or concerns you have about your child’s health, development, behavior, family or home life that you would like the school to be aware of:

_____________________________________________________________________________________________________________________________

If you have questions or concerns about your child's health or would like information about a medical home for your child or community services that may be available, please contact your school clinic.

_________________________________________   ___________________________   _____________
Signature of person completing form   Relationship to child   Date
WOOSTER CITY SCHOOLS
Request for Release of Student Records

To: ___________________________________________________________

Previous School

_____________________________________________________

Address

_____________________________________________________

School Phone Number

_____________________________________________________

School Fax Number

Student: _____________________________________________________

Student’s Full Name

_____________________________________________________

Current Grade

_____________________________________________________

Date of Birth

Student’s Complete Address

Student’s Home Telephone Number

Please release and forward via fax, scan or mail:

Edgewood Middle School
2695 Graustark Path
Wooster, OH  44691
Phone: 330-345-6475
Fax:  330-345-8237
Scan: wstr_lnario@woostercityschools.org

Wooster High School
515 Oldman Road
Wooster, OH  44691
Phone: 330-345-4000
Fax:  330-345-3501
Scan: wstr_kwilliams@woostercityschools.org

Wooster City Schools IRN # 045120

Wooster City Schools Registrar

-------------------------------------------------------------

PARENT/GUARDIAN AUTHORIZATION FOR RELEASE
I hereby authorize the school, institution or individual indicated above to release and/or provide access to the records requested above.

_____________________________________________________

Signature of Parent or Legal Guardian

(Note: 99.31 Prior consent for disclosure not required)
Wooster City Schools
Transportation Request Form

Date: __________________________ Date Busing To Begin: __________________________

Student's Last Name: __________________________ First Name & Middle Initial: __________________________

Student's Home Address: __________________________

Parent's Names (First & Last):

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<tr>
<th>Mom's Cell:</th>
<th>Emg. Contact Name:</th>
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<table>
<thead>
<tr>
<th>Home Phone #:</th>
<th>Dad's Cell:</th>
<th>Emg. Contact Ph #:</th>
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School Of Attendance: __________________________ Grade: __________________________ Date of Birth: __________________________

Medical Alert/Concerns:

☐ I will be providing my own transportation to school
☐ My child will attend the before school program - needs no busing
☐ My child will need busing to school from our home address
☐ My child will need busing EVERYDAY to school from an alternate address

Alternate Address: __________________________

Child Care Provider: __________________________

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<tr>
<th>Provider's Name</th>
<th>Phone #</th>
<th>Relationship</th>
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☐ I will be providing my own transportation home from school
☐ My child will the attend after school program - needs no busing
☐ My child will need busing after school to our home address
☐ My child will need busing EVERYDAY after school to an alternate address

Alternate Address: __________________________

Child Care Provider: __________________________

<table>
<thead>
<tr>
<th>Provider's Name</th>
<th>Phone #</th>
<th>Relationship</th>
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Transportation Office Use Only

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<tr>
<th>Bus # and Time for:</th>
<th>Pick-Up:</th>
<th>Drop-Off:</th>
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Stop Location: __________________________
HOME LANGUAGE SURVEY

DATE: ___________________________ SCHOOL: ___________________________

NAME OF STUDENT ___________________________
Family Name ___________________________ First Name ___________________________ Middle Initial ___________________________

DATE OF BIRTH ______/_____/______ PLACE OF BIRTH: ___________________________
Month Day Year City State Country ___________________________

NAME OF PARENT/GUARDIAN ___________________________
Family Name ___________________________ First Name ___________________________

HOME ADDRESS: ___________________________

CITY: ___________________________ STATE: _________ ZIP CODE: ___________________________

HOME PHONE: ___________________________ WORK PHONE: ___________________________

For Parents/Guardians
Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? ___________________________

