



# Marshall High School

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## Enrollment Packet

- Enrollment is between 9:00 a.m. – 2:00 p.m. Monday through Friday.
- Upon enrollment, student must be at least 15 years old, no more than 21 years old and have previously been in the 9<sup>th</sup> grade.
- If a student was expelled from a previous school, parent/guardian must bring the expulsion letter. At that time, a determination regarding enrollment will be made by the Director.

### Documents needed<sup>1</sup> to enroll 15 or 17 year olds (must have first 6 items):

- ✓ - Parent/Guardian and student must be present at time of enrollment
- ✓ - Parent MUST HAVE ID and student MUST HAVE STATE ID
  - Court-ordered custody papers, if applicable
- ✓ - Birth Certificate
- ✓ - Social Security Card
- ✓ - Complete shot (immunization) records from birth to present
- ✓ - Current month LIGHT or GAS bill ONLY (from address at which the student is living)
  - \* Official transcripts from last and previous schools attended
  - \* Withdrawal letter at time of enrollment

### Documents needed<sup>1</sup> to enroll 18 to 21 year olds (must have first 5 items):

- ✓ - Student MUST HAVE STATE ID or DRIVERS LICENSE
  - Court-ordered custody papers, if applicable
- ✓ - Birth Certificate
- ✓ - Social Security Card
- ✓ - Complete shot (immunization) records from birth to present
- ✓ - Current month LIGHT or GAS bill ONLY (from address at which the student is living)
  - \* Official transcripts from last and previous schools attended
  - \* **MUST HAVE** withdrawal letter at time of enrollment

**MUST HAVE ALL DOCUMENTS** and a **COMPLETED APPLICATION** to be accepted for enrollment.

<sup>1</sup>Students who meet the definition of homeless as defined by the McKinney-Vento Act (lack a fixed, regular, adequate nighttime residence, are sharing the housing of another person due to loss of housing, economic hardship or similar reason, or are living in emergency or transitional shelters or abandoned in hospitals) shall be admitted with or without any of the afore-mentioned required documentation. Migrant students, while not always homeless, may also meet the definition of homeless under McKinney-Vento and will be evaluated on a case-by-case basis. Furthermore, students displaced by weather disasters shall be served like any other students and may come to us without parents or guardians, documents, records, paperwork and other items typically required for enrollment in school. These students must be enrolled immediately despite the lack of records and documents. The school's homeless liaison will be able to assist you with any of these issues.



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Students living with parent(s) **MUST** have proof of residence with a parent name and address of where parent lives

Students declaring they are independent **MUST HAVE BOTH** proof of residence AND proof of income (paystub from current job or government assistance).

### **Acceptable Forms for Proof of Residence**

1. Monthly Utility Bill or Receipt of Utility Installation (Electric, Water, Gas, Sewage)
  - Cell phone bills are **NOT** accepted
  - Must be within 90 days of enrollment date
2. Signed Lease/Rental Agreement/Renter's Insurance Declaration Page
  - Must contain street address (a P.O. Box address cannot be used)
  - Lease/Rental Agreement must be dated and include lessor and lease names and signatures and the length of lease
3. Monthly Mortgage Statement/Property Tax Bill/Home Owner's Insurance Declaration Page
  - Must contain street address (a P.O. Box address cannot be used)
  - Must be dated within 90 days of enrollment date
4. Rent Receipt
  - Must contain street address (a P.O. Box address cannot be used)
  - Must include lessor and lessee's names and signatures and be dated within 90 days of enrollment date
5. Paycheck/Paystub
  - Must contain street address (a P.O. Box address cannot be used)
  - Must be dated within 90 days of enrollment date
6. Monthly Bank statement
  - Must contain street address (a P.O. Box address cannot be used)
  - Must be dated within 90 days of enrollment date

**Note:** In certain unique situations, additional forms of documentation may be acceptable as proof of residency should you be unable to provide one of the above.