2. What language does your son/daughter use most frequently at home? ___________________________

3. What language do you use most frequently to your son/daughter? ___________________________

4. What language do the adults at home most often speak? ___________________________

5. How long has your son/daughter attended school in the United States? ___________________________

For School District Personnel:
If the answer to any of the first four questions above is a language other than English, indicate the student’s native/home language in EMIS Student Data Element (G1270), and proceed to assess the student’s English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT

Communication skill Proficiency Level
Listening _____ Pre-functional _____ Beginning _____ Intermediate _____ Advanced _____ Proficient
Speaking _____ Pre-functional _____ Beginning _____ Intermediate _____ Advanced _____ Proficient
Reading _____ Pre-functional _____ Beginning _____ Intermediate _____ Advanced _____ Proficient
Writing _____ Pre-functional _____ Beginning _____ Intermediate _____ Advanced _____ Proficient
Comprehension* _____ Pre-functional _____ Beginning _____ Intermediate _____ Advanced _____ Proficient
Composite** _____ Pre-functional _____ Beginning _____ Intermediate _____ Advanced _____ Proficient

*The Comprehension level is derived from Listening and Reading
**The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension

Assessment instrument(s) used: ___________________________

Student is LEP? _____ Yes _____ No

Indicate the student’s status as LEP or not LEP in EMIS Student Data Element (G1230)

If student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? Yes _____ No _____

6/07
Wooster City Schools
Student Technology Use Agreement
(Acceptable Use Policy-5900)

Complete one form for each student in your family. Please print information when appropriate.

<table>
<thead>
<tr>
<th>Student's Last Name (please print)</th>
<th>First Name</th>
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<thead>
<tr>
<th>School</th>
<th>Teacher</th>
<th>Grade</th>
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My parent/guardian and I have read and talked about the District's Acceptable Use Policy for Instructional Technology (Policy 5900). I understand the rules about what I may and may not do when using computers and other technology in school. If I break these rules, I understand that I will not be allowed to use school computers and I may be disciplined.

Students Signature | Date
-------------------|------

For the Parent or Guardian

I have read and reviewed with my child the District's Acceptable Use Policy for Instructional Technology and understand its rules and regulations. I understand my child’s responsibilities under these rules and regulations and have discussed them with my child. I approve my child's use of District technology including access to the Internet.

I hereby release the District, its personnel, and any institution with which it is affiliated, from any and all claims and damages of any nature arising from my student's use of, or inability to use, the District's system. This includes, but is not limited to, claims that may arise from the unauthorized use of the system including purchase of products and services.

I will instruct my child regarding any family restrictions against accessing materials that are in addition to the restrictions set forth in the Acceptable Use Policy for Instructional Technology. I understand the school is not responsible for monitoring my child's personal restrictions above those restrictions enforced by the school. I will emphasize to my child the importance of following the Policy's rules and regulations for his/her own personal safety. I give permission for my child to use instructional technology under the supervision of his/her teachers or other supervising staff members of his/her school.

I certify that the information we (child & parent/guardian) have provided on this form is correct (signature required).

Parent/Guardian's Signature | Date
---------------------------|------

Parent/Guardian's Name (please print)

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Home Address | Phone(s)
-------------|-----------

Parent/Guardian's Email

Please complete this form and return it to your child's school office.

Revised 6/5/07
Wooster City Schools
Acceptable Use Policy
(Student Technology Use Agreement)

The Wooster City School District is pleased to make available to students, access to interconnected computer systems within the District and to the Internet, the world-wide network that provides various means of accessing significant educational materials and opportunities.

In order for the School District to be able to continue to make its computer network and Internet access available, all students must take responsibility for appropriate and lawful use of this access. Students must understand that one student’s misuse of the network and Internet access may jeopardize the ability of all students to enjoy such access. While the School’s teachers and other Staff will make reasonable efforts to supervise student use of network and Internet access, they must have student cooperation in exercising and promoting responsible use of this access.

Below is the Acceptable Use and Internet Safety Policy (“Policy”) of the School District and the Data Acquisition Site that provides Internet access to the School District. Upon reviewing, signing, and returning this Policy as the students have been directed, each student will be given the opportunity to enjoy District Internet Access at School and is agreeing to follow the Policy. If a student is under 18 years of age, he or she must have his or her parents or guardians read and sign the Policy. The School District cannot provide access to any student who, if 18 or older, fails to sign and submit the Policy to the School as directed or, if under 18, does not return the Policy as directed with the signatures of the student and with the signatures of the student’s and his/her parents or guardians.

Listed below are the provisions of your agreement regarding computer network and Internet use. If you have any questions about these provisions, you should contact the person that you School has designated as the one to whom you can direct your questions. If any user violates this Policy, the student’s access will be denied, if not already provided, or withdrawn and he or she may be subject to additional disciplinary action.

Acceptable Use and Internet Safety Policy

I. Personal Responsibility

By signing this Policy, you are agreeing not only to follow the rules in this Policy, but are agreeing to report any misuse of the network to the person designated by the School for such reporting. Misuse means any violations of this Policy or any other use that is not included in the Policy, but has the effect of harming another or his or her property.

II. Terms of the Permitted Use

A student who submits to the School, as directed, a properly signed Policy and follows the Policy to which he or she has agreed will have computer network and Internet access during the course of the school year only. Students will be asked to sign a new Policy each year during which they are students in the School District before they are given an access account.

III. Acceptable Uses

A. Educational Purposes Only

The School District is providing access to its computer networks and the Internet for only educational purposes. If you have any doubt about whether a contemplated activity is educational, you may consult with the person(s) designated by the School to help you decide if a use is appropriate.

B. Unacceptable Uses of Network

Among the uses that are considered unacceptable and which constitute a violation of this Policy are as follows:
1. Uses that violate the law or encourage others to violate the laws. Don’t transmit offensive or harassing messages; offer for sale or use any substance the possession of which is prohibited by the School District’s Student Discipline Policy; view, transmit or download pornographic materials or materials that encourage others to violate the law; intrude into the networks or computers of others; and download or transmit confidential, trade secret information, or copyrighted materials. Even if materials on the network are not marked with the copyright symbol, you should assume that all materials are protected unless there is explicit permission on the materials to use them.
2. Uses that cause harm to others or damage to their property. For example, don’t engage in defamation (harming another’s reputation by lies); employ another’s password or some other use identifier that misleads message recipients into believing that someone other than you is communicating or otherwise using his/her access to the network or the Internet; upload a worm, virus, “Trojan horse,” “time bomb”, or other harmful forms of programming or vandalism; participate in “hacking” activities or any form of unauthorized access to other computers, networks, or information systems.
3. Uses that jeopardize the security of student access and of the computer network or other networks on the Internet. For example, don’t disclose or share your password with others; don’t impersonate another user.
4. Uses that are commercial transactions. Students and other users may not sell or buy anything over the Internet. You should not give others private information about you or others, including credit card numbers, and social security numbers.

C. Netiquette. All Users must abide by rules of network etiquette, which include the following:
1. Be polite. Use appropriate language. No swearing, vulgarity, suggestive, obscene, belligerent, or threatening language.
2. Avoid language and uses which may be offensive to other users. Don’t use access to make, distribute, or redistribute jokes, stories, or other materials which is based upon slurs or stereotypes relating to race, gender, ethnicity, nationality, religion, or sexual orientation.
3. Don’t assume that a sender of e-mail is giving his or her permission for you to forward or redistribute the message to third parties or to give his/her e-mail address to third parties. This should only be done with permission or when you know that the individual would have no objection.
4. Be considerate when sending attachments with e-mail (where this is permitted). Be sure that the file is not too large to be accommodated by the recipient’s system and is in a format which the recipient can open.

IV. Internet Safety


All users and their parents/guardians are advised that access to the electronic network may include the potential for access to material inappropriate for school-aged pupils. Every user must take responsibility for his or her use of the computer network and Internet and stay away from these sites. Parents of minors are the best guide to materials to shun. If a student finds that other users are visiting offensive or harmful sites, he or she should report such use to the person designated by the School.