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**OFFICE USE ONLY**

Date Rec'd \_\_\_\_\_  
 Session \_\_\_\_\_  
 Orientation Date \_\_\_\_\_  
 SSID # \_\_\_\_\_

**ENROLLMENT APPLICATION**  
 Please print in blue or black ink  
 School Year

**2021-22**

Date \_\_\_\_\_

**STUDENT INFORMATION**

Name of Student \_\_\_\_\_

Address \_\_\_\_\_  
 First Middle Last Apt.# City Zip

Primary Parent Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Email \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Last 4 numbers of SSN (if full number not provided) \_\_\_\_\_ (required)

Birth Date \_\_\_\_\_ Gender:  Male  Female

Birthplace \_\_\_\_\_  
 City State Country

Native Language \_\_\_\_\_ U.S. Citizen?  Yes  No If no, list nationality \_\_\_\_\_

**Student Ethnicity:**

1. Is the student of Hispanic/Latino heritage?  Yes  No (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race)

2. Ethnicity (choose one):

Asian  American Indian or Alaskan Native  Black or African American  Native Hawaiian or Pacific Islander  
 White  Multi-racial (If Multi-racial is selected, please check two (2) or more Race groups below)

3. Race (if #2 above is Multi-racial, please check two (2) or more of the following):

Asian  American Indian or Alaskan Native  Black or African American  Native Hawaiian or Pacific Islander  
 White

**STUDENT'S FAMILY DATA**

PLEASE CHECK ALL THAT APPLY IN THE FOLLOWING CATEGORIES

Who has legal custody of the student?

Both Parents  One Parent (Mother or Father)  
 Mother & Stepfather\*  Father & Stepmother\*  
 Foster Care  Guardian  
 Ward of the State  Other: \_\_\_\_\_  
 Independent (Self-Supporting)

Marital status of the student's parents:

Married  
 Separated  
 Divorced  
 Never Married

\* Only choose Mother & Stepfather or Father & Stepmother if BOTH the parent and stepparent have legal custody of the student and documentation can be provided.

Type of custody?

Full Custody Do you have a court order restricting the non-custodial parent(s)?  Yes  No  N/A  
 Shared/Joint Custody Do you have complete custody papers?  Yes  No  N/A

**A complete set of custody and/or guardianship papers must be on file with the school**

Legal Mother/Guardian Name: \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Social Security # XXX-XX-\_\_\_\_ (last four digits)

Legal Father/Guardian Name: \_\_\_\_\_ Social Security # XXX-XX-\_\_\_\_ (last four digits)



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Does the student have any children?  Yes  No If Yes, How many? \_\_\_\_\_

Will the student need daycare for their child?  Yes  No

Is the student presently reporting to a probation officer?  Yes  No \* Please Note: Responding Yes will **NOT** exclude the student from admission

If yes, will the student need an enrollment letter from the school for his/her probation officer?  Yes  No

Probation Officer/Social Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### STUDENT'S PREVIOUS EDUCATION

Does the student have a current or active Individualized Education Plan (I.E.P.)?  Yes  No

Did the student ever have an I.E.P.?  Yes  No If Yes, what school year? \_\_\_\_\_

If Yes, please provide a copy of the student's I.E.P. and Evaluation.

What year did student start 9<sup>th</sup> grade: \_\_\_\_\_

<u>List of Previous Schools</u>	<u>Yrs. Attended</u>	<u>Grade Level</u>	<u>Outcome</u> <u>(Suspended/Expelled/Dropped Out)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional information that would be helpful for the school to know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

The following information should be completed referring to parent(s), guardian(s), and/or grandparent(s) with who the student resides:

Parent/Guardian: _____	Parent/Guardian: _____
<i>Last</i> <i>First</i>	<i>Last</i> <i>First</i>
Occupation: _____	Occupation: _____
Place of Employment: _____	Place of Employment: _____
Work or Cell Phone #: _____	Work or Cell Phone #: _____
Email Address: _____	Email Address: _____
Preferred session: _____	



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## PARENT/STUDENT CONTRACT

We have read and understand all of the information contained in the Parent/Student Handbook. By signing below, I/we agree to abide by and support the Marshall High School rules and regulations, including the Code of Conduct and all other policies, as outlined in the Parent/Student Handbook. Although the Parent/Student Handbook reflects the current policies of Marshall High School, it may be necessary to make changes from time to time to best serve the needs of our school and its students.

STUDENT SIGNATURE \_\_\_\_\_  
Signature Date

I hereby state that the information provided in this document is true and current. I am the legal guardian or custodian of this student.

PARENT/GUARDIAN SIGNATURE (if student is under 18 yrs. old): \_\_\_\_\_  
Signature Date

### For Office Use Only

- Provided proof of immunization (4 – DPT; 3 – Polio; 2 – MMR after 1<sup>st</sup> birthday & during 7<sup>th</sup> grade; Hepatitis B beginning KDG 2000)  
**Note: Immunization requirements must be met or student will be excluded on the 15th day**
- Provided birth certificate                       Provided proof of residency
- Emergency Medical Authorization               Free/Reduced Lunch and/or Income Verification
- Parent/Guardian Sign Offs: \_\_\_\_\_ Request for Records, \_\_\_\_\_ FERPA, \_\_\_\_\_ CBI, \_\_\_\_\_ Title I Compact, \_\_\_\_\_ FES, \_\_\_\_\_ Info Release
- Provide proof of independence (paystub, W2)

### ENROLLMENT DETERMINATION:

- ENROLLMENT - COMPLETE:** The student **MAY BE ENROLLED**, meets requirements of residency, guardianship, immunizations and age (birth certificate), and proof of independence, if applicable
- ENROLLMENT WITH CONDITIONS:** The student **MAY BE ENROLLED**, but must provide proof of immunization within 14 days. At that point, student may not continue to attend school until proof of immunizations is provided. After 24 days (105 hours) of non-attendance, the student will be automatically withdrawn.

DEADLINE DATE: \_\_\_\_\_

- ENROLLMENT POSTPONED:** The student does not meet all requirements and **MAY NOT BE ENROLLED**, and must do the following prior to admittance:
  - Provide birth certificate                       Provide proof of residency
  - Provide proof of custody/guardianship               Provide proof of independence (paystub, W2)

DEADLINE DATE: \_\_\_\_\_

ENROLLMENT OFFICIAL (Please Print First and Last Name) \_\_\_\_\_

MARSHALL HIGH SCHOOL admits students of any race, creed, color, handicapping condition, or sex. Furthermore, there will be no discrimination in the admission of students to Marshall High School on the basis of race, creed, color, handicapping condition, or sex. Admission preference is: Priority for enrollment shall be given to students that reside in the district in which the School is located and returning students. Preference may also be given to siblings of students attending the School the previous year and students who are children of full-time staff members employed by the School. The preference provided to children of full-time staff members shall be less than five percent of the School's total enrollment..



**EMERGENCY MEDICAL AUTHORIZATION**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for their child who becomes ill or injured while under the school's authority when parents or guardian cannot be reached.

***Residential Parent or Guardian***

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Other's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name of relative or childcare provider (other than parent): \_\_\_\_\_

***PART 1 OR PART 2 MUST BE COMPLETED***

***Part 1-Grant Permission***

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful I hereby give my consent for (1) the admission of any treatment deemed necessary by above named doctor; or 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 options of two other licensed physicians or dentists concur in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

\_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Part 2 - Refusal to Consent***

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 Marshall High School authorities to take the following action:

\_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## REQUEST FOR RECORDS (Entering Students)

➡ ➡ TO: \_\_\_\_\_  
(previous school)  
\_\_\_\_\_  
\_\_\_\_\_

➡ ➡ A. You are authorized to release the following records for:  
Student's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Date Requested: \_\_\_\_\_

- B. Specific Data to be Released: (Please indicate with X )
- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Directory Information               | <input checked="" type="checkbox"/> Official Transcripts w/ Seal           |
| <input checked="" type="checkbox"/> Health Records                      | <input checked="" type="checkbox"/> OGT Scores ( <b>Scaled &amp; Raw</b> ) |
| <input checked="" type="checkbox"/> Permanent/Cumulative Records        | <input checked="" type="checkbox"/> Fees / Obligations owed                |
| <input checked="" type="checkbox"/> Pupil Personnel Services/Special Ed | <input checked="" type="checkbox"/> Other: IEP / MFE                       |

- C. Reason for Request: (Please indicate with X )
- Enrollment
- To aid in present and future educational decisions
- Other: \_\_\_\_\_

➡ ➡ \_\_\_\_\_

Student's Signature	Date
_____	_____
Parent/Guardian's Signature (if student is under 18 years of age)	Date
_____	_____

### OHIO REVISED CODE OHIO STATUS 3319.321

*Text of Statute:* Nothing shall prevent the transfer of a student's record (this includes transcripts and IEP's) to an educational institution for a legitimate educational purpose. A parent, legal guardian or a person 18 years or older can request transcripts upon withdrawal from one public school district for the purpose of attending another school. This is a State Law and must be followed.