B. Personal Safety

Be safe. In using the computer network and Internet, do not reveal personal information such as your home address or telephone numbers. Do not use your real last name or any other information which might allow a person to locate you without first obtaining permission of a supervising teacher. Do not arrange a face-to-face meeting with someone you “meet” on the computer network or Internet without your parent’s permission (if you are under 18). Regardless of your age, you should never agree to meet a person you have only communicated with on the Internet in a secluded place or private setting.

C. “Hacking” and Other Illegal Activities

It is a violation of this Policy to use the School’s computer network or the Internet to gain unauthorized access to other computers or computer systems, or to attempt to gain such unauthorized access. Any use which violates state or federal law relating to copyright, trade secrets, the distribution of obscene or pornographic materials, or which violates any other applicable law or municipal ordinance is strictly prohibited.
D. Confidentiality of Student Information.

Personally identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian or, if the student is 18 or over, the permission of the student himself/herself. Users should never give out private or confidential information about themselves or others on the Internet, particularly credit card numbers and Social Security numbers. A supervising teacher or administrator may authorize the release of directory information, as defined by Ohio law, for internal administrative purposes or approved educational projects and activities.

E. Active Restriction Measures.

The School, either by itself or in combination with the Date Acquisition Site providing Internet access, will utilize filtering software or other technologies to prevent students from accessing visual depictions that are (1) obscene, (2) child pornography, or (3) harmful to minors. The School will also monitor the online activities of students, through direct observation and/or technological means, to ensure that students are not accessing such depictions or any other material which is inappropriate for minors.

Internet filtering software or other technology-based protection systems may be disabled by a supervising teacher or school administrator, as necessary, for the purposes of bona fide research or other educational projects being conducted by students age 17 or older.

The term “harmful to minors” is defined by the Communications Act of 1934 (47 USC Section 254(h)(7), as meaning any picture, image, graphic image file, or other visual depiction that:

- taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion;
- depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals;
- taken as a whole, lacks serious literary, artistic, political, or scientific value as to minors.

V. Privacy

Network and Internet access is provided as a tool for your education. The School District reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of the School District and no user shall have any expectations of privacy regarding such materials.

VI. Failure to Follow Policy

The user’s use of the computer network and Internet is a privilege, not a right. A user who violates this Policy, shall at a minimum, have his or her access to the computer network and Internet terminated, which the School District may refuse to reinstate for the remainder of the student’s enrollment in the School District. A user violates this Policy by his or her own action or by failing to report any violations by other users that come to the attention of the user. Further, a user will violate this Policy if he or she permits another to use his or her account or password to access the computer network and Internet, including any user whose access has been denied or terminated. The School District may also take other disciplinary action in such circumstances.

VII. Warranties/Indemnification

The School District makes no warranties of any kind, either express or implied, in connection with its provision of access to and use of its computer networks and the Internet provided under this Policy. It shall not be responsible for any claims, losses, damages or costs (including attorney’s fees) of any kind suffered, directly or indirectly, by any user or his or her parent(s) or guardian(s) arising out of the user’s use of its computer networks or the Internet under this Policy. By signing this Policy, users are taking full responsibility for his or her use, and the user who is 18 or older or, in the case of a user under 18, the parent(s) or guardian(s) are agreeing to indemnify and hold the School, the School District, the Data Acquisition Site that provides

VIII. Updates

Users, and if appropriate, the user’s parents/guardians, may be asked from time to time to provide new or additional registration and account information or to sign a new Policy, for example, to reflect developments in the law or technology. Such information must be provided by the user (or his/her parents or guardian) or such new Policy must be signed if the user wishes to continue to receive service. If after you have provided your account information, some or all of the information changes, you must notify the person designated by the School to receive such information.