***Please return requested records to address listed below***

**Marshall High School  
Attn: Student Registrar  
4720 Roosevelt Blvd.  
Middletown, OH 45044  
(513) 318-7078 (phone) / (513) 425-6951 (fax)**



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**FERPA Consent:**

The Family and Educational Rights and Privacy Act (FERPA) provides parents and students over 18 years of age ("eligible students") certain rights regarding the student's educational records. In order to serve the student's educational needs, Marshall High School may find it necessary to disclose a student's name and address to a vendor to provide them with the appropriate learning solutions. These vendors agree to the confidentiality of the student's name and address and will not use such information for any purpose other than those required under their vendor contract with Marshall High School. I hereby agree that my student's name and address may be provided to these entities to ensure that Marshall High School can best meet the educational needs of my student.

**Confidentiality and Communication Consent:**

As the parent/guardian, I agree to allow Marshall High School personnel the right to contact me or my student in any manner of communication that pertains to the student's academic well-being. This may include, but is not limited to: Director, Assistant Directors, Teachers, Family Advocate, Employability Specialists, Administrative Assistants, and EMIS/Student Data Specialists. This information will remain confidential except in cases where there is an ethical and or legal responsibility to limit the above said confidentiality.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (if 18 years old)

\_\_\_\_\_  
Date





## Marshall High School Title I Compact

### **What is a “school-parent compact?”**

Each Title I, Part A School must jointly develop, with the parents of children served under Title I, Part A, a school-parent compact as a component of its written parental involvement policy. A school-parent compact is a written agreement between the school and the parents of children participating in Title I, Part A programs that identifies the activities that the parents, the entire school staff, and the students will undertake to share the responsibility for improved student academic achievement, in addition, the school-parent compact outlines the activities that the parents, school staff, and students will undertake to build and develop a partnership to help the children achieve to the State’s high academic standards.

### **What information and opportunities must schools provide parents of children participating in Title I, Part A programs?**

Schools served under Title I, Part A must provide to parents of participating children, in a timely manner, information about the programs, funded by Title I, Part A. That information must include:

- A description and explanation of the school’s curriculum;
- Information on the forms of academic assessment used to measure student progress; and
- Information on the proficiency levels students are expected to meet.

Upon the request of parents, schools must provide the opportunities for regular meetings for parents to formulate suggestions and to participate, as appropriate, in decisions about the education of their children. The school must respond to any suggestions as soon as practicably possible.

The School, the students, and the parents of the minor students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State’s high standards.

### **This school-parent compact is in effect during the 2021-2022 school year.**

The purpose of this Compact, found in Section 118 of Public Law 103-382, is to build and foster development of the school-student partnership to help all students achieve the State of Ohio’s high standards. Parent/Guardians, students, and teachers will share the responsibility for improved student achievement.

Each student is responsible for his or her own academic progress in mastering the necessary skills in order to complete the academic program at Marshall High School.

The school will provide high-quality curriculum and instruction in a supportive and effective environment that enables all students to meet the State’s student performance standards.

The school will provide students and parents of minor children with reports on their children’s progress.

The school will provide parents with opportunities to volunteer, observe, and participate in their child’s learning.

The school will provide reasonable access to staff through parent/teacher conferences and consultations.



**Marshall High School  
Title I Compact**

**STUDENT AGREEMENT**

Communication between the Student and the School staff is important. As a student who has responsibility for his or her own education, I will attend the daily sessions on a regular basis and do all that is asked of me at the School to the best of my abilities.

I, \_\_\_\_\_ agree to Title I service for myself and that I will be responsible for supporting my learning in the following ways:

- Attending school regularly and punctually
- Being prepared to learn by being well-rested, fed and dressed according to the Marshall High School dress code each day
- Being prepared to learn by bringing the necessary supplies and learning tools to class each day
- Working on learning activities including computer-based learning, teacher-led, and vocational education to the best of my abilities
- Asking questions when I do not know something
- Supporting the school in efforts to maintain proper discipline
- Respecting all school staff, my fellow students, and the cultural differences of others

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**FAMILY REPRESENTATIVE AGREEMENT**

Communication between the home and the School staff is important. As a parent or adult who has responsibility for the above-named student, I will attend at least one parent/teacher conference during which this Compact will be discussed as it relates to my child's achievement. I will read each progress report and talk to my child about the progress report. I understand that I will have reasonable access to my child's teachers, and will be able to observe classroom activities.