Revised 8/2/2007
Dear parent or legal custodian/guardian:

Re: The annual “Universal Consent Form Regarding Release of Student Information”

Publications, publicity materials, Internet sites, and other media are often developed by or about the Wooster City Schools to portray examples of educational experiences. Personal information about a student may also be used or revealed during educational experiences. The Wooster City School District seeks the consent of a parent or legal custodian/guardian before using, displaying, or releasing:

1. a student’s name, photograph, picture, image, or likeness
2. a student’s quotation, and/or
3. a student’s performance, written material, or artwork

Technology in all forms is a constantly changing and ever-evolving phenomenon. With that in mind, the Board of Education requires that the consent granted or denied by a parent or legal custodian/guardian must be done annually.

Also, please pay particular attention to the first consent box regarding the release of directory information; it is the only box with three options. The reason is as follows: “Directory Information” is a legal phrase (it is defined on the form), and it is often confused with the student directories that individual buildings print and make available each year. If you are comfortable with giving your child’s information to groups such as a PTO that prepares a student directory or a booster group that publishes an athletic program, then you will want to check that third box. If, on the other hand, you are — or are not — at ease with releasing any of your child’s information to any individual or group who requests it, then check the appropriate of the first two boxes.

Furthermore, all work completed by students as a part of the regular instructional program is owned by that student as soon as it is created, unless such work is created while the student is acting as an employee of the school system or unless such work has been paid for under a written agreement with the school system. Such work shall be considered a work made for hire and shall be the property of the Wooster Board of Education.

Additionally, the Wooster City School District shall be the exclusive owner of all rights, title, and interests, including copyright, of any image or likeness created or set forth in a photograph, image, or publication created by the Wooster City School District or its employees, including print, video, audio, or other electronic media, such as Internet, television, CD-ROM, or DVD.

With the foregoing in mind, please complete the attached form and return it to your child’s school.

Revised 6/5/2007
Universal Consent Form Regarding Release of Student Information

Wooster City Schools

Complete one form for each student in your family. Please print information when appropriate.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Student’s Building</th>
<th>Grade or Homeroom</th>
</tr>
</thead>
</table>

Student’s Home Address and Phone

I. Permission for Release of Directory Information:
I give consent (or do not give consent) for my student’s school and/or for the District to release Directory Information (child’s name, address, parent’s/ guardian’s name, telephone number, date and place of birth, participation in officially recognized activities and sports, weights and heights of members of athletic teams, dates of attendance, and degrees and awards received) according to the restrictions of Board of Education policy 8330, “Student Records.”

☐ I give my consent ☐ I do not give my consent

☐ I give my consent to release only to parent-teacher organizations and booster groups supporting school sponsored activities and programs.

II. Permission to Display Photograph, Audio, Video or Electronic Images:
I give consent (or do not give consent) for photographs, audio, video or electronic images of my student, to be used by the Wooster City School District for exhibition, public display, publication, publicity materials, advertising, a news media story, video, audio, or other electronic media, such as the Internet, television, CD-ROM, or DVD. I understand that my child’s full name may also be used with such display except that only my child’s first name will be used on the District and/or school building websites (Internet).

☐ I give my consent ☐ I give my consent for picture to be used in yearbook only ☐ I do not give my consent

III. Permission to Display Student Work:
I give consent (or do not give consent) for original written materials, artwork or other work created by my child during the course of instruction to be used by the Wooster City School District for exhibition, public display, publication, publicity material, advertising, a news media story, video, audio, or other electronic media, such as the Internet, television, CD-ROM, or DVD. I understand that my child’s full name may also be used with such display except that only my child’s first name will be used on the District website (Internet). If consent is denied, such denial shall not apply where the child’s material is incorporated into a greater or larger body of work (such as a child’s voice in a choral recording).

☐ I give my consent ☐ I do not give my consent

IV. Permission for News Stories:
I give consent (or do not give consent) for quoted statements given by my child, or photographs, audio, video or electronic images of my child, with possible identification by full name, to be used for the purpose of news stories or interviews about Wooster City Schools or educational experiences by our area news media.

☐ I give my consent ☐ I do not give my consent

V. Permission for Educational Correspondence:
I give consent (or do not give consent) for my child to participate in letter writing as part of the educational experience to people outside the school district (e.g.: pen pals, thank-you letters, letters to authors, or letters to public officials), and I understand these letters may include the student’s full name and may include other personally identifiable information about the student.