I, \_\_\_\_\_ agree to Title I service for my child and that I will be responsible for supporting learning of my child in the following ways:

- Reading Progress Reports
- Discussing Progress Reports with my child
- Participating in parent/teacher conferences
- Monitoring my child's school attendance
- Assisting my child in learning to resolve conflicts in positive ways
- Supporting the school in efforts to maintain proper discipline
- Respecting all Marshall High School staff and students, and the cultural differences of others
- Assuring that my child is prepared to learn by being well-rested, fed and dressed according to the Marshall High School dress code each day and that he/she has the necessary supplies and learning tools to class each day

\_\_\_\_\_  
Signature of Family Representative

\_\_\_\_\_  
Date



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**Media Release/Student Information Form**

TO BE COMPLETED BY PARENT, GUARDIAN or ADULT STUDENT (Please print clearly):

\_\_\_\_\_  
Name of Participating Student

\_\_\_\_\_  
Age

***Marshall High School***  
\_\_\_\_\_  
School

***Middletown OH 45044***  
\_\_\_\_\_  
City

\_\_\_\_\_  
Grade

I/we understand that as part of my/our child's attendance at Marshall High School ("School"), photos, videos, and quotations may be taken for use in publications and reports about the program. I/we further understand that members of the news media invited to cover the program may take photos, videos and quotations.

I/we grant permission to the School and its Board of Directors, Management Company, employees, agents and representatives to use such materials for the promotion of the program and to use this student's name, photographic likeness, alone or in a group, in any publication, document, TV production, video or to release said name or likeness to any media outlets including, but not limited to, newspapers, magazines or TV stations for publicity and/or recognition purposes and/or to use this student's name and/or photographic likeness, alone or in a group, on the official website of the School and/or Management Company.

I agree that I and/or my child shall have no right, title, or interests in any photo or videotape covered by this agreement and waive any right to compensation for such use. I release the School, its Board of Directors, the Management Company, employees, agents, representatives and all organizations and individuals related to the School from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness as described above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (if 18 years old)

\_\_\_\_\_  
Date



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## **CAREER BASED INTERVENTION PROGRAM INFORMATION**

As a Student at Marshall High School, you will be participating in a Career Based Intervention Program. This Program allows the Student to earn high school credits for time spent at work. In order to receive the appropriate amount of credits for work, the Student must regularly provide the School with employment information including but not limited to the name and address of the employer, the amount of time worked per pay period, the date of termination/last date worked, and efforts made to obtain new or previous employment. Failure to provide appropriate documentation will prevent the Student from earning the corresponding credits. All Students are required to complete all regular academic coursework. Additionally, Students under the age of 18 must have a valid work permit.

## **STUDENT AND PARENT CONTRACT FOR CAREER BASED INTERVENTION**

The Career Based Intervention (CBI) Program is designed to give students the opportunity to complete their education while learning the obligations of the world of work. The success of students in the CBI Program is dependent upon their desire to improve. There are definite responsibilities the STUDENT must agree to carry out before being enrolled:

As a condition of enrollment into the Marshall High School Career Based Intervention Program, I, \_\_\_\_\_, agree to the following conditions:

- 1) To be in school every day and on time unless excused from school.
- 2) If in a paid work experience, to be at work on time and to miss work only if excused by the employer, school, or parent.
- 3) If it is necessary to miss a scheduled shift at work, the student agrees to notify the employer in a timely and courteous manner, prior to the time that the student was supposed to begin working his or her shift.
- 4) The Student must notify the School immediately of any school or work problems and accept the designated staff member's counseling, guidance, and any reassignments or adjustment of the Student's work experience.
- 5) The Student must exercise good personal hygiene and be properly dressed and groomed per the direction of the School and the Student's employer.
- 6) The Student must understand that s/he may be dropped from the program if s/he cuts a class, lies, cheats, steals, fails a class, or is fired from a paid work experience.
- 7) The Student must report to any work experience in a timely manner and not loiter around the School once dismissed for the day.
- 8) The Student must assume the responsibility of transportation to and from his or her work experience.
- 9) The Student agrees to make an honest effort to succeed in all academic subjects and at work and to perform all academic and work obligations in a manner that will reflect positively on self and Marshall High School.
- 10) The Student agrees to immediately notify the School of any changes in employment, rate of pay job description, full or part time work status, and residency.
- 11) The Student understands that not fulfilling any of the above conditions may result in dismissal from the CBI Program and or loss of credits.