☐ I give my consent ☐ I do not give my consent

Please complete this form and return it to your child’s school office.

Signature of Parent or Responsible Custodian/Guardian ___________________________ Date __________

Printed Name of Parent or Responsible Custodian/Guardian ___________________________ Revised 6/5/2007
### Part 1. All Household Members

<table>
<thead>
<tr>
<th>Names of all household members (First, Middle Initial, Last)</th>
<th>Name of school and school grade level for each child (or indicate &quot;NA&quot; if child is not in school)</th>
<th>Check if a foster child (legal responsibility of welfare agency or court)</th>
<th>Check if No Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School</td>
<td><em>If all children listed below are foster children, skip to Part 5 to sign this form.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grade</td>
<td></td>
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</tbody>
</table>

### Part 2. Benefits: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

**Name:**

10-Digit Case Number:

### Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Jennifer Crum, (330) 988-1111. Homeless [ ] Migrant [ ] Runaway [ ]

### Part 4. Total Household Gross Income (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

### Part 2. Gross Income and How Often It Was Received

<table>
<thead>
<tr>
<th>Earnings from work before deductions</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
<th>Welfare, child support, alimony</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
<th>Pensions, retirement, Social Security, SSI, VA benefits</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
<th>All Other Income (indicate frequency, such as &quot;weekly&quot; &quot;monthly&quot; &quot;quarterly&quot; &quot;annually&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example) Jane Smith</td>
<td>$200</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$150</td>
<td></td>
<td></td>
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<td>$0</td>
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<td></td>
<td></td>
<td>$50.00/quarterly</td>
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</tr>
</tbody>
</table>

### Part 5. School Instructional Fee Waiver Adult Consent: Your child(ren) may qualify for a waiver of their school instructional fees. We must have your permission to share your meal application information with school officials if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your child(ren) will get free or reduced price meals.

Please check a box: [ ] Yes I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.

[ ] No, I do not agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.

Signature of Parent/Guardian for the Instructional Fee Waiver Question: ___________________________ Date: ___________________________

### Part 6. Signature and Last Four Digits of Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.

Sign here: X ______ Date: ______

Print name: ___________________________

Address: ___________________________

Phone Number: ___________________________

Last four digits of your Social Security Number: _______ _______ _______ [ ] I do not have a Social Security Number

### Part 7. Children's Ethnic and Racial Identities (Optional)

Choose one ethnicity:

- Hispanic/Latino
- Asian
- American Indian or Alaska Native
- Black or African American
- Not Hispanic/Latino
- White
- Native Hawaiian or other Pacific Islander

Don't fill out this part. This is for school use only.

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

Total Income: ____________

Per: [ ] Week, [ ] Every 2 Weeks, [ ] Twice A Month, [ ] Month, [ ] Year

Household size: ______

Categorical Eligibility: ______ Date Withdrawn: ______

Eligibility: [ ] Free [ ] Reduced [ ] Denied [ ]

Reason: ___________________________

Determining/Approval Official's Signature: ___________________________

Date: ___________________________

Confirming Official's Signature: ___________________________

Date: ___________________________

Follow-up Official's Signature: ___________________________

Date: ___________________________

If selected for verification, Date Verification Notice Sent: ______ Response Date: ______ 2nd Notice Sent: ______ Results Sent: ______

Verification Result: [ ] No Change [ ] Free to Reduced Price [ ] Free to Paid [ ] Reduced Price to Free [ ] Reduced Price to Paid
SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

☐ No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of these programs.

☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with: **After School Programs such as Day Care etc.**

☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with: School testing, ACT, SAT, College Applications, Field Trips etc.

☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with: Pay to Play, Club Fees etc.