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The Marshall High School's Career Based Intervention Program affords the Student the ability to attend school for a shorter time period each day than the required four and one-half hour session. **ONLY STUDENTS WHO ARE REGULARLY WORKING MAY TAKE ADVANTAGE OF THIS PRIVILEGE. IF A STUDENT IS NOT REGULARLY WORKING, THE STUDENT MUST ATTEND THE FULL 4.5 HOUR SESSION.**

By signing below the Student acknowledges that s/he will be participating in the Marshall High School's Career Based Intervention Program, and that s/he will comply with the rules and regulations of the Program.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

I, \_\_\_\_\_, the Parent/Guardian fully understand and agree with the goals, program requirements, and rules of the Marshall High School's Career Based Intervention Program. I will fully cooperate with the school to accomplish the goals and to ensure that the requirements are met and the rules are adhered to by my Student.

I give my permission for my Student, to participate in the Career Based Intervention Program at this school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## **Family Education Services**

### **Parent/Guardian Consent for Individual and Group Services**

Your permission is requested for your child to participate in individual advising sessions and group activities. This time will be used to discuss ideas, behaviors, feelings, attitudes, and opinions of the student.

Because advising is based on a trusting relationship between the Advocate and the student, the FES Advocate will keep the information shared in the sessions confidential except in certain situations in which there are an ethical and/or legal responsibility to limit confidentiality. In the following circumstances you will be notified.

1. If the child reveals information about hurting himself/herself or another person.
2. If the child reveals information about child abuse.
3. Other situations that ethically and/or legally compel disclosure.

By signing this form I give my informed consent for my child to participate in individual advising sessions and group activities. I understand that

1. This time will be utilized to strengthen interpersonal skills, discuss feelings, share idea, practice new behaviors, and build self-esteem.
2. Anything that is shared during this time will be kept confidential by the Family Advocate except in the above-mentioned cases.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_

Return to \_\_\_\_\_



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## Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____	
<b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.		1. In what language(s) would your family prefer to communicate with the school? _____	
<b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.		2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
<b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.		5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month                      Day                      Year	
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.			
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



# Marshall High School

Finally, a high school that understands me.

**(Appendix A, continued)**

**\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\***

1. **Check.** Confirm the following statements related to the administration of Ohio’s language usage survey:
  - The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
  - The district or school informed the parent(s) or guardian(s) of the form’s purpose. The language usage survey only is used to understand students’ linguistic experiences and educational background.
  - The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
  - For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
  - Results of the language usage survey are kept with the student’s cumulative records and follow the student if he/she transfers to another district or school.
  
2. **Note.** Record additional information to assist the review of the language usage survey.
  
3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

<b>Student’s native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.	
<b>Student’s home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.	
<b>Potential English learner</b> See Language Usage Survey Questions 2-4.	<input type="checkbox"/> Yes. Assess the student’s English proficiency. <input type="checkbox"/> No. Do not assess the student’s English proficiency.
<b>Immigrant student status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of validating school employee

\_\_\_\_\_  
Name of school or school district



## 2021-2022 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

### Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.	Check if a foster child (legal responsibility of welfare agency or court). *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
	School	Grade	
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives SNAP or OWF benefits, provide the name and 7-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: \_\_\_\_\_ 7-DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Mitchell Foster, at Mitchell.foster@marshallhs.org or 513-318-7078.**

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.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (include frequency, such as "weekly" "monthly" "quarterly" "annually")
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / quarterly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____

### Part 5. 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 receive 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 \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's ethnic and racial identities.** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:

- Hispanic/Latino  
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian       American Indian or Alaska Native       Black or African American  
 White       Native Hawaiian or other Pacific Islander

**Do not complete this section. Intended 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 per 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: \_\_\_\_\_ 2<sup>nd</sup> Notice Sent: \_\_\_\_\_ Results Sent: \_\_\_\_\_

Verification Result: No Change \_\_\_\_\_ Free to Reduced Price \_\_\_\_\_ Free to Paid \_\_\_\_\_ Reduced Price to Free \_\_\_\_\_ Reduced Price to Paid \_\_\_\_\_

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

INCOME ELIGIBILITY GUIDELINES 2021-2022			
Household size	Yearly	Monthly	Weekly
1	\$23,828	\$1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
Each additional person:	8,399	700	162

**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You are not required to provide information, but if information is not provided, the state agency cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Ohio Works First (OWF) case number or other identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, 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:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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