☐ If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: ___________________________ School: ___________________________

Child's Name: ___________________________ School: ___________________________

Child's Name: ___________________________ School: ___________________________

Child's Name: ___________________________ School: ___________________________

Signature of Parent/Guardian: ________________________ Date: __________

Printed Name: ____________________________

Address: __________________________________

For more information, you may call Sue Case (330)345-4900.
Return form to any Wooster City School or mail to
Wooster High School 515 Oldman Rd. Wooster Oh 44691
Attention: Sue Case

This institution is an equal opportunity provider.
Dear Parent/Guardian:

Children need healthy meals to learn. Wooster City Schools offers healthy meals every school day. Breakfast costs $1.25; lunch costs Elementary $2.45, Edgewood $2.85, High School $2.95. Your children may qualify for free meals or for reduced price meals. Reduced price is $.30 for breakfast and $.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
   - All children in households receiving benefits from the supplemental nutrition assistance program (SNAP) or Ohio Works First (OWF) are eligible for free meals.
   - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school's Head Start program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,978</td>
<td>$1,832</td>
<td>$423</td>
</tr>
<tr>
<td>2</td>
<td>29,637</td>
<td>2,470</td>
<td>570</td>
</tr>
<tr>
<td>3</td>
<td>37,296</td>
<td>3,108</td>
<td>718</td>
</tr>
<tr>
<td>4</td>
<td>44,955</td>
<td>3,747</td>
<td>865</td>
</tr>
<tr>
<td>5</td>
<td>52,614</td>
<td>4,385</td>
<td>1,012</td>
</tr>
<tr>
<td>6</td>
<td>60,273</td>
<td>5,023</td>
<td>1,160</td>
</tr>
<tr>
<td>7</td>
<td>67,951</td>
<td>5,663</td>
<td>1,307</td>
</tr>
<tr>
<td>8</td>
<td>75,647</td>
<td>6,304</td>
<td>1,455</td>
</tr>
<tr>
<td>Each additional person:</td>
<td>7,686</td>
<td>642</td>
<td>148</td>
</tr>
</tbody>
</table>

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or email Jennifer Crum (wstr_jcrum@woostercityschools.org) (330)988-1111

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Sue Case (330)345-4900.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Sue Case (330) 345-4900 (wstr_scase@woostercityschools.org) immediately.

5. CAN I APPLY ONLINE? No Not Available Yet.

6. CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child’s application is only good for that school year and for the first few days of this school year, through September 15, 2015. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

9. IF I DON'T 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.

10. 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 or writing to Jennifer Crum 144 N. Market St. Wooster Oh, 44691.

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 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 we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

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 must also 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 ISN'T 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. Contact Sue Case (330) 345-4900.

16. Why am I being asked about giving 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 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 he/she/they qualifies for a fee waiver then check "yes" in part 5. If you do not wish for that information to be shared, then check "no" in part 5. Answering no to this question will mean your child will not be able to be considered for a fee waiver. Answering this question either way will not change whether your child(ren) will get free or reduced price meals.

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 (330) 345-4900
Sincerely,
Sue Case
Wooster High
School, Food Service
INSTRUCTIONS FOR APPLYING
A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and school grade level for each child.
Part 2: List the 10-digit case number for any household member (including adults) receiving SNAP or OWF benefits.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.
Part 6: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 7: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and school grade level for each child.
Part 2: Skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Jennifer Crum (330)988-1111 (wstr_jcrum@woostercityschools.org).
Part 4: Complete only if a child in your household isn’t eligible under Part 3. See Instruction for All Other Households.
Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.
Part 6: Sign the form. The last four digits of a Social Security Number are not necessary if you didn’t need to fill in part 4.
Part 7: Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children and the school name and school grade level for each child. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.
Part 6: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 7: Answer this question if you choose to.

If some of the children in the household are foster children:

Part 1: List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the “No Income” box. Check the box if the child is a foster child.
Part 2: If the household does not have a 10-digit SNAP or OWF case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Jennifer Crum (330)988-1111. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.
  • Box 1—Name: List all household members with income.
  • Box 2—Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount and check the box to tell us how often each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under All Other Income, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.
Part 6: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).
Part 7: Answer this question, if you choose